

THE UNIVERSITY OF HULL

**USING MULTISYSTEMIC TREATMENT FOR TREATING
JUVENILES WITH SERIOUS DELINQUENT BEHAVIOUR IN
THE SOCIAL OBSERVATION HOME IN RIYADH CITY
IN SAUDI ARABIA**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

In the Name of Allah, The Merciful and Beneficial

TABLE OF CONTENTS

No.	Title	Page
	TABLE OF CONTENTS	I
	ABSTRACT.....	V
	ACKNOWLEDGEMENTS.....	VI
	LIST OF TABLES	VII
	LIST OF FIGURES.....	X
	DEDICATION	XI
	CHAPTER ONE	1
	INTRODUCTION TO THE STUDY	1
	1.1. Introduction	1
	1.2. Statement of the problem	1
	1.3. Purpose of the study.....	2
	1.4. Importance of the study.....	4
	1.5. Research Questions.....	5
	1.6. Definition of Terms	6
	1.6.1. Juvenile.....	6
	1.6.2. Young Person	6
	1.6.3. Delinquency	7
	1.6.4. Offence	7
	1.6.5. Recidivism	7
	1.6.6. Detention Home (Social Observation Home).....	8
	1.6.7. Intervention.....	8
	1.6.8. Multisystemic approach	8
	1.6.9. Self-Esteem.....	9
	1.6.10 Misconduct	9
	1.7. Contents of the Study.....	9
	1.7.1. Chapter Two:	9
	<u>Juvenile Crimes in Saudi Arabia According to Islamic Law</u>	9
	1.7.2. Chapter Three:	10
	<u>Juveniles with Delinquent Behaviour</u>	10
	1.7.3. Chapter Four:	10
	<u>The Treatment Programmes in the Social Observation Homes</u>	10
	1.7.4. Chapter Five:	10
	<u>Multisystemic Treatment Approach</u>	10
	1.7.5. Chapter Six:	11
	<u>Research Methodology</u>	11
	1.7.6. Chapter Seven:.....	11
	<u>The Results of the Study</u>	11
	1.7.7. Chapter Eight:.....	11
	<u>Discussion of the Results</u>	11
	1.7.8. Chapter Nine:.....	11
	<u>Conclusion and Recommendations</u>	11
	CHAPTER TWO	12
	JUVENILE OFFENCES IN SAUDI ARABIA ACCORDING TO	
	ISLAMIC LAW	12
	2.1. Introduction	12
	2.2. Overview of Saudi Arabia.....	12

2.2.1. Location.....	12
2.2.2. Geographical regions	13
2.2.3. Climate	14
2.2.4. Population.....	14
2.2.5. Islamic Religion	15
2.2.6. Economy and Social Change.....	16
2.3. Juvenile Crimes in Islamic Law	18
2.3.1. Islamic View of Crime	18
2.3.2. Crime classification.....	18
2.3.3. Criminal responsibility in Islamic law	20
2.3.4. Stages of juvenile responsibility in Islamic Law	20
2.3.5. Discipline Strategies for young offenders	21
2.3.6. Types of offences	22
2.4. Summary	24
CHAPTER THREE	25
JUVENILES WITH DELINQUENT BEHAVIOUR	25
3.1. Introduction	25
3.2. The Causes of Delinquency.....	25
3.2.1. Individual Factors	26
3.2.2. Family Factors	29
3.2.3. Peer Factors	35
3.2.4. School Factors	37
3.1.5. Neighbourhood-Community Factors	39
3.3. The Causes of Delinquency in Saudi Arabia	40
3.4. Theories of Juvenile Delinquency	43
3.4.1. Biological Theories	44
3.4.2. Psychological Theories	45
3.4.3. Social Disorganization and Anomie Theories	47
3.4.4. Strain Theory	48
3.4.5. Social Control Theory.....	48
3.4.6. Labelling Theory.....	49
3.4.7. Social Learning Theory.....	50
3.4.8. Conflict Theory.....	50
3.4.8. Radical Theory.....	51
3.5. Summary	52
CHAPTER FOUR	53
THE TREATMENT PROGRAMMES IN THE JUVENILE DETENTION HOMES (SOCIAL OBSERVATION HOMES)	53
4.1. Introduction	53
4.2. Social Welfare in Saudi Arabia	54
4.2.1. Social Observation Homes (Juvenile Detention Homes).....	55
4.2.2: Care Homes for Girls	55
4.2.3. Social Guidance Homes	56
4.2.4. Nursery Homes	57
4.2.5. Social Education Homes	58
4.2.6. Social Homes	59
4.3. Social Observation Homes.....	60
4.3.1. The main goals	60
4.3.2. Admission.....	61
4.3.3. The investigation and trial	62
4.3.4. The responsibilities of the social workers and psychologists.....	63

4.3.5. Home's activities	65
4.4. Treatment Programmes in the S.O.H.....	66
4.5. Summary	70
CHAPTER FIVE	71
MULTISYSTEMIC TREATMENT	71
5.1. Introduction	71
5.2. The Rationale for Multisystemic Treatment	71
5.3. The Theoretical Framework of Multisystemic Treatment	73
5.3.1. Multidimensional causal models.....	74
5.3.2. Theory of social ecology	74
5.3.3. Systems theory.....	77
5.4. The Multisystemic Treatment Model.....	81
5.4.1. Features of Multisystemic Treatment	82
5.4.2. Intervention strategies of multisystemic treatment.....	84
5.4.3. Multisystemic treatment principles.....	90
5.5. Previous studies using Multisystemic Treatment for dealing	91
with Serious Juvenile Offenders	91
5.6. Summary	100
CHAPTER SIX	101
RESEARCH METHODOLOGY	101
6.1. Introduction	101
6.2. Research Design	101
6.3. The Sample.....	103
6.3.1. Size of the Sample.....	103
6.3.3. Conditions of the sample.....	105
6.3.2. Sample Selection.....	107
6.4. Measurement	108
6.4.1. Can multisystemic treatment bring important changes in behaviour	108
associated with delinquency among young people?.....	108
6.4.2. Does multisystemic treatment increase the level of self-esteem of the young	114
person with delinquency?.....	114
6.4.3. Does multisystemic treatment increase the level of religious sense of the	119
young offender with delinquency?	119
6.5. Objectives of the Study.....	121
6.6. Intervention procedure	122
6.6.1. Training Programme	122
6.6.2. Treatment programme.....	124
6.7. Duration of the Study.....	129
6.8. Statistical Analysis Methods	129
6.9. Ethical Issues	132
6.8. Limitations of the Study.....	133
CHAPTER SEVEN	134
RESULTS OF THE STUDY	134
7.1. Introduction	134
7.2. Characteristics of the Sample	135
7.3. Quantitative results of the Study	139
7.3.1. The Effectiveness of the Multisystemic Treatment as Compared to the	141
Traditional Therapy in Reducing Delinquent Behaviour.....	141
7.3.2. Findings of Coopersmith Self-Esteem Inventory	171
7.3.3. Findings of Level of Religious Measurement (LRM)	172
7.4. Qualitative Section of the Study.....	174

7.4.1. The Case Studies	174
7.4.2. Evaluation of the treatment programme	207
7.5. Summary	212
CHAPTER EIGHT	213
<u>DISCUSSION OF THE FINDINGS</u>	213
8.1. Introduction	213
8.2 Reducing Delinquent Behaviour	213
8.2.1. Acts of misconduct	213
8.2.2. Family-relations	216
8.2.3. Peer-relations	219
8.2.4. School attendance and school marks.....	222
8.2.5. Religious Practice	225
8.3. The impact of the treatment programme on the level of self-esteem	228
8.4. The effectiveness of the treatment programme on religious behaviour.....	230
8.5. Summary	233
CHAPTER NINE	234
<u>CONCLUSION AND RECOMMENDATIONS</u>	234
9.1. Introduction	234
9.2. Summary of the Study	234
9.3. Conclusions	237
9.3.1. Conclusions based on the review of the situation in one Saudi Social Observation Home	237
9.3.2. Conclusions based on the research objectives	238
9.4. Difficulties	239
9.5. Recommendations.....	239
9.5.1. General Recommendations.....	239
9.5.2. Specific Recommendations	240
9.6. Implications and Requirements	241
9.7. Suggestions for Further Research.....	241
9.8. Concluding Remarks.....	245
BIBLIOGRAPHY	246
APPENDICES	264
APPENDIX ONE	264
<u>Family-Adolescent Relations Checklist</u>	264
<u>and</u>	264
<u>Peer-Adolescent Relations Checklist</u>	264
APPENDIX TWO	264
<u>Coopersmith Self-Esteem Inventory</u>	264
APPENDIX THREE	264
<u>The level of Religious Measurement</u>	264
APPENDIX FOUR	264
<u>Parental or Guardian Agreement Form</u>	264
<u>The Young Offender Agreement Form</u>	264

ABSTRACT

This study was conducted to examine the use of multisystemic treatment for treating juveniles with serious delinquency, as a new approach within the Saudi Arabian context.

Multisystemic treatment addresses behaviour problems as multidetermined by interacting individual, family, school, peers, and community systems. This study attempted to determine the impact of the multisystemic therapy on the behaviour of young offenders with serious delinquency and in increasing their level of self-esteem and religious behaviour.

The fieldwork was conducted in 2000-01 in the Social Observation Home in Riyadh City. The project consisted of three parts: therapists training for one month, a treatment programme for three months and follow up, conducted in two periods of two months each, with a seven months interval. An experimental and control group, pre-post test design was adopted. Twenty juveniles with serious delinquency (age 14-18) were assigned to each group. The experimental group received multisystemic treatment, and the control group received the Home's usual service (individual therapy).

Outcomes were measured by, self-reports (Coopersmith Self-Esteem Inventory and Level of Religious Measurement), official misconducts, family relations, peer relations, school attendance & grades and observed religious practice.

Qualitative information was obtained from six case studies (three experimental, three control) and from interviews with young offenders, their relatives and the Home staff.

The results indicated greater gain and long-term positive impact on the behaviour of young offenders in the experimental than in the control group, on all measures. The improvement in self-esteem and religious practice in association with multisystemic treatment are especially noteworthy, as these factors have been subject to little or no previous investigation, and are particularly important in relation to delinquency in the Saudi context.

It is concluded, that provided appropriate resources are allocated to the application, multisystemic treatment can be adapted to meet the unique cultural concerns of the Saudi context.

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LIST OF TABLES

No.	Title	Page
	<u>Table 2. 1. Type of offences committed by Saudi Delinquents</u>	23
	<u>Table 3. 1. Systematic Comparison of factors associated with delinquency between Saudi Arabia and Western</u>	43
	<u>Table 4. 1. Growth of number of Social Observation Homes and</u>	55
	<u>Table 4. 2. Development of the number of Social and Guidance Homes and the number of young people with delinquent behaviour.</u>	57
	<u>Table 4. 3. Development of the number of Nursery Homes and the number of children who entered them.</u>	58
	<u>Table 4. 4. Development of Social Education Homes and numbers of children.</u>	59
	<u>Table 7. 1. Independent Samples T-test for the difference between the two groups in Self-esteem scores.</u>	135
	<u>Table 7. 2. Two-Sample Kolmogorov-Smirnov Test for the difference of re-arresting between the two groups</u>	136
	<u>Table 7. 3. Distribution of Experimental and Control Groups and the Whole Group by Age.</u> 137	
	<u>Table 7. 4. Two-Sample Kolmogorov-Smirnov Test for the Age Differences between the Two Groups.</u>	137
	<u>Table 7. 5. Distribution by Education of the parents of the Young Offenders</u>	138
	<u>Table 7. 6. Two-Sample Kolmogorov-Smirnov Test for fathers' and mothers' educational status</u>	138
	<u>Table 7. 7. Frequency for Family Status of the young offenders</u>	139
	<u>Table 7. 8. Chi-Square Test for Family Status Difference between the Two Groups.</u>	139
	<u>Table 7. 9. The scores of the subjects in the Experimental group for key dependent measures</u>	140
	<u>Table 7. 10. The scores of the subjects in the Control Group for key dependent measures.</u> ...	140
	<u>Table 7. 11. Distribution of the misconduct for the offenders of the experimental and the control groups.</u>	142
	<u>Table 7. 12. Frequency of the misconduct for the offenders of the experimental and the control groups</u>	142
	<u>Table 7. 13. Two-Sample Kolmogorov-Smirnov Test for the difference of the misconduct for the two groups</u>	143
	<u>Table 7. 14. Numbers of misconduct of experimental and control groups.</u>	143
	<u>Table 7. 15. Numbers of misconduct of experimental and control groups.</u>	144
	<u>Table 7. 16. The scores of young offenders in the experimental group in Family-Adolescent Checklist over time.</u>	145
	<u>Table 7. 17. The scores of the young offenders in the control group in Family-Adolescent Checklist over time.</u>	146
	<u>Table 7. 18. Paired Samples T-test for difference of subjects of the experimental and control groups</u>	147
	<u>Table 7. 19. Independent Samples T-test for the difference between both groups in June 15 and October 30, 2000.</u>	147
	<u>Table 7. 20. Independent Samples T-test for the difference between the two groups in the gain scores</u>	148
	<u>Table 7. 21. The scores of the young offenders in the experimental group in Family-Adolescent Relation Checklist in the second follow up.</u>	149
	<u>Table 7. 22. The scores of the young offenders in the control group in Family-Adolescent Relation Checklist in the second follow up.</u>	150
	<u>Table 7. 23. Paired Samples T-test for difference of subjects of the experimental group</u>	150
	<u>Table 7. 24. Independent Samples T-test for the difference between both groups in June 15 and July 30.</u>	151

<u>Table 7. 25. Independent Samples T-test for the difference between the two groups in the gain scores</u>	151
<u>Table 7. 26. The whole gain scores of the subjects of the two groups</u>	152
<u>Table 7. 27. The mean scores of the young offenders in the two groups in Family-Adolescent Checklist in the first and second follow up periods.</u>	152
<u>Table 7. 28. Paired Samples T-test for difference of mean scores of the young offenders of the two groups in Family-Adolescent Checklist in the first and second follow ups</u>	153
<u>Table 7. 29. Independent Samples T-test for difference of mean scores between the two groups in Family-Adolescent Checklist in the first and second follow ups</u>	154
<u>Table 7. 30. Independent Samples T-test for the difference of the mean scores differences between the two groups</u>	154
<u>Table 7. 31. The scores of young offenders in the Experimental Group in Peer-Adolescent Checklist over time.</u>	155
<u>Table 7. 32. The scores of young offenders in the Control Group in Peer-Adolescent Checklist over time.</u>	155
<u>Table 7. 33. Paired Samples T-test for the difference of subjects of the experimental and control groups.</u>	156
<u>Table 7. 34. Independent Samples T-test for the difference between the two groups in September 10 and October 30.</u>	156
<u>Table 7. 35. Independent Samples T-test for the difference between the two groups in the gain scores</u>	157
<u>Table 7. 36. The scores of the young offenders in the experimental group in Peer-Adolescent Relation Checklist in the second follow up.</u>	159
<u>Table 7. 37. The scores of the young offenders in the control group in Peer-Adolescent Relation Checklist in the second follow up.</u>	159
<u>Table 7. 38. Paired Samples T-test for the difference in the experimental and control groups during the second follow up</u>	160
<u>Table 7. 39. Independent Samples T-test for the difference between the two groups in June 15 and July 30.</u>	160
<u>Table 7. 40. Independent Samples T-test for the difference between the two groups in the gain scores</u>	161
<u>Table 7. 41. The whole gain scores of the subjects of the two groups</u>	161
<u>Table 7. 42. The mean scores of the young offenders in the tow groups in Peer-Adolescent Checklist in the first and second follow up periods</u>	162
<u>Table 7. 43. Paired Samples T-test for difference of mean scores of the young offenders of the two groups in Peer-Adolescent Checklist in the first and second follow-ups</u>	163
<u>Table 7. 44. Independent Samples T-test for difference of mean scores between the two groups in Peer-Adolescent Checklist in the first and second follow ups</u>	163
<u>Table 7. 45. Independent Samples T-test for the difference of mean scores differences between the two groups</u>	163
<u>Table 7. 46. Grades of the Offenders of the Experimental and Control Groups</u>	164
<u>Table 7. 47. Two-Sample Kolmogorov-Smirnov Test for the grades differences</u>	166
<u>Table 7. 48. Independent Sample T-test for the Difference in Grades between both Groups.</u> ..	166
<u>Table 7. 49. Grades of the Offenders of the Experimental and Control Groups</u>	167
<u>Table 7. 50. Two-Sample Kolmogorov-Smirnov Test for the grades differences</u>	168
<u>Table 7. 51. Performing Prayer of Offenders in Both Groups during the first follow up</u>	169
<u>Table 7. 52. Two-Sample Kolmogorov-Smirnov Test for differences in prayer frequency</u> ...	169
<u>Table 7. 53. Performing Prayer of Offenders in Both Groups during the second follow up</u> ...	169
<u>Table 7. 54. Two-Sample Kolmogorov-Smirnov Test for differences in prayer frequency</u>	170
<u>Table 7. 55. Independent Sample T-test for the Difference in Performing Prayers Between both Groups</u>	170
<u>Table 7. 56. Independent Sample T-test for the Difference Between the Two Groups in Post-Test Self-Esteem Scores</u>	171

Table 7. 57. Paired Sample T-test for Self-Esteem Scores of the Young Offenders in the Experimental and Control Groups. 171

Table 7. 58. Independent Sample T-test for the Difference Between the Two Groups in the gain scores of the CSEI...... 172

Table 7. 59. Paired Sample T-test for young offenders in the experimental group in the LRM 173

Table 7. 60. Independent Sample T-test for the Difference Between the Two Groups in Pre-Test LRM Scores 173

Table 7. 61. Independent Sample T-test for the Difference Between the Two Groups in the gain scores of the LRM...... 174

Table 7. 62. Characteristics of the cases 175

Table 7. 63. The Offender’s Scores on Different Measures 182

Table 7. 64. The Offender’s Scores on Different Measures 185

Table 7. 65. The Offender’s Scores on Different Measures..... 192

Table 7. 66. The Offender’s Scores on Different Measures 196

Table 7. 67. .The Offender’s Scores on Different Measures 201

Table 7. 68. The Offender’s Scores on Different Measures 205

Table 7. 69. Family members’ comments on multisystemic treatment 208

Table 7. 70. The young offenders’ comments on the multisystemic treatment 210

LIST OF FIGURES

No.	Title	Page
	<u>Figure 6. 1. Illustrates the experimental design of the study</u>	102
	<u>Figure 6. 2. Illustrate the dates of administering the instruments</u>	125
	<u>Figure 7. 1. Difference in improvement of the subjects of the two groups in their relations with their family members</u>	148
	<u>Figure 7. 2. Difference in improvement of the subjects of the two groups in their relations with their peers</u>	158
	<u>Figure 7. 3. The difference in grades of the two groups in the first follow up</u>	165
	<u>Figure 7. 4. The difference in grades of the two groups in the second follow up</u>	167

DEDICATION

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CHAPTER ONE:
INTRODUCTION TO
THE STUDY

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1. Introduction

Every society has its own problems. There are some problems that are common among countries, among which is the problem of young people with delinquent behaviour. It is probably one of the most serious issues facing modern societies. Every day, newspapers, television, and radio report thousands of adolescents with misconducts and crimes that range from running away from home to murder. Sutphen (1993) considers it to be the most serious world-wide problem facing many countries nowadays. This is due to the fact that it is associated with various problems such as drug abuse, drinking alcohol, sexual abuse, violent behaviour, anti-social behaviour, murder, rape, and dropping out of school (Borduin & Henggeler, 1990 a).

1.2. Statement of the problem

Despite its wealth, Saudi Arabia has not been immune from this phenomenon. After the discovery of oil in Saudi Arabia in the 1930s, it entered into a new era of development in its history. Rapid change and modernization have brought prosperity to the country, but on the other hand brought some problems. Delinquent behaviour among juveniles is one of these problems. The Saudi Government has responded to the problem of juvenile delinquency by establishing Juvenile Detention Homes called Social Observation Homes (S.O.H.). The main purpose of these Homes is to provide treatment for children who commit punishable acts under Islamic Law, children who are beyond the control of their parents, and children who are at risk of delinquency

(Ministry of Labor and Social Affairs, 1989). The first such home was established in Riyadh City in 1972 (Ministry of Labor and Social Affairs, 1998). Before these Homes were established, juveniles who committed criminal acts used to be kept in separate rooms in the adult prisons (Alromaih, 1993).

Even though there are many Social Observation Homes across the country, the number of juveniles with delinquent behaviour has increased. The rate of crime in Saudi Arabia is very high. According to the Ministry of Labour and Social Affairs (1998), criminal statistics for youth aged 18 and under show a rapid increase in the past 25 years. This situation demands an intensive effort to help these young people. The exploration of the use of a new technique for treating juveniles with serious delinquent behaviour is the aim of this study. The researcher will report on the experimental use of multisystemic treatment for dealing with juveniles with delinquent behaviour in Saudi Arabia.

1.3. Purpose of the study

There are several aims of the study, which are the following:

1. To provide a multisystemic treatment approach for juveniles with serious delinquent behaviour in the Social Observation Home in Riyadh.

The multisystemic treatment was developed internationally in response to some limitations of the existing mental health services for juveniles with delinquent behaviour, in terms of the lack of scientifically proven effectiveness and high cost of treatment (Henggeler 1997). Delinquent behaviour is linked with adolescent characteristics and with different aspects of the multiple systems in which adolescents are embedded (Henggeler & Borduin 1990, a). Henggeler, Schoenwald, Borduin, Rowland & Cunningham (1998) indicated that “empirical research shows that serious antisocial behaviour is multidetermined by the reciprocal interplay of characteristics of

the individual youth and the key social systems in which youths are embedded (i.e., family, peer, school, neighborhood, and community” (p.6-7). The interventions they mentioned focus on the adolescent and his or her family, peers, school, and community (Henggeler, 1997). Intervention strategies used in the multisystemic treatment of delinquent behaviour to promote co-operation with treatment, individual therapy, family therapy, peer interventions, and school interventions (Henggeler & Borduin, 1990 a).

2. To find out if the multisystemic treatment approach can reduce criminal behaviour of the juveniles with serious delinquent behaviour in the Saudi Arabian context.

3. To study the effect of the treatment on the level of self-esteem of the offenders.

The researcher used multisystemic treatment to increase levels of self-esteem. Research has shown a relationship between low self-esteem and delinquency. For example, Rosenberg, Schooler & Schoenbach (1989) indicated that low self-esteem contributes to delinquency. Owens (1994) found that the relationship of self-deprecation (negative evaluation) to delinquency is stronger than the relationship of positive self-worth (positive evaluation) to delinquency.

4. To study the effect of the treatment on religious behaviour of the offenders.

Religion can be used as an important therapeutic tool. Schumaker (1992) indicates that religion is beneficial to mental health by reducing anxiety, which it does by offering cognitive structure and by offering a sense of hope, meaning and purpose of life. It also gives people power and control, and establishes self-serving and moral guidelines. Donahue & Benson (1995) indicated that Religiousness is negatively related to delinquency.

1.4. Importance of the study

Very few social science studies into delinquency have been done by Saudi researchers, and all of the studies deal with the causes of delinquency. For instance, Al-Shathry's thesis (1993) dealt with young people with delinquent behaviour and the use of free time. Social control and delinquency in Saudi Arabia is the subject of Al Romaih's dissertation (1993). Aljibrin (1994) indicated that there are some familial factors associated with male juvenile delinquent behaviour in Riyadh City. Alreshoud (1996) found that there is a relationship between child abuse and neglect and young offenders in Saudi Arabia. There is no specific study that deals with the treatment of young people with delinquent behaviour. This study is designed to provide a new technique for treating juveniles with delinquent behaviour, called multisystemic treatment.

Many international studies have used the multisystemic treatment in dealing with juveniles' problems. For instance, Henggeler, Cunningham, Pickrel, Schoenwald & Brondino (1996) used this method as an effective violence prevention approach for juveniles with serious offences. Henggeler, Rodick, Hanson, Watson & Borduin (1986) found that multisystemic treatment improves the relations of dysfunctional families and decreases the behaviour problems of the juveniles with delinquent behaviour. Henggeler, Melton & Smith (1992) also used it as an effective alternative to incarcerating serious juvenile offenders. Henggeler & Broduin (1990 a) used this technique in their study to deal with serious delinquent behaviour. Pickrel & Henggeler (1996) found short-term success in dealing with serious substance abuse and dependent adolescents. Okwumabua & Kroupa (1990) indicated that the most effective approach for intervention and prevention for teenage pregnancy is multisystemic treatment, because it focuses on the ecological context of the problem, encompassing the individual, community, school, family, and peer influence. Atwood (1993) used this

approach for dealing with Acquired Immunodeficiency Syndrome (AIDS) in African and Hispanic adolescents. However, it has never before been applied in a Saudi context. Therefore, the researcher was particularly interested to investigate its value within the Saudi Arabian context.

1.5. Research Questions

This study attempts to determine the impact of the multisystemic therapy on delinquent behaviour and in increasing the level of self-esteem and religious behaviour of juveniles with delinquency in the Social Observation Home in Riyadh City. An attempt is made to answer the following specific research questions:

- 1. Can multisystemic treatment bring important changes in behaviour associated with delinquency among young people?**
- 2. Does multisystemic treatment increase the level of self-esteem of the young person with delinquency?**
- 3. Does multisystemic treatment increase the level of religious sense of the young offender with delinquency?**

These questions are addressed in two main ways:

First: Literature review

A review is conducted of theories concerned with juvenile delinquency and its causes. Particular attention is paid to the literature on the multisystemic treatment approach, including the rationale underlying it and the evidence as to its efficacy. Also, Islamic Law on juvenile delinquency is reviewed, and the available documentary evidence on the incidence and treatment of this problem in Saudi Arabia is presented.

Second: Empirical research

A report is presented of an experimental study carried out by the researcher, in which multisystemic treatment was offered to a small group of juveniles exhibiting chronic, serious delinquent behaviour, currently serving sentences in the Social Observation Home in Riyadh. Full details of the sample and methods involved in this experiment are presented in chapter 6.

1.6. Definition of Terms

In this study, the term “juvenile delinquency” is not used, because it leads to the belief that every juvenile must be delinquent. Instead of using that term, we will use in our study the term “juveniles with delinquent behaviour” or “young offenders”. This places the young person, the “juvenile” (see definition below) first, and the behaviour as subsidiary to the person.

1.6.1. Juvenile

Webster's Dictionary defines this term as “a young person”, (p. 636). Thomas & Pierson (1995) indicated that juvenile is “a term that refers to young offenders from the ages 10 to 15 years and may refer to those aged 16 and 17”(p. 197).

1.6.2. Young Person

Young person, “generally refers to a person between the ages of 14 and 17, that is, the four years before a person reaches the age of majority” (Thomas & Pierson, 1995, p. 401).

1.6.3. Delinquency

Delinquency is a concept of social behaviour and of social relationship on which there is no completely agreed definition. *Webster's Dictionary* defines delinquency as “conduct that is out of accord with accepted behaviour or the law”. Henggeler (1982) noted that “delinquency is a legal classification that includes a variety of child psychopathologies”(p. 85).

In addition, Empey, Stafford & Hay (1999) argue that in order to give a clear explanation of the delinquency we should look at it in different ways. They indicate that if our attempt to discover the meaning of delinquency is to be successful, we must go beyond sensational accounts, to look at delinquency from three perspectives: official, self-report, and victim.

1.6.4. Offence

Webster's Dictionary defines an offence as “an act of stumbling”, “a cause or occasion of sin”, or “the act of attacking”(p. 806). According to Thomas & Pierson (1995) the offence is “a breach of the criminal law, infringing either statute law (acts of parliament) or common law (law that has developed through the centuries in the absence of statute)”(p.253).

1.6.5. Recidivism

Webster's Dictionary defines this term as “a tendency to relapse into a previous condition or mode of behaviour”(p. 975). In the *Dictionary of Social Work*, Thomas & Pierson (1995) indicated that recidivism is “an alternative term to persistent offending; a recidivist is a person who repeatedly commits (usually relatively minor) offences and is likely to be punished disproportionately severely as a result of accumulating a lengthy list of previous criminal convictions”(p.316)

1.6.6. Detention Home (Social Observation Home)

According to Thomas & Pierson (1995), a detention centre is “a penal institution designed for short custodial sentences for young offenders” (p. 114). *Webster's Dictionary* defines this term as “a house of detention for juvenile delinquents usually under the supervision of a juvenile court”(p. 315).

1.6.7. Intervention

Intervention is “a general term suggesting, in social work, a step or plan with a purpose initiated by a social worker or other welfare worker with or on behalf of a services user. The recipient of intervention might be an individual, a couple, a family or wider group” (Thomas & Pierson, 1995, p. 191).

According to Sauber, L'Abate, Weeks & Buchanan (1993) intervention is “the process of entering into an ongoing system of relationships between or among persons, groups, or objects for the purpose of helping them”(p. 218).

1.6.8. Multisystemic approach

This is a type of treatment used to treat young people with delinquent behaviour. Multisystemic treatment was created by Henggeler and his colleagues at Memphis State University. It was labelled the family-ecological systems approach (Henggeler, 1982). According to Schoenwald, Ward, Henggeler, Pickrel & Patel (1996) multisystemic treatment “is a comprehensive family- and community-based treatment approach that addresses the multiple determinants of youth and family problems”(p. 434). Henggeler & Borduin (1990 b) indicated, "the multisystemic approach emphasizes the evaluation of a broad range of factors that might contribute to behaviour problems"(p.28).

1.6.9: Self-Esteem

Brewin (1990) indicated that self-esteem “refers to the subjective evaluation that one is a person of worth or value as opposed to the evaluation that one is bad, incompetent, or worthless”(p.135). Stratton & Hayes (1988) define self-esteem as “the personal evaluation which an individual makes of her or himself; their sense of their own worth, or capabilities. Excessively low self-esteem is regarded as indicating a likelihood of psychological disturbance, and is particularly characteristic of depression”(p.170).

1.6.10 Misconduct

Webster’s Dictionary defines misconduct as " deliberate violation of a law or standard" (p.743).

1.7. Contents of the Study

The thesis is divided into ten chapters including the first chapter. The remaining nine chapters are as follows:

1.7.1. Chapter Two:

Juvenile Crimes in Saudi Arabia According to Islamic Law

This chapter presents some information regarding Saudi Arabia in terms of geographical and historical conditions, economy and social change, and religion. In this chapter particular attention is paid to the problems that have occurred since the discovery of oil in Saudi Arabia, which accelerated the modernization of the country and brought many social changes. One of these problems is the increased number of young people with delinquent behaviours.

Here, an overview is presented of the concept of criminal responsibility according to Islamic Law. Since Islam views responsibility as acquired gradually with

the young person's stages of development, and treats young offenders accordingly, the different stages of levels or development in this respect, recognised by Islamic Law, are explained in some detail.

1.7.2. Chapter Three:

Juveniles with Delinquent Behaviour

This chapter presents theories of delinquency in juveniles. It includes a review of the literature of the factors associated with delinquency, with particular focus on the causes of delinquency among young people.

1.7.3. Chapter Four:

The Treatment Programmes in the Social Observation Homes

This chapter gives brief information on social welfare provisions in Saudi Arabia, outlining the systems currently applied and the various types of institutions available, focusing particularly on those concerned with the social welfare of juveniles with delinquent behaviour. The main role in this respect is played by the Social Observation Homes. The policies and activities of such Homes are, therefore, described and an account is given of the treatment programmes used in the Homes. Finally, a specific treatment method is reviewed that is used for treating juveniles with delinquency in the Social Observation Home, according to the official documents.

1.7.4. Chapter Five:

Multisystemic Treatment Approach

This chapter provides detailed information regarding the multisystemic approach. It gives a clear description of the multisystemic model and how it can be

implemented. Particular attention is paid to previous studies of the use of multisystemic treatment for treating young offenders.

1.7.5. Chapter Six:

Research Methodology

This chapter describes the researcher's experience in the field of treating young offenders, and the methodological and statistical techniques employed to fulfil the objectives of the study.

1.7.6. Chapter Seven:

The Results of the Study

In this chapter, the main findings of the research are presented.

1.7.7. Chapter Eight:

Discussion of the Results

The findings of the study are discussed in this chapter, in relation to the Saudi cultural setting, the theoretical models discussed previously, and the results of previous studies.

1.7.8. Chapter Nine:

Conclusion and Recommendations

This chapter gives a brief summary of the research. Recommendations are made for developing approaches to the treatment of young offenders in Saudi Arabia, and suggestions are made for further research.

CHAPTER TWO:

JUVENILE OFFENCES IN

SAUDI ARABIA ACCORDING

TO ISLAMIC LAW

CHAPTER TWO

JUVENILE OFFENCES IN SAUDI ARABIA ACCORDING TO ISLAMIC LAW

2.1. Introduction

This chapter provides background on Saudi Arabia and its perspective on juvenile crime, to establish the context for the present experiment in the use of multisystemic treatment to treat young offenders in the Social Detention Home (Social Observation Home) in Riyadh, Saudi Arabia. This chapter contains two parts. The first contains a brief overview of Saudi Arabia. The second part contains information regarding young offenders under the Islamic Law.

2.2. Overview of Saudi Arabia

Saudi Arabia was not known as a state prior to the early 1930s. It was known as “The peninsula of Arabia”. Before the 1930s this territory was a battleground for different Arabian tribes. Saudi Arabia became a new state on 23th September 1932, when a royal decree issued by King Abdulaziz Bin Saud proclaimed the new name, “the Kingdom of Saudi Arabia” (Al-Salloom, 1995).

2.2.1. Location

The Arabian Peninsula is located in south-western Asia. It is surrounded by three seas: on the east by the Arabian Gulf and the Gulf of Oman, on the south by the Indian Ocean, and on the west by the Red Sea. Covering 2.5 m. square kilometres (about 1 million square miles), it is divided into several countries (The Middle East and North Africa, 1988).

The Kingdom of Saudi Arabia is the largest country in the Arabian Peninsula. It is bounded by Kuwait, Iraq, and Jordan on the north, on the south by Yemen, on the west by the Red Sea and the Gulf of Aqaba, and on the east by Oman, Qatar, the United Arab Emirates, and the Arabian Gulf (Mallakh, 1982). It covers 2,240,00 sq. km. (865.000 sq. miles) (the Middle East and North Africa, 1988). 'The political importance of Saudi Arabia's geographical position is quickly apparent; it is strategically located between Africa and mainland Asia, lies close to the Suez Canal and has frontiers on both the Red Sea and the Persian Gulf' (Lipsky, 1959, p.19)

2.2.2. Geographical regions

Saudi Arabia can be divided into five main geographical regions. The first region is called Najd. It is an area of high ground lying in the centre of Saudi Arabia, characterized by rocky highlands and deep yet very dry valleys. Riyadh, the capital city of Saudi Arabia, is located in Najd. The second region is called Hijaz. It is located to the west of the Kingdom along the Red Sea, and is characterized by sharp, rocky mountains, sloping gently toward the east. Some of these mountains rise to the heights of up to 3.000 meters. The main features of this region are the two holy cities, Mecca and Madinah. The third region is called Asir. It is located in the south-west corner of the country, bordering on Yemen and the Red Sea. It receives frequent rainfalls, which is needed for agriculture. The Asir region is the most fertile region of Saudi Arabia. The fourth region is called Al Hasa (Eastern Province). It is the most valuable region of the kingdom, since it contains massive petroleum resources. The final region called AlRub al Khali (the Empty Quarter), extends over the south-east of the country, covering 200,000 sq. miles. This region is uninhabited, except for a few nomadic people (Mutabbakani, 1993).

2.2.3. Climate

Because of the size of Saudi Arabia, the climate differs from one region to another. It is basically hot and very dry, so almost all the country is arid. In the centre of the kingdom, summer is very hot with temperatures exceeding 45 C, and in winter it is very cold; temperatures can reach 5 C. Al Hasa region has a distinctive climate, characterized by dust storms, which fill the air with sand and dust. These occur in late spring and early summer. In the Hijaz region, summer is very humid with temperatures exceeding 50 C. The coasts of both the Red Sea and Arabian Gulf are very humid, which makes living conditions extremely unpleasant. Rainfall in Saudi Arabia is very little except in parts of Asir region and Taif, which receives the highest rainfall in the country. There are also some temperate mountain locales, such as Taif and Abha (Mutabbakani, 1993).

Because most of the land is desert, water is rarely found in the form of overland free-flowing fresh water, except that when it rains, some valleys fill with water. For irrigation and other purposes, many dams have been constructed to impound this essential resource (Mallakh, 1982).

2.2.4. Population

Saudi Arabia has been inhabited by nomadic Arabic Semitic tribes for thousands of years. The Prophet Mohammed and his companions were only able to unify the Arabian Peninsula in the seventh century. The basis for the country's political status today was set in the 19th and 20th centuries during the establishment of the Kingdom.

The population of the Kingdom of Saudi Arabia has grown dramatically in the last two decades. Lipsky (1959) indicated that the growth of urban towns has been very rapid and is visible throughout the country, but is particularly marked along the Eastern Province, the oil region.

According to the population census of 1974, the Saudi Arabian population was over seven million. The 1990 census of Saudi population was fifteen million, whereas the most recent population census, in 1992, counted was almost seventeen million (16.929.294) of whom 12.304.835 of them were Saudis; 50.5% of Saudis are males and 49.5% females (Statistics Year Book, 1996). In July 2001, the Central Department of Statistics estimated Saudi nationals as 22,757,092 including 5,360,526 non-nationals <http://www.cia.gov/cia/publications/factbook/geos/sa.html> [Accessed 29/11/2001].

2.2.5. Islamic Religion

Saudi Arabia is considered the centre of the Islamic world because of the existence of the two holy places (Mecca and Madinah). The religion of the Saudi people is Islam, which has influenced the shaping of common culture and values. Most of them are Sunni Muslims, and a few are Shiite.

Islam is considered as a continuous message of God (Allah), which was revealed to all prophets of God from Adam through Abraham, Moses and Jesus, to Mohammed. Some of Islam's principles and teachings are similar to those of Judaism and Christianity. Islam means submission to God, or having peace with God. Those who submit are called Muslims (Aljuwayer, 1983).

The fundamental sources of Islam are the Quran and the Sunah. The Quran was revealed to Prophet Muhammad during twenty-three years of his life. It is divided into one hundred and fourteen Surat (chapters). The Sunah, on the other hand, records the prophet Muhammad's sayings and doings, and the practices tacitly approved by him (Awdah, 1983).

2.2.6. Economy and Social Change

Before the discovery of oil, modern transport and infrastructure did not exist. Saudi society was suffering from poverty because resources were scarce and money was very rare. In addition, disease and sickness were common at that time. Tribes used to fight with each other most of the time; there was no peace. The main concern for the people at that time was looking for food. Illiteracy among Saudi people was very high (Alzahrani, 1986).

Education before the discovery of oil, was limited to a few people and restricted to primitive-type instruction. It was started informally, following the example of religious institutions, where instruction was provided in the mosque to small groups of students called *Halgah*. Sometimes instruction took place in the home of the teacher. The curriculum in these institutions consisted of reading and reciting the Holy Quran. Not all the country had the same level of education. Some areas, such as Hijaz, had more advanced education than others (Atallah, 1989).

Development in Saudi Arabia brought about changes in many aspects of the society. Before the discovery of oil, Saudi society was almost isolated from other parts of the world, because of its poverty and desert land. Before the establishment of Saudi Arabia, the lack of security made movement of people and goods risky. Without the enormous royalties from oil, Saudi Arabia would probably have remained a primitive tribal society for generations.

The discovery of oil in the 1930s brought about a new era for Saudi Arabia. The economy of people in Saudi Arabia had been based on agriculture and simple forms of trade. After gaining this huge wealth, the Saudi government put all its effort and energy into developing the country's economy. Lipsky (1959) indicated that "oil has had a great political, economic and social impact on Saudi Arabia. Future changes are certain to be even more profound. The difference between the traditional order and what is

taking place is very great, and for the present at least, change is occurring more rapidly here than in any other country in the Middle East”(p. 27).

The discovery of oil was a huge and important transition in the development of Saudi Arabia. This event transformed the country’s economy from a primitive one based on subsistence arid-zone agriculture to the largest oil producer in the world. Social and political developments were influenced by the economic revolution that transformed Saudi Arabia from an economically modest country to a modern, stable and extremely prosperous one (Mutabbakani, 1993).

The hundreds of millions of dollars in oil revenues have enabled the country to acquire many Western technological innovations. After gaining this wealth, Saudi Arabia began to plan for more prosperous future through many projects and policies designed to enable the country and its people to progress (Alreshoud, 1996).

Saudi Arabia today is different from many years ago. It was an underdeveloped, traditional and conservative society prior to the discovery of oil. Since the 1940s, Saudi Arabia has become a rapidly developing nation because of swift economic change. The discovery of oil brought about tremendous changes in education, health, transportation, technological growth, industrial development, economic conditions, and social aspects. Because of that, people moved to the big cities in search of employment. The lifestyles of Saudi people have changed from agricultural work to jobs requiring formal education. As a result, a shift is taking place from extended to nuclear families, with negative impacts on family care, closeness, and responsibility (Alreshoud, 1996). In addition, employment opportunities have attracted many immigrants to come to Saudi Arabia looking for jobs. They bring with them their own cultural values, which are different from those of Saudi culture.

These changes in the social context of Saudi families have brought about various types of social problems. One of these problems is an increase the number of juveniles

with delinquent behaviour (Alromaih, 1993). As a response to these problems, the Ministry of Labour and Social Affairs has established Social Observation Homes in order to provide treatment for young people with delinquent behaviour. Juveniles with delinquent behaviour in Saudi Arabia will be discussed in detail in the next chapter.

2.3. Juvenile Crimes in Islamic Law

In Islam, a young offender is not accounted as an adult. Young people may commit adult crimes but the punishments are different. Islamic Law follows certain principles to govern the behaviour of delinquents and guide them to the right path. In this section we will give some information on the Islamic definition of crime, classification of crimes, criminal responsibility, stages of the juvenile responsibility, discipline strategy and types of offences.

2.3.1. Islamic View of Crime

According to the Islamic religion, a crime is the commission of a prohibited act that is punishable by Islamic Law, or the neglect of an act whose omission is punishable by Islamic Law (Awdah, 1983).

2.3.2. Crime classification

Crimes in Islam are classified according to the type of punishment applied. Awdah (1983) indicated that there are three types of crime: Hudud, Qesas and Tazeer.

- **Hudud**

Crimes of this type have certain punishments stipulated in the Quran; they are called in Arabic (*Hudud*). These punishments were set by Allah, and no one can withhold any of these punishments from a person, or reduce it. The reason for that is because these crimes not only harm the victim himself but also they harm society. The

crimes in this category are adultery (fornication), false accusation of unchastity (slander), drunkenness (inebriety), theft (larceny), robbery, apostasy (abandonment or renunciation of the Islamic religion) and rebellion (resistance and disobedience to the authority of the government without any just cause) (Awdah, 1983).

- **Qesas**

This type of crime is called *Qesas* (retaliation, where a criminal receives as an injury in kind). It is the right of the victim of his/her family, to choose whether the criminal should receive the punishment or should pay compensation instead (Awdah, 1983). *Qesas*, therefore, differs from *Hudud* by allowing the victim to choose between getting money or letting the criminal receive the punishment, which he/she deserves according to Islamic Law.

There are several crimes in this category. They are intentional killing, quasi-intentional killing, accidental or unintentional homicide, intentional felony (hurting somebody intentionally) and unintentional felony (hurting somebody unintentionally).

These types of crimes are mentioned in the Holy Quran:

“And We ordained therein for them: “life for life, eye for eye, nose for nose, ear for ear, tooth for tooth, and wounds equal for equal.” But if anyone remits the retaliation by way of charity, it shall be for him an expiation. And whosoever does not judge by that which Allah has revealed, such are the *Zalimun* (polytheists and wrong-doers-of a lesser degree)” (Surat Al-Maidah, Ayah 45).

- **Tazeer**

This type of crime is called *Tazeer*, (meaning discretionary punishment). The level of the punishment rests with the judge’s decision, according to the seriousness of the crime (Awdah, 1983). The reason is that no specific punishment for these crimes was ordered by Allah or set by prophet Mohammed (Abo Zahrah, 1976). There are many types of these crimes, such as usury (interest), breach of trust, bribery and defamation (Awdah, 1983).

2.3.3. Criminal responsibility in Islamic law

There are three criteria for criminal responsibility in Islam. Almadhy (1994) indicated that criminal responsibility according to Islamic law is based on the following:

1. A person has committed a forbidden act.
2. The person did this act of his own free will.
3. The person is mentally competent.

When these criteria are met, the person has complete responsibility for his crime and he will be punished accordingly. When these criteria are not met, there is no criminal responsibility.

2.3.4. Stages of juvenile responsibility in Islamic Law

A person's life takes many developmental stages. In the first stage, a person has very weak ability to be able to distinguish among things or do things and is not able to comprehend the reality of things. In the second stage, the abilities of the person become stronger than the first stage. In the final stage of the person's life, the abilities of the person again become weak. These stages are mentioned in the Holy Quran:

“Allah is He Who created you in (a state of) weakness, then gave you strength after weakness, then after strength gave you weakness and grey hair. He creates what He wills. And it is He Who the All-Knowing, the All-Powerful”(Surat Arum, Ayah 54).

According to Awdah (1983) there are three stages of juvenile criminal responsibility in Islamic law. A young person will become responsible for his/her criminal act after passing through these three stages. These stages are the following:

First stage

This stage lasts from birth to seven years old. The child lacks comprehension and has no ability to distinguish among things. In this case, the child is not held accountable and punished for his/her actions because he/she is not responsible for

his/her criminal acts. But he/she is responsible for paying money for his/her criminal act.

Second stage

This stage lasts from seven to fourteen years old. The child has the ability to distinguish between good and bad things. Even though he/she can distinguish among things, his/her comprehension is still weak. In this case, the child is not held accountable for any criminal act. For instance, he/she will not be executed for killing somebody, but an attempt will be made to rehabilitate him/her.

Third stage

When the child reaches fifteen years old, which means that he/she has reached puberty, if he/she commits any type of crime, he/she will be accounted as an adult. Therefore, if he/she kills somebody, he/she will be executed.

2.3.5. Discipline Strategies for young offenders

The Islamic religion sets specific standards for the justice system of the young offenders based on the teaching of prophet Mohammad over 1,400 years ago. The main purpose of the discipline of young offenders in Islam is to rehabilitate and correct their behaviour in order to make them good people when they become adults. According to Islamic Law, there are four types of discipline strategies (Alameen, 1987):

- **Advice and Preaching**

In this stage, when the judge finds the crime of the young offender is not very serious, advice and preaching may be effective, and the judge can use them to help the young offender to become a good person.

- **Blaming**

When the young offender commits a minor crime but for the second time, in this situation, the judge blames the young offender, in order to increase his/ her awareness of the consequences of his behaviour.

- **Lashing**

When the young offender commits a minor crime for the third or subsequent time, and advice, preaching and blaming have not worked, the judge can sentence the offender to a number of lashes, depending on the seriousness of the crime and the number of offences.

- **Detention**

This is the final step of the discipline strategy. When the young offender has committed several offences or creates a threat to society, he/she must send to the Detention Home in order to protect society from his threat. The judge has the right to send the young offender to the Home for varying periods of time, according to the seriousness of his crime and the threat posed by him/her.

2.3.6. Types of offences

There are no specific crimes for young offenders; they can commit any type of crimes. In some part of the world, young offenders threaten people because of the type and seriousness of their crimes. Saudi Arabia is a country, which is not isolated from the world. Therefore, in Saudi Arabia, as in any country, young offenders commit most or all of the kinds of crimes that are committed by adults, as shown in Table 2.1.

Table 2. 1. Type of offences committed by Saudi Delinquents

Type of Offences	Number
Murder	10
Kidnapping	3
Escaping	7
Theft	633
Suspect	16
Immorality	409
Antisocial Behaviour	54
Attack and Quarrel	377
Fraud	6
Forging	10
Making, Drinking and Selling Alcohol	52
Using and Selling Drugs	23
Glue Sniff	17
Absence from Home	26
Traffic Accident	102
Others	235
Total	1980

Source: The Analytical Report of The Social Observation Home in Riyadh, 1998.

Table 2.1 shows the various kinds of offences committed by young offenders in Riyadh City during 1998. It can be seen from this table that the incidence of these offences varies, theft being the most common, whereas some other offences such as kidnapping are quite rare.

2.4. Summary

The Kingdom of Saudi Arabia is the largest country in the Arabian Peninsula. Before the discovery of oil, Saudi society was almost isolated from other parts of the world, and suffering from poverty. The discovery of oil brought about tremendous changes in the life of Saudi people. These changes have brought about various types of social problems such as an increase the number of juveniles with delinquency. In Saudi Arabia, a young offender is not accounted as an adult, because Islamic Law follows certain principles to govern the behaviour of the young offenders and guide them to start a new and good life.

CHAPTER THREE:

JUVENILES WITH

DELINQUENT BEHAVIOUR

CHAPTER THREE

JUVENILES WITH DELINQUENT BEHAVIOUR

3.1. Introduction

The delinquency of young people is one of today's most pressing social problems, not only in western countries but also in developing countries such as Saudi Arabia. It has a serious impact on society, not only because of its rising volume but also because of its consequences. Juvenile delinquency has a negative impact on the victims, society, the adolescents and their families. This chapter is divided into two parts. The first part contains a detailed description of causes of delinquency internationally, with indications of the causes of delinquency in Saudi Arabia. The second part presents theories of delinquency.

3.2. The Causes of Delinquency

Human beings, from the beginning of life, are part of a social environment. They affect the environment and it affects them. Sometimes, an individual does not follow the dominant behavioural norms of society. The behaviour of a young person that is sufficiently deviant from the norm is called delinquent behaviour.

The delinquency of young people is a very complicated problem in the world today. Many social scientists have attempted to explain delinquent behaviour. Psychologists are generally more concerned with psychological approaches such as internal and individual mental processes, whereas sociologists are generally more concerned with environmental and social influences. Knowing the causes and motivations of delinquency can offer insight and suggest solutions to delinquency. It

may become possible to explore the prevention of delinquency. Previous studies that sought to investigate this problem revealed that there are several factors associated with delinquency. These factors work together to create or to help strongly in the creation of the delinquent behaviour. They can be classified into individual, family, peer, school, and neighbourhood (environment) factors.

3.2.1. Individual Factors

Individual factors means psychological factors that affect the individual in becoming delinquent. Yablonsky (1982) categorised delinquent personalities into four groups. Socialized delinquents are young people who are more emotionally disturbed than the average person. They become delinquents because of the social context in which they learn deviant values. Neurotic delinquents are young persons who become delinquents as a result of distortions in their personality and their perceptions of the world around them. They commit delinquent acts to protect themselves because they are insecure. Psychotic delinquents have severe personality disorders. They are suffering from severe distortion of the reality around them. In addition, Prentice & Jurkovic (1977) identified that the psychotic delinquent

“is limited in his understanding of the moral basis of social behaviour and his capacity to assume the role of others, whereas other types of delinquents have advanced further in their development on these dimensions” (p. 419).

Finally, sociopathic delinquents are young people with an egocentric personality. Because they have limited compassion for others, they can easily hurt others with little anxiety or guilt.

Another view considers the normal developmental tasks during adolescence and their possible relationship with delinquency. It is important to know that adolescence is a transitional period in the life of a young person, involving physical, emotional, social and educational changes, although individual societies may show differences in terms of

the significance of these changes. Also, changes in family and peer relations are the most significant social change in the adolescent's life (Henggeler, 1991). Tolan (1988) indicated that there is relationship between struggle with developmental transitions and delinquency in young people. It is also the period when young persons seek their independence from their families in order to develop their personal identity, according to Erikson's stages of the life cycle (Ashford, LeCory & Lortie, 1997). Tolan (1988) identified that

“the patterns of relative frequency and prevalence of delinquent acts seem to follow the adolescent years, rising in early adolescence from a very low level to peak at almost universal prevalence with high mean frequencies in midadolescence and then diminish as adolescence progresses into its late stage and youth adulthood” (p. 423).

Intelligence could be considered as one of the individual factors that affects delinquency. There are several studies on the relationship between low intelligence and delinquency. Neumeyer (1961) indicated that

“in certain types of offences, such as sex crimes, low intelligence seems to play a more important role than it does in cases of forgery or other crimes which require a relatively high degree of intelligence. Those with low intellectual abilities may be more easily led to commit certain types of offences; whereas those with high intelligence may avoid detection of criminal offenses”(p116).

Hirschi and Hindelang (1977), however, found no evidence for the direct impact of intelligence on the delinquent behaviour. In addition, they mentioned that previous studies did not support the existence of a consistent relationship between intelligence and delinquency. Hirschi and Hindelang (1977) suggested, however, that there is an indirect impact of intelligence on delinquency. When a young person has low intelligence, he/she will perform poorly in school, and because of the lack of the ability that would assist him/her to do well in school, he/she will develop a negative attitude to the school environment. As a result, he/she will search for acceptance elsewhere; he/she may find delinquent peers offer a new source of acceptance. In addition,

Farrington (1996) indicated that young offenders are different from non-offenders in several respects. In his review, he found that young offenders are significantly different from non-offenders in terms of their level of intelligence.

Hyperactive behaviour and socialized-aggressive disorders are factors that may lead to behaviour problems, according to some authors. Klinteberg, Andersson & Stattin (1993) studied a group of 540 males aged 25-26 in order to find out the relationship between hyperactive behaviour. They found that highly hyperactive behaviour in childhood is closely linked to later alcohol problems and violent offending, whereas children with low hyperactive behaviour are less likely to experience later alcohol problems and violent offending. In another study, Loeber, Brinthaput & Green (1990) indicated that boys with hyperactivity, impulsiveness and attention problems were more likely to be involved in delinquent acts. Hanson, Henggeler, Haeefele & Rodick (1984) believed that socialized-aggressive disorders are very strong predictors of serious and repeated crime among young people.

Self-efficacy is also another individual factor that is associated with behaviour problems. Chung & Elias (1996) mentioned that there is a relationship between young people's behaviour problems and low self-efficacy, low involvement in various non-academic activities, and negative life events. These problems are less likely to be found in the presence of high self-efficacy, high involvement in non-academic activities, and positive life events.

Self-esteem is considered to be a very important factor in the early adolescence stage. During these years, young people are highly self-conscious, and self-perceptions are more easily affected (Ashford *et al.*, 1997). Rosenberg *et al.* (1989) mentioned that self-esteem plays more important role in producing delinquency in the higher socioeconomic status group than in the lower group, whereas delinquency is more

effective for enhancing self-esteem in the lower socioeconomic status group than in the middle and higher socioeconomic status groups. Dukes & Lorah (1989) indicated that

“low self confidence predicts poor academic performance, and low self esteem predicts a diminished sense of purpose of life. These two variables in turn have effects on various forms of adolescent deviance such as alcohol abuse, drug abuse, delinquency, and eating disorder”(p. 316).

The difference between young people with delinquent behaviour and young people with non-delinquent behaviour in terms of skill deficits may lead to delinquency. Freedman, Rosenthal, Donahoe, Schlundt, & McFall (1978) indicated that young people with delinquency showed situation-specific skill deficits when asked to perform specific tasks, compared with non-delinquent youth. The delinquent young people did not perform as satisfactorily as non-delinquent young persons did, in the various measures used in their study.

The age of young people is associated with the number of offences. A young offender, who commits an offence when he/she is young, is more likely to commit further offences. Hanson *et al.* (1984) indicated that one of the most strongest predictors of serious and repeated arrest is the young person's age.

These, hence, are several of the individual factors that the western literature identifies as associated with delinquency. However, it is probable that they work together with other factors: family, peer, school, and community. It is also possible that one or more of these factors could be found in the same case.

3.2.2. Family Factors

The family is one of the major social institutions, which has essential functions in relation to children. These functions are informal education, training, transmission of the parent's culture (religious beliefs, morals, and standards), practical knowledge,

fellowship, exercising of control and protection, and economic functions (Neumeyer, 1949).

The family is considered as a factor in juvenile with delinquency. Smith & Stern (1997) indicated that the family system is one cause among many factors of delinquency. There are various elements within the family system, which are associated with delinquency. In other words, there is strong evidence that many aspects of family are associated with delinquency (Henggeler, 1989).

A broken home is one of the most important factors that lead young people to be delinquent. A normal home is one which contains father, mother and children and sometimes relatives. Broken homes are those homes that are affected by divorce, separation, desertion, death of one or both parents, or remarriage after the death of a spouse or after divorce. The condition of the family and what is going on in the family life are very important for the development of the child (Neumeyer, 1949). According to Wadsworth (1979), there is a difference in impact of divorce or death of a parent. He found that divorce was more strongly related to serious offences than the death of a parent. Free (1991) suggested the different impact can be explained by the great amount of conflict and tension experienced when parents divorce.

McCord (1982) suggested, in his study of a longitudinal view of the relationship between parental absence and crime, that there are three possible explanations of the relationship between broken homes and delinquency, as follows:

“broken homes appear to be criminogenic because of the relative frequency with which a child from a broken home has previously been exposed to parental discord.... The link between broken homes and crime rests on some characteristic of individuals who tend to be involved in broken homes. Broken home might lead to crime, for example, if the child of such a home is unsupervised” (McCord, 1982, p.117-118).

These possible explanations are important for understanding the impact of broken home on delinquency. Also, the father’s absence has a serious impact on the

children's problems. Borduin & Henggeler (1982) clarified the influence of the father's absence on a child's life. They indicated that there are many psychosocial problems that have been associated with the absence of the father in childhood and adulthood.

When divorce occurs, parents with their children may form stepfamilies. Children may have negative affects from this situation. Robinson (1993) mentioned that divorce is associated with some children problems such as conduct problems and less success in school. When remarriage occurs, children may face another type of problem. Robinson (1993) argued that children who have spent some years with a single parent are likely to lose their freedom and responsibilities as a result of the remarriage. Bernard (1971) indicated that delinquency is more likely to occur among children with new stepparents than those without. He added that the incidence of delinquency was greatest in children of a second marriage, especially among lower socioeconomic classes, than those from the first marriage.

In his critique of the current literature, Free (1991) studied many articles and books since 1972 regarding the relationship between the broken home and delinquency. He argues that the evidence does not support a strong relationship between the broken home and delinquency. Free (1991) indicated that the broken home is more strongly related to minor offences than serious offences. Some evidence supports the hypothesis that the relationship between the broken home and delinquency depends on gender, race, socio-economic status, and neighbourhood.

Child maltreatment or child abuse may lead to delinquency. Brezina (1998) indicated that adolescent maltreatment leads to delinquency because it reduces social control, generates anger, and fosters deviant socialization. Brown (1984) found that neglect and emotional abuse showed positive correlations with all forms of delinquent behaviour. However, Brown (1984) indicated that there was no correlation between physical abuse and delinquency. Sexual abuse is a type of child maltreatment that leads

to various problems. It has a negative impact on boys and girls. For instance, Chandy, Blum & Resnick (1997) found that male adolescents with a history of sexual abuse had significant involvement in vandalism, group fighting, stealing, running away from home and involvement in prostitution.

Family relationship or family interaction may lead to delinquency. Hanson *et al.* (1984) identified family relationships as a significant predictor of a young adult's serious and repeated crimes. For example, when a father is habitually absent, there is a lack of affection between mother and the child, or many interruptions of the mother-child relationship, these can be strong predictors for serious and repeated crime.

A child can learn behaviours, good or bad in various ways, one of which is from a model. The model is a very important influence, especially during childhood. During this period, the child learns many things from his parents through the process of modelling. If a parent has delinquent behaviour, the child might copy it. Robins, West & Herjanic (1975) mentioned that delinquency among young people is associated with their parents' history of arrest. Emery (1982) indicated that if they are involved in conflict with each other, parents will become bad models for their children. In addition, Fagan & Wexler (1987) mentioned that the family plays a main role in socializing adolescents to delinquent behaviour through modelling.

There are relationships between parental control, attachment and supervision and delinquency. Patterson & Loeber (1984) mentioned that disruptions in family management practices are associated with delinquent behaviour. Loeber & Loeber (1986) found that specific parental factors might lead their children to delinquency. In addition, they indicated that the lack of parental supervision, parental rejection, and lack of parent-child involvement are the most powerful predictors of delinquent behaviour. Dishion, Capaldi, Spracklen & Li (1995) suggest that involvement with delinquent peers is highly associated with ineffective parental monitoring practices.

Rankin & Wells (1990) claimed that parental attachment and direct control are related to delinquent behaviour. They indicated, however, that increased discipline is not an easy solution for juveniles with delinquency, because strong, frequent punishment can lead to serious delinquency regardless of parental attachment. Emery (1982) indicated that parents who are in conflict with each other would not be able to discipline their children in the right way. Fagan & Wexler (1987) suggested that ways in which the family may socialize young people to delinquent behaviour include ineffective supervision, harsh discipline and reinforcement of antisocial behaviour.

Cernkovich & Giordano (1987) studied the impact of family interaction and delinquency. They found that there are several family interaction dimensions: control and supervision, identity support, caring and trust, intimate communication, instrumental communication, parental disapproval of peers, and conflict, which relates to delinquent behavior. They indicated that these dimensions gave important information regarding the relationship between parents and their delinquent children. In addition, Cernkovich & Giordano (1987) indicated that family interaction of both parents, mother-only and mother/stepfather has similar impact on delinquency. In addition, Reed & Sollie (1992) mentioned that marital discord has strong impact on conduct disorder among children.

Parental characteristics and interactional dysfunction have much impact on the relationship between parents and their children. Reed & Sollie (1992) indicated that behaviour with conduct disorder is strongly associated with dysfunctional family characteristics. They indicated that such characteristics lead to negative parent-child communications and interaction that may lead the child to feel that there is an excessive psychological distance between him and his family. Rankin & Wells (1990) indicated that a strong relationship with parents is associated with less involvement with delinquency. Christensen, Phillip, Glasgow & Johnson (1983) found that there is a

strong relationship between parental perception of child behaviour problems and parental negative behaviour toward the child.

According to Baumrind (1991), there are four types of parental style. Authoritative parents are those who are both demanding and responsive. Parents who are demanding and directive, but not responsive are termed authoritarian. Parents who are more responsive than demanding are permissive. Finally, rejecting-neglecting parents are neither demanding nor responsive to their children. Baumrind (1991) also indicated that authoritative parents are very successful in protecting their children from being delinquents. In another study, Fagan & Wexler (1987) identified three types of families. The interactionist family has strong contributions of social family process and bonding, but it has weak contributions from parental authority. The hierarchical family is characterised by strong loading for family bonds and process, and also strong contributions from parental authority. The final type is characterised by criminality, violence, and negative contributions.

A teen mother who lives in a large family may put herself and her children in a difficult situation. Law & Society Review Magazine (1997) indicated that those children from large families who are born to teen girls are at great risk. There are three factors associated with this problem: immaturity, lack of resources and a poor parental role-model.

Low income (poverty) may lead young people to commit delinquent acts. Pagani, Boulerice, Vitaro & Tremblay (1999) found that there is an impact of poverty on extreme delinquency. Eamon (1994) found that poverty contributes to several problems, one of which is the delinquency.

In summary, several family factors have been identified that contribute in different degrees to delinquent behaviour. These factors include broken homes, child maltreatment poor role model, lack of control and supervision, weak attachment,

dysfunctional family relations, large family and low income. We may not find all these factors in a single case, but we may find one or more of them. Family factors have an impact in delinquency along with the impact of other factors: individual, peer, school, and community.

3.2.3. Peer Factors

Human beings are created by God to live with each other. It is impossible for an individual to live alone without any connection with other people. For young people, peer relationships are very important in their life. They provide the young person with an essential context for the development of his/her emotional, social, and cognitive competencies (Henggeler *et al.*, 1998). In addition, peer relations help the young person to improve their social skills through mutual exploration and feedback (Panella *et al.*, 1982).

“The most effective of all stimuli come from playmates and companions outside the home” (Neumeyer, 1949, p. 140). Many researchers have identified that peer groups are another factor that can be associated with delinquency in young people. Brook, Whiteman & Gordon (1983) believed that delinquent peers are associated with delinquent behaviour of the young person. A young person can usually commit delinquent acts with encouragement from peers. Neumeyer (1949) indicated that young offenders seldom commit criminal acts alone, they usually engage in such behaviours in groups. Involvement with delinquent peers is associated with several factors. Panella, Cooper & Henggeler (1982) indicated that individual attitudes, family relationships, and social class mediate the impact of delinquent peers.

The impact of peers on young people can occur through different dimensions. Agnew (1991) identified three dimensions that play strong roles in the effect of delinquent peers on young persons. The first dimension is the attachment to delinquent

peers. The young person becomes attached to delinquent peers because they have power over him/her, they are attractive as role models, and they are, as socializing agents, influential on the life of the young person. The second dimension is the contact between the young person and delinquent peers. The final dimension is the extent to which delinquent peers display their delinquent patterns. When the young person has contact with delinquent peers, they can sanction delinquent behaviour, they can act as role models, and they can transmit delinquent values to him/her.

There may be an inverse relationship between the attachment of a young person to his family and his/her attachment to delinquent peers. As long as he/she has a strong attachment to his/her family, he/she may have a weak or no relationship to delinquent peers. Poole & Regoli (1979) indicated that when a young person has a strong attachment to his/her family, he/she is unlikely to be involved with delinquent peers. The reason for that is the young person has strong support and encouragement from his/her parents, so he/she may have no interest in being involved with delinquent peers. Warr (1993) suggested that when the young person spends much time with his/her family, the family is capable of reducing or eliminating the impact of delinquent peers. Henggeler (1989) similarly claimed that positive family relationships can protect the young person from involvement with delinquent peers.

According to Frauenglass, Routh, Pantin & Mason (1997), family social support decreases the impact of delinquent peers on the young person's behaviour. They identified the impact of delinquent peers on two types of problems: using tobacco and drug abuse. Frauenglass *et al.* (1997) found that the example of delinquent peers has a strong impact on the young person of the level of use of tobacco, alcohol and marijuana, and also gang involvement. In another study, Emler, Reicher & Ross (1987) indicated that there are some particular types of offences (usually trivial) that are committed by the young offender alone, without the company of delinquent peers.

The relationship between delinquent peers and delinquent activities may be two-directional and mutually reinforcing. Delinquent peers encourage a young person to engage in delinquent activities. On the other hand, involvement with delinquent activities may lead to involvement with delinquent peers. Thornberry, Lizotte, Krohn, Farnworth & Jang (1994) indicated that involvement with delinquent peers leads a young person to increase his/her delinquent activities through the reinforcement of these peers, whereas committing delinquent acts leads him/her to be involved with delinquent peers.

In summary, peer groups can have a very strong role in the life of adolescents. They play a very strong role in determining delinquent behaviour. The peer group is the most important factor in delinquency, but it works with other factors: individual, family, peers, school, and neighbourhood-community.

3.2.4. School Factors

The school is an important part of the society in which individuals can gain various type of information. It is a small society that creates a social environment, which has motivational impact (Gage & Berliner, 1988).

There is some evidence for an association between the school system and delinquency. School problems can lead to young people being delinquent. In their study, Simone, Whitbeck, Conger & Conger (1991) suggested that school problems have an indirect impact on delinquency. They believed that a young person having school problems would increase the probability of involvement with delinquent peers.

Weakness in involves commitment by the young person lead to delinquency. Thornberry, Lizotte, Krohn, Farnworth & Jang (1991) indicated that there is a strong inverse relationship between commitment to school and delinquent behaviour. The

stronger the attachment to the school system, the less likely young people are to be involved in delinquent activities.

Dropping out of school is another factor, which may lead to delinquency. Kvaraceus (1945) mentioned that delinquent students differ from non-delinquent students in many factors such as truancy. Elliot & Voss (1974) found that high school students who dropped out of school had higher rates of official delinquency. In other words, there is a reciprocal relationship between dropout and delinquency. Delinquency increases the probability of dropout, while dropout increases the probability of delinquency. In addition, Jarjoura (1996) found that middle class students who drop out of school are more likely to involve in delinquency than those from the lower class.

Failure in school may lead to delinquency. There is a strong relationship between students' school failure and delinquency. Kvaraceus (1945) argued that delinquent students have low marks. Berrueta-Celment, Schweinhart, Barnett & Weikart (1983) mentioned that educational success would have a good impact in protecting young people from delinquency. They indicated that "early and middle-educational success are predictive of educational attainment through age 19, and this in turn causes reduced delinquent behaviour"(p. 237). In addition, Rutter, Giller & Hagell (1998) mentioned that students' low achievement may lead them to involvement in delinquency. Sankey & Huon (1999) suggested that a negative experience of school relationships and poor academic performance can lead the young person to a high level of delinquent behaviour.

School characteristics may lead to delinquency. Bachy, Duner Snelders & Selosse (1972) found that schools with many delinquent students tend to be characterised by lack of community life, lack of social activities, weak organisation and work habits, lack of security, inattention to students' problems, and unqualified headmasters. Wadsworth (1979), however, found no relationship between school

physical environment and delinquency. In their study, Battistich & Hom (1997) indicated schools characterised by a sense of community, as perceived by the students, had low rates of delinquency. They believed that schools play a moderating role in the relationships between students' problems, developmental outcomes and protective factors.

In summary, the evidence suggests that there may be an association between school factors and delinquency. However, there is no single factor for delinquency; school factors work with other factors: individual, family, peers, and neighbourhood-community.

3.1.5. Neighbourhood-Community Factors

The neighbourhood is a very important place for young people, in which they may indirectly learn many bad or good things. If the neighbourhood has a criminal subculture, it will have a negative impact on young people. Robins & Hill (1966) indicated that Negro (black American) delinquency is influenced by living in a neighbourhood with high criminal rates. "The community in which the youth grows up is apt to significantly affect his or her values, ethics, and choices in life. There are high-crime neighbourhoods, where becoming a criminal is an attractive choice for a youth growing up with criminal role models" (Yablonsky & Haskell, 1982, p. 87). In addition, Osgood & Chambers (2000) found that juvenile delinquency is associated with the rates of such factors as family disruption, ethnic heterogeneity and residential instability.

In summary, this evidence suggests that there may be association between neighbourhood-community in which young people live and delinquency. This factor works with other factors: individual, family, peers and school.

3.3.The Causes of Delinquency in Saudi Arabia

There are several factors associated with delinquency in Saudi Arabia. There is some similarity between these factors and those reported in western studies.

Individual factors:

In Saudi Arabia, young offenders are under 18. Alasmari (1995) found that most juveniles with delinquent behaviour ranged from 15 to 18.

There is also a relationship between religious practice and delinquency. Alromaih (1993) found that young people who were involved in religious practice and religious belief were less inclined to delinquency. Religion is very important for Saudi people.

Free time may lead the young person to the delinquent path. Alshethry (1993) mentioned that a large number of the sample of his study indicated that they had a lot of free time, which they spent in the street, allowing them to become acquainted with delinquent peers.

Family factors:

Alamri (1984) and Alshethry (1993) indicated that there is a strong association between delinquency and broken homes caused because of divorce, death of the father, or the father's absence from home. According to Alasmari (1995), there is a relationship between the father's absence and delinquency. He found that some young offenders had fathers who were absent from home regularly.

Child maltreatment may have some impact the problem of delinquency. In his study Alreshoud (1996) found that delinquency of young people could be related to the abuse and neglect of children.

In addition, Alshethry (1993) Aljibrin (1994) and Alasmari (1995) found that parents' low education was associated with children's delinquency. They suggested that this may be because more educated parents have better discipline skills for raising their children. Rejection and lack of discipline strategies may lead to delinquency. They pointed out that some young offenders became delinquents because of the way their parents dealt with them.

Low income (poverty) and large family may be associated with delinquency. Alamri (1984), Alshethry (1993), Aljibrin (1994) and Alasmari (1995) indicated that high numbers of delinquents in their studies came from poor families with low incomes. In addition, most of them came from large families and lived in old houses.

There may be relationship between polygamy and delinquency, not because of the polygamy itself, but because of the way the individual handles it. There are several polygamy-related problems, which may have negative impact, such as the problem of favourites, jealousy between children of different mothers, strained income and a large family that the father cannot supervise adequately. Aljibrin (1994) found that more fathers of young offenders had more than one wife, than of non-delinquents.

Delinquent relatives play a strong in delinquency, especially when the model is one of the parents. Alshethry (1993) found that one third of the sample of his study had one or more members of their families who had been arrested or jailed.

Peers factors:

Many Saudi researchers have found that there is strong relationship between delinquency and delinquent peers. Alamri (1984), Alromaih (1993) and Alasmari (1995) pointed out that association with attachment to delinquent peers would lead to delinquency.

School factors:

There is a relationship between school factors and delinquency. Alamri (1984) indicated that negative relationship between students and teachers, frustration in school, and excessively harsh discipline lead students to leave school, which place them at risk for delinquency. Alshethry (1993) indicated that the overloaded traditional curriculum had a negative impact on students' performance, which may lead them to drop out of school and turn to delinquency. Alshuwaiman (1990) found that there is a strong relationship between dropout and delinquency. In addition, there is a relationship between low educational achievement and delinquency. In addition, Aljibrin (1994), Alasmari (1995) and Alreshoud (1996) indicated that most young offenders in their studies had some type of educational retardation.

Neighbourhood-Community Factor:

Alamri (1984), Alshethry (1993), Aljibrin (1994) and Alasmari (1995) indicated that there is a relationship between the neighbourhood in which young people live and delinquency. They found that many young offenders lived in lower class area or poor areas. Alromaih's study (1993), however, did not support this factor. He indicated that there was no relationship between social class and delinquency.

There are various factors, which are associated with delinquency in Saudi Arabia. These factors are individual, family, peers, school and neighbourhood. This implies that, to solve this problem, it may be necessary to deal with all these factors in order to provide effective treatment. The multisystemic treatment deals with all the factors which are associated with delinquency.

Table 3. 1. Systematic Comparison of factors associated with delinquency between Saudi Arabia and Western

Factors	Western	Saudi Arabia
Individual	-Developmental aspects -Intelligence -Hyperactive disorder -Self-efficacy -Self-esteem -Age	-Religious practice -Free time
Family	-Broken home -Modelling -Parental attachment, discipline -Parental characteristics -Family interaction -Low income -Child maltreatment	-Broken home -Parent with low education -Polygamy -Low income -Child maltreatment
Peer	-Peer encouragement -Attachment to delinquent peers -Delinquent activities	-Attachment to delinquent peers
School	-Attachment to school -School system. -Failure in school. -Dropping out of school	-Traditional curriculum -School system -Failure in school. -Dropping out of school
Neighbourhood-Community	-High criminal rates	-Lower class area

Table 3.1 indicates that there are similarities in the factors associated with delinquency in both western and Saudi literature, although there are a few factors that are specific to one or other culture.

3.4. Theories of Juvenile Delinquency

The study of crime and delinquency has generated various theories from different fields. There are biological theories that explained the delinquency according to their perspective. Psychological theories give explanations of criminal behaviour. Social Disorganization and Anomie theories based on environment and social factors of criminality. Strain theory explained delinquency from a social perspective. It looks at delinquency as a result of the commitment to group values. Social control theory focuses on to the relationship between the person and society and the delinquency. Labelling theory focuses on the reaction of society. Finally, radical theory looks at the

delinquency in terms of relations between social classes. A brief outline of these theories is presented here.

3.4.1. Biological Theories

These theories assume that delinquent behaviour is caused by some internal mechanisms that lead the individual to commit crimes (Shoemaker, 1996). The first biological theory was put forward by Lombroso in 1876 (Lombroso, 1918). Lombroso observed certain physical characteristics of prisoners and compared them with people who had not been convicted of crimes. He concluded that prisoners had certain physical features that differed them from others (Lombroso, 1918). This theory suggests that the shape of the body can explain a person's behaviour and character. Shape of the body includes many things such as: arm and leg length, bone structure, muscle development, and head size. According to Lombroso, criminal individuals tend to have certain features, such as: a large jaw, handle-shaped ears, and high cheekbones (Shoemaker, 1996). In fact, Lombroso's explanations of the "born criminal" were rejected because they were untested, illogical or wrong (Akers, 1997).

Modern biological approaches have turned their attention the interaction of brain functioning, neurology, genetics, and biochemistry with the social environment (Akers, 1997). They provided different explanations than Lombroso's explanation of criminal behaviour. One of these explanations suggested that delinquent people have the tendency to commit crime because they have particular genetic characteristics, whereas non-delinquent individuals do not have the genetic characteristics, which influence antisocial behaviour. Criminal people are born to be criminal because they lack the ability to learn and to obey social rules (Empey *et al.*, 1999).

Behaviour, according to the next explanation, is not only determined by factors caused at birth, but also by factors that are transmitted (biologically) from parents to

children. It assumes that delinquent behaviour is caused by a negative source through the inheritance. This explanation has very limited value in explaining criminal behaviour. It does not answer the question, what is being inherited, to produce antisocial behaviour (Shoemaker, 1996). Nor does it explain other factors associated with delinquency.

Another explanation suggests that delinquent behaviour is the product of internal chemical deficiencies. According to this explanation, chemical deficiencies affect the patterns of thinking and motor control within the individual, which lead to delinquent behaviour, either directly or indirectly. In the final explanation, learning disabilities produce low academic achievement, which leads to negative attitudes from others towards the young person, and consequently, to delinquent behaviour (Shoemaker, 1996). This information gives a clear explanation about the relationship between the school system and delinquency.

Although old and modern biological theories studied criminal behaviour from different perspectives, they did not provide enough explanations of the delinquent behaviour. In fact, they did not cover the other factors associated with delinquent behaviour. As Vold, Bernard & Snipes (1998) argued "Biological theories are necessarily part of a multiple factor approach to criminal behaviour-that is, the presence of certain biological factors may increase the likelihood but not determine absolutely that an individual will engage in criminal behaviours"(p.87).

3.4.2. Psychological Theories

These theories provide different explanations of delinquent behaviour from the psychological perspective. The subject of the psychological work is to study crime and criminality in focusing on aggression, psychopathology, sexuality, or violence (Gottfredson & Hirschi, 1990).

According to psychological theories, there are several approaches for explaining criminal behaviour. The psychoanalytic approach is based on Freud's theory of human nature. The main assumption of this theory is that "all children are antisocial at birth-impulsive, self-centered, and lacking the ability to control themselves in socially approved ways" (Empey *et al.*, 1999, p.133). In other words, criminals and delinquents have unconscious impulses and emotional difficulties. If they are unable to deal with them effectively, criminal acts, consequence, may be the direct expression of these impulses (Sutherland & Cressey, 1960). Shoemaker (1996) indicated that delinquency is symptomatic of underlying emotional stress and conflicts, and compared it to a disease. According to this approach, criminal and delinquent offenders need to be treated as sick people, not as evil. Therefore, punishment is not effective, because it will increase their guilt and psychological reactions (Akers, 1997).

The personality approach provides a different explanation of delinquency. Akers, (1997) mentioned that criminal and delinquent behaviour is product of several deviant personality traits such as aggressiveness, rebelliousness, impulsiveness, hostility and sensation seeking.

Another psychological approach is the intelligence approach. Early investigators believed that there is strong relationship between mental inferiority and delinquency (Vold *et al.*, 1998). Shoemaker, (1996) explained the idea of the early studies:

"A lack of intelligence directly leads to criminal behaviour by rendering one less capable of appreciating the immorality of behaviour or the complexity of a particular situation. Second, it was assumed that those of low intelligence were less able to control their emotions and desires, and were thus more likely to engage in criminality, not because they particularly wanted to, but because they could rarely keep their behaviour in check" (p. 49).

Later investigators, in contrast, found that most criminals had normal intelligence (Vold *et al.*, 1998).

Although psychological theories provide some good explanations of criminal and delinquent behaviour, these explanations do not cover the whole problem of delinquency. There are many factors associated with delinquent behaviour, which psychological theories do not cover.

3.4.3. Social Disorganization and Anomie Theories

These theories emerged as a reaction to biological and psychological theories. Social disorganization and anomie theories proposed that mal-integration and disorder lead to delinquency, while stability, social order and integration do not lead to crime and delinquency (Akers, 1997).

Regarding the social disorganization approach, Shaw & McKay (1969) indicated that its assumption is that worse area of the city leads to social disorganization. Neighbourhoods with social disorganization will lead to less effective social control. The low social control increases the number of the street gangs. These gangs have their own values, which are transmitted from one generation to another (Shaw & McKay, 1969).

The anomie approach is based on the work of Emile Durkheim (Merton, 1968). This approach has a different explanation of delinquency. Merton (1968) argued that social culture limits the ability of a certain group of people to reach their goals. As a result, they may become involved in criminal acts in order to fulfil their needs. According to the anomie approach, crime is concentrated not only in the lower class areas but also among the lower classes and minorities in general (Merton, 1968).

Social disorganization and anomie theories emerged as a reaction to other theories, which did not include the impact of the environment in explaining delinquency. These theories provide useful insight into how environmental factors

contribute to delinquent behaviour, but they do not include other factors associated with delinquency.

3.4.4. Strain Theory

Strain theory is based on a sociological perspective. The assumption of this theory was that delinquent behaviour occurs among lower class young people because of anger and frustration as a result of lack of opportunity to fulfil their needs (Empey *et al.*, 1999). In other words, as Agnew (1992) explains strain theory focused on negative relationships with others. He added that negative relationships create negative emotions within the person that may lead him/her to commit crime.

Agnew (1992) argued that young offenders and criminals commit their offences in order to avoid the negative relations or stress, which they face. He argued that negative relations or stress are caused by removal of positive stimuli, failure to reach a desired goal and the confrontation with negative stimuli.

Strain theory tries to provide a different explanation of delinquency. Although it gives useful information about how delinquency occurs within the social structure, it does not cover the whole problem of delinquency. It also does not make connections with other factors that cause delinquent behaviour.

3.4.5. Social Control Theory

Social control theory is the most important theory in the field of delinquency. This theory is based on the work of Travis Hirschi (Agnew, 1985). It has received great attention from social scientists, and has become an important theory of delinquency (Agnew, 1985). The main reason for that is because it explains the delinquency of young people according to four social bonds. These social bonds are *attachment* to others (parents, teachers, peers); *commitment* to reaching one's goal (high education,

own business); *involvement*, i.e. the amount of time spent in productive activities such as business, reading, or doing homework; and *belief* which refers to a person's commitment to the values of his or her society (Hirschi, 1969).

Social control theory provides a very clear explanation for delinquent behaviour. Even though this theory helps us to understand how delinquency occurred through weakening of social bonds, it does not cover the whole problem of delinquency. Social control theory does not make connections with other factors that associated with delinquency.

3.4.6. Labelling Theory

This theory is concerned with the reaction of society to the individual. This theory focuses on the application of formal and informal labels or tags by the society on some people (Akers, 1997). Becker (1963) clarifying this by stating that

social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labeling them as outsiders. From this point of view, deviance is not a quality of the fact the person commits, but rather a consequence of the application by others of rules and sanctions to an "offender." The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label"(p.9).

People labelled as delinquents may accept this label and, therefore, will adopt the delinquent identity (Empey *et al.*, 1999).

Labelling theory takes our attention to another direction and provides useful insight into about how delinquency occurs. This explanation, however, does not cover the whole problem of delinquency, because it neglects some factors that cause delinquent behaviour.

3.4.7. Social Learning Theory

Social learning theory was developed by Ronald Akers. It combines the general learning principles of Sutherland's differential association theory of criminal behaviour (Akers, 1997). According to Sutherland & Cressey (1960), differential association theory sets out nine principles regarding the processes involved in engaging in criminal behaviour. Akers (1997) indicated that social learning theory retained strongly all the differential association processes of Sutherland's theory. It focuses on four major sources of social learning: differential association, definitions, differential reinforcement and imitation. According to social learning theory, delinquent behaviour is acquired, repeated, and changed by the same processes that produce acceptable behaviour (Akers, 1997).

Even though social learning theory draws our attention to a new method of explaining how delinquent behaviour occurs, it still does not cover the subject fully. There are other factors of delinquency that need to be explained.

3.4.8. Conflict Theory

George B. Vold developed Conflict theory in his book, *Theoretical Criminology* (Vold *et al.*, 1998). It focuses on the interaction between the minority and the majority within the society. According to Akers (1997), powerful people can control the law by adopting their values as legal standards for behaviour, whereas the less powerful people suffer from these laws and, as a result, will violate the rules because they behave according to their own values.

Although conflict theory provides good explanations not only for the delinquent behaviour but also for criminal justice (Akers, (1997), it does not cover all factors of delinquency.

3.4.8. Radical Theory

Radical theory was written by a German philosopher, Karl Marx, as a result of the social change brought about by the industrial revolution (Vold *et al.*, 1998). It makes several assumptions about delinquent behaviour. According to radical theory, delinquent behaviour is thought to occur because of the struggle between the upper class (bourgeoisie) and lower class (proletariat). The economic system is responsible for dividing the society into categories. Upper class people (bourgeoisie) control lower class people (proletariat) in order to protect their interests and keep the lower class people in their position in society (Shoemaker, 1996).

Radical theory looks on delinquency from a different perspective. It brings to our attention the impact of unequal power relations between social classes. This theory provides a good explanation for delinquency, but it does not fulfil the needs of human nature. As a result, many countries based on this theory collapsed and have high crime rates (Vold *et al.*, 1998).

3.5. Summary

Each one of these theories provides an explanation for the problem of delinquency from its own point of view. As therapists, if we want to provide a treatment for young offenders, we cannot use only one of them as a guide for treating them. The reason is very simple; these approaches do not take into account all the factors that cause delinquent behaviour. Many treatment approaches are claimed to have failed to deal with young people with delinquent behaviour because they have not addressed comprehensively the multiple factors linked with delinquent behaviour (Brown, Swenson, Cunningham, Henggeler, Schoenwald & Rowland, 1996). This suggests the need for a multisystemic treatment that does address these factors. It is based on several approaches, namely, the multidimensional causal approach, theory of social ecology, and systems theory. The multisystemic treatment will be discussed in detail in Chapter Five.

CHAPTER FOUR:
THE TREATMENT
PROGRAMMES IN THE
JUVENILE DETENTION
HOMES (SOCIAL
OBSERVATION HOMES)

CHAPTER FOUR

THE TREATMENT PROGRAMMES IN THE JUVENILE DETENTION HOMES (SOCIAL OBSERVATION HOMES)

4.1. Introduction

In order to understand the care of young people with delinquent behaviour in Saudi Arabia, we have to take into consideration the recent history of social welfare provision in the country as the context in which such care is provided. Readers will need some information about social welfare in Saudi Arabia, related to our study.

Therefore, this chapter will be divided into three parts. The first part will be devoted to discussing social welfare in Saudi Arabia, with particular reference to the institutions through which it is provided. The second part examines the system and policy in the Social Observation Home (S.O.H.) in Riyadh City, since such Homes are the most important institutions working in the field of the treatment of young male offenders in Saudi Arabia. The third part will deal with the treatment programmes in the S.O.H. Since the subject of the study is a new proposed treatment for juveniles with serious delinquent behaviour, it is obviously important to understand what treatment is currently provided, in order to identify problems and issues which the new treatment may need to address, and to clarify to what extent and in what ways the experimental treatment is, in fact, new.

4.2. Social Welfare in Saudi Arabia

Social welfare services started from the early days of Islam. Muslims believe that Islam is not only a religion but in fact a comprehensive system of life. This means that Islam regulates a Muslim's entire life. The important thing that we should mention here is that Islam does not divide the human life artificially and arbitrarily into secular or religious (Alsaif, 1991).

The modern system of social welfare in Saudi Arabia has been founded on Islamic beliefs. It started from the first establishment of the kingdom by King Abdulaziz in 1932. Social welfare at that time was established to provide the basic needs for specific types of people the elderly and needy people; whereas at one time social welfare services were provided through voluntary networks. Now, social welfare services are offered almost exclusively by the government (Alreshoud, 1994).

The discovery of oil in the 1930s brought about major changes in the social life of Saudi people. Because of the rapid development of all aspects of the life of the Saudi society, some social problems have occurred. As a response to these problems, the Ministry of Labor and Social Affairs has established several types of Institutions (Homes) in order to provide for the welfare of people who suffer from these problems. The Ministry of Labour and Social Affairs provides a variety of programmes and services to the elderly, disabled, deaf and dumb, physical and mentally handicapped, orphans, juveniles with delinquent behaviour, and disadvantaged individuals. Most of these services are provided through specialised institutions (Ministry of Labour and Social Affairs, 1998).

The Institutions that deal with children's problems are Social Observation Homes, Social Guidance Homes, Nursery Homes, Social Education Homes, Social Homes, and Care Homes for Girls. Based on the Ministry of Labour and Social Affairs (1998), the following is a brief review of these Homes and their systems. It should be

noted that the first of those listed is the type of institution in which the empirical work for this study was carried out.

4.2.1. Social Observation Homes (Juvenile Detention Homes)

Social Observation Homes S.O.H. are the only institutions dealing with young males who commit crimes. The main reason for establishing these Homes is to provide treatment for young people with delinquent behaviour (Ministry of Labour and Social Affairs, 1989). In addition, it keeps them away from adult criminals (Alromaih, 1993). These are the most important Homes that provide treatment for serious delinquent offenders in Saudi Arabia (Ministry of Labour and Social Affairs, 1989). More information on them will be given later in this chapter. Table 4-1 indicates the development of the Social Observation Homes and the increase in the number of offenders in Saudi Arabia.

Table 4. 1. Growth of number of Social Observation Homes and increasing the numbers of offenders.

Years	Number of Homes	Number of Delinquents
1972-75	1	584
1975-80	4	2457
1980-85	4	11029
1985-90	6	14386
1990-95	9	29438
1995-97	9	15708

Sources: Ministry of Labour and Social Affairs, Saudi Arabia, Establishment and Development of Social Services. Special edition: Riyadh, (1998, p. 95).

4.2.2: Care Homes for Girls

These Homes are designed for girls and young women with delinquency aged 15-30 who commit any type of offences. The purpose of this Institution is to treat those girls in order to correct their behaviour so they become normal members of society (Ministry of Labour and Social Affairs, 1998). They provide the same care and services

that are available in Social Observation Homes. Girls under 15 years are housed in special wings and young women in other wings. The Homes are staffed entirely by women (Al-Shethry, 1993). No information about the development of the Homes Cares for Girls was available to the researcher; information about girls and women is, in Saudi Arabia, very sensitive and treated as strictly confidential.

4.2.3. Social Guidance Homes

The main purposes of Social Guidance Homes are to provide care, adjustment, and correction for young people who are subject to delinquency (Alreshody, 1993). These Homes provide special services for young people who are considered to be at risk of delinquency, although they have not as yet been convicted by the court and sentenced to a custodial term. They are usually brought by their parents or guardians or, in the case of orphans and the homeless, by social workers or members of the community. Unlike inmates of the Social Observation Home, they are free to visit their homes at the weekends. Services provided for them include physical, psychological, social and educational elements. In addition, young delinquents receive a monthly allowance of 120 Saudi Riyals in order to enable them to buy things they want. The Homes provide full protection and adequate care for these children in order to solve their problems and keep them in a strong relationship with the society (Ministry of Labour and Social Affairs, 1998). Because of the increasing number of young people with delinquent behaviour, these services are not, however, sufficient for treating them. In the writer's view, these service programmes need to be extended in order to provide full service to all the young delinquents in the Homes. In addition, the Homes should increase the number of social workers and psychologists.

The juveniles with delinquent behaviour come from the following categories:

- Young people who have committed offences but whose cases have not been notified to the police or official authorities.
- Young people who are out of the control of their parents.
- Young people who are exposed to delinquency because of broken homes.
- Young people who have no homes to live in, (Al-Shethry, 1993).

Table 4-2 indicates to the development of the number of Social Guidance Homes in Saudi Arabia and the number of young people with delinquent behaviour who entered these homes during 1960-1997.

Table 4. 2. Development of the number of Social and Guidance Homes and the number of young people with delinquent behaviour.

Years	Numbers of Homes	Number of Delinquents
1960-65	2	1259
1965-70	2	1181
1970-75	3	1222
1975-80	4	1735
1980-85	5	2696
1985-90	5	2487
1990-95	5	1718
1995-97	5	933

Sources: Ministry of Labour and Social Affairs, Saudi Arabia, Establishment and Development of Social Services. Special edition: Riyadh, (1998, p. 90).

4.2.4. Nursery Homes

These Homes were established to provide care for children (boys and girls) from birth until the age of six years old, who are illegitimate, orphans, of unknown parents or whose mothers are in jail. In these Homes, children get very intensive physical, psychological, and social care in order to provide a family environment for them until they reach six years old. Once they reach six years old, they will be transferred to a Social Education Home (Ministry of Labour and Social Affairs, 1998). In the researcher's view, these Homes provide good facilities for these children but they have

to improve these services to create a family environment. The only thing missing for these children is the lack of family environment.

Table 4. 3. Development of the number of Nursery Homes and the number of children who entered them.

Year	Number of Homes	Boys	Girls	Total
1971-75	1	80	44	124
1975-80	2	324	193	517
1980-85	3	714	469	1183
1985-90	4	1992	1175	3167
1990-95	5	2658	1530	4188
1995-97	5	1054	779	1833

Sources: *Ministry of Labour and Social Affairs, Saudi Arabia, Establishment and Development of Social Services. Special edition: Riyadh, (1998, p. 76).*

Table 4-3 indicates the development in the number of Nursery Homes in Saudi Arabia and the number of children who entered these Homes. When we look at the table, we will find a difference between the numbers of boys and girls in these Homes. The difference of numbers is related to the fact that Saudi people have a strong belief in the Islamic religion. It is easier for them to send a son of their relative to these Homes rather than sending girls.

4.2.5. Social Education Homes

These Homes are designed to provide special care for children (boys and girls) who are transferred from Nursery Homes or children who do not get family care, and who are aged six years old or over. There are two types of these Homes, one for boys and the other for girls. They provide many services, such as physical, psychological, social, and educational care. Children receive a monthly allowance of 120 Saudi Riyals. When they finish elementary school or reach the age of 12 years, they will be transferred to Social Education Institutions (Ministry of Labour and Social Affairs, 1998). If these boys and girls do not get full care from these Homes, they may

develop delinquent behaviour later in their life. Therefore, the Home has to improve the skills of social workers and psychologists to meet the needs of these children.

Table 4. 4. Development of Social Education Homes and numbers of children.

Year	Home of Boys	Home of Girls	Boys	Girls	Total
1960-65	8	3	4424	880	5304
1965-70	8	3	4711	933	5644
1970-75	9	3	5208	1115	6323
1975-80	9	3	4826	1571	6397
1980-85	11	5	3508	1119	4627
1985-90	11	5	3784	949	4733
1990-95	11	5	3821	1265	5077
1995-97	11	5	745	289	1034

Sources: Ministry of Labour and Social Affairs, Saudi Arabia, Establishment and Development of Social Services. Special edition: Riyadh, (1998, p. 82).

Table 4-4 indicates the development of Social Education Homes in Saudi Arabia and the number of children who entered these Homes.

4.2.6. Social Homes

These Institutions are designed to provide special services for those who are transferred from Social Education Homes. There are two types of Institutions, one for boys and one for girls. It is considered very important to keep these children in this kind of Home in order to help them to adjust to the society. They get full physical, social, psychological, educational, and vocational training until they graduate from high school and become capable of fending for themselves (Ministry of Labour and Social Affairs, 1998). In the researcher's view, the only problem facing these boys and girls is that the Homes do not pay much attention to helping these young people to be independent. The Home should change and improve the services in order to meet their need for development.

The researcher would like to point out that no published information on the development of these Homes was available. However, since these Homes take transferees from the Social Education Homes, the statistics given previously may give an idea of their expansion.

4.3. Social Observation Homes

These Homes are established to deal with young males with delinquent behaviour and their treatment. The first Social Observation Home was established on October 24, 1972 in Riyadh City (Al-Jibrin, 1994). Before these Homes were established, there was no treatment at all for juveniles with delinquent behaviour. They were simply punished for their crimes and sins according to Islamic Law. The Home brought about a new stage in the history of the treatment of juveniles with delinquent behaviour by looking not only at their crimes but also at their personal problems (Al-Shethry, 1993).

The present system of the Social Observation Homes focuses on the prevention of delinquency, rather than its treatment. In this part, brief information will be given about the present system and policy in the Social Observation Homes.

According to the Ministry of Labour and Social Affairs (1989), the policy of the Homes is as follows:

4.3.1. The main goals

Social Observation Homes have specific goals laid down by law in 1975. There are two goals for these Homes, according to the Annual Book of Social Observation Home in Riyadh (Ministry of Labour and Social Affairs, 1989). The first goal is to take care of young males with delinquent behaviour, who are in temporary custody under the command of the security or judicial authorities, or whom the court has decided to send

to the Social Observation Home. The second goal is to carry out research in order to find out the causes of juvenile delinquency in Saudi Arabia. These goals are very important, as they may be expected to drive not only the policy of the Homes, but also treatment and prevention programmes.

4.3.2. Admission

Entering the Social Observation Home is not easy for everyone. It is appropriate to give a glance at the admission procedures in the Home in order to understand how juveniles with delinquent behaviour can be admitted. According to the Annual Book of Social Observation Home in Riyadh (Ministry of Labour and Social Affairs, 1989), these procedures are the following:

1. The offender is received from the police or other authority that brought him and a file is opened for him.
2. The Home checks his name, age, address and his offence.
3. The Home takes all his personal items and issues a receipt for them. These items are returned to their owner when he leaves the Home.
4. The offender is given a medical examination to check his health and whether he has any communicable disease.
5. The Home gives him appropriate clothes and allocates him to the appropriate wing according to his age and offence.
6. The social worker or psychologist makes a study of the offender in terms of his personality, his family, social and economic situation and the motivation of his offence.

In addition, the juvenile with delinquent behaviour must be between 12-18 years old in order to be accepted in the Social Observation Home (Directory of Social Work in the Social Observation Home, Ministry of Labour and Social Affairs, 1994)

It is appropriate to indicate that, in the researcher's experience, the young people who enter the Home show considerable individual differences in terms of the type of offences. Some of them have committed serious offences such as murder, kidnapping and theft, whereas others have committed more minor offences such as traffic offences. All these juveniles with delinquent behaviour live together inside the Home. The problem with this is that they can exchange their experiences in crime and learn from each other, and this might mean that juveniles with delinquent behaviour learn undesirable attitudes and behaviours from more hardened criminals.

4.3.3. The investigation and trial

The most important procedure for these young offenders is the investigation and trial. The law is very strict especially in dealing with young people. Nevertheless, in the researcher's experience, although these procedures are so important, some of the Home's staff sometimes does not follow them. The reason for this is that either they ignore these procedures or they lack knowledge. According to the Annual Book of Social Observation Home in Riyadh (Ministry of Labour and Social Affairs, 1989), the official procedures are the following:

1. There is an appropriate place for investigation inside the Home. Under all circumstances, the investigation and the trial must take place inside the Home.
2. The person who is in charge of the investigation must wear civilian clothes in order to let the offender feel comfortable during the investigation. Either a social worker or psychologist must attend the investigation.
3. When a juvenile finishes his sentence, if he still needs more treatment, the Home has the right to extend his stay.
4. The Home carries out the judge's decision.

According to Al-Jibrin (1994), the detention of the young offender can be terminated for the following reasons:

- If the offender is found not guilty after the investigation or trial.
- If the offender reaches 19-20 years old. In this case, he must be transferred to an adult prison.
- If the Ministry of Labour and Social Affairs is satisfied that the behaviour of the offender has changed for the better and after the Judge agrees to have his sentence terminated

4.3.4. The responsibilities of the social workers and psychologists

Before we can propose a new approach to treatment of young offenders in the Social Observation Home in Riyadh City, it is important to clarify the existing roles and responsibilities of social workers and psychologists in the Home. The reason for raising this point is to distinguish between existing policy and practice, show that the proposed intervention is, in fact, new, and establish the context in which it will be carried out.

The role and responsibilities of the social workers, according to the Directory of Social Work in the Social Observation Home (Ministry of Labour and Social Affairs, 1994), includes a number of elements. They receive the offender, conduct a preliminary interview and keep details in his file, and help him feel comfortable. They also inform the offender about the rules of the Home and the consequences of not following them. The social workers make an observation regarding the offender's personality and behaviour during his interaction with other offenders. In addition, they follow up the offender's medical psychological examinations. Another role for the social workers is to contact all people concerned with the offender's problem in order to know the reasons for the problem. They also make a case report for the judge, which helps him when he issues his judgement. The offender's school performance will be

followed up by the social workers. They check visitors in terms of their relationship to the juvenile with delinquent behaviour. In addition, they work for providing help for any family who is looking for it. The final role of the social workers is to draw up treatment plans for offenders according to each one's crime and situation.

According to the Directory of Social Work in the Social Observation Home (Ministry of Labour and Social Affairs, 1994), there are several responsibilities of the psychologists. They implement psychological tests. They also hold interviews with offenders in order to help the social worker in drawing up treatment plans. The psychologists participate with the social worker in making a case report for submission to the judge. In addition, they make an observation regarding the offender's personality and behaviour. They provide psychotherapy for any offender who needs it. Finally, they make contact with hospitals, hospitals of mental health, universities, and private psychological clinics in order to get assistance in dealing with specific cases.

It is noticeable that this specification concentrates very much on the social worker's and psychologist's liaison role and administrative responsibilities. Little or nothing is said about their role in treatment, advice and support of the juvenile and his family.

Unfortunately, in the researcher's view, some of these workers do not fulfil these responsibilities because they lack of knowledge and skill. The other reason for not fulfilling these responsibilities is the limited number of the social workers and psychologists available to deal with a large number of young offenders. According to the Home's policy, "one social worker deals with ten young offenders" (The Annual Book of Social Observation Home in Riyadh, Ministry of Labour and Social Affairs, 1989, p. 77).

In the past, the number of young people with delinquent behaviour was small, but today the number of these offenders is very high. The approximate capacity of the

Social Observation Home in Riyadh is 120 young offenders, but in reality the number usually reaches 221 (Al-Shethry, 1993). Obviously, such overcrowding will strain the ability of staff to provide good services to those in their charge.

4.3.5. Home's activities

According to the Annual Book of the Social Observation Home (Ministry of Labour and Social Affairs, 1989), Social Observation Homes undertake several kinds of activities, designed to meet the needs of the juveniles with delinquent behaviour who spend their sentence in the Home. The purpose of these activities is to help them to rehabilitate their behaviour, to facilitate their adjustment to the Home's environment and to prepare them to live in society outside the Home. Social workers and psychologists use these activities to support the treatment programmes for each case.

The following activities, mentioned in the Annual Book of the Social Observation Home (Ministry of Labour and Social Affairs, 1989), are included because they could have some importance to provision of a treatment programme. Most of the Social Observation Homes use these activities:

- **Educational Programme**

The main purpose of this programme is to give an opportunity for offenders to continue their education. It usually consists of lectures, watching TV, hand outs about certain subjects and educational competitive programmes.

- **Cultural Programme**

This programme helps the offenders to improve their general knowledge by learning something about their society and environment. It takes various forms: library, lectures, seminars, and cultural competition.

- **Occupational Training Programmes**

These are designed to help the offenders to acquire new skills. The offenders can, in theory, choose any type of the occupational programmes available according to their interest. From the observation of the researcher, however, there are no actual occupational programmes in the present time in the Social Observation Home in Riyadh City, which is considered the best one in the country.

- **Physical Programme**

The main purpose of this programme is to improve the offenders' physical health by using sport exercises. It usually consists of volleyball and table tennis.

- **Religious Programme**

It helps the offenders to improve their religious knowledge and practice. It also helps them to practice religious rituals. From the religious programme offenders will learn the consequence of their behaviours in terms of the religious perspective. It usually consists of performing prayers in the Home's mosque, lectures, guest speakers and memorising the Holy Quran and reading religious books (Annual Book of the Social Observation Home, Ministry of Labour and Social Affairs, 1989).

However, although these activities are very important to treat and rehabilitate these offenders, unfortunately, in the researcher's experience there is a wide difference between official policy and what happens in practice. The reason for that is either the lack of facilities or staff's lack of experience.

4.4. Treatment Programmes in the S.O.H.

The present system of the Social Observation Homes focuses on the prevention of delinquency rather than the treatment. The treatment programmes do not deal with the underlying problems contributing to the delinquent behaviour. They attempt to help the juveniles with delinquent behaviour to refrain from committing these offences again, but do not deal with the factors associated with their delinquency. Therefore, it

is very important to focus on both the treatment and prevention in order to provide effective help for juveniles with delinquent behaviour. In this part, there will be a particular attention to the treatment programmes that are used in the Home.

No specific treatment to be used for dealing with delinquents is laid down in the official documents. There are also no experimental studies that deal with the treatment of Saudi juveniles with delinquency either inside or outside Saudi Arabia. The only things that are mentioned in the official documents regarding the treatment of the delinquents in the Home are the responsibilities of psychologists and social workers, mentioned in the previous section.

There is, however, a descriptive study regarding the treatment of Saudi young people with delinquent behaviour in Saudi Arabia. Alsadhan, (1996), its author, works in the Ministry of Labour and Social Affairs and, although his work is a privately undertaken study rather than an official government publication, it makes use of statistical and other information from ministerial documents which would not be available to most researchers. He mentioned that there are four steps to dealing with offenders in the S.O.H.

Step One:

This step is the beginning of the treatment of the delinquents. It involves the following:

1. Conduct preliminary interview with the offender in order to know the reasons why he committed this offence.
2. Make contact with the offender's family in order to inform them about their juvenile.
3. Work to make the offender feel comfortable within the Home by conducting interviews and working to solve any problem that may confront him. This step is essential to establish a working relationship between the social worker or psychologist and the offender.

Step Two:

In this step social workers or psychologists do the following:

1. Prepare social research about the offender that includes personal information, family factors, and environmental factors.
2. Draw up a plan to treat the offender.
3. Monitor how the offender involves and participates in the Home's activities.
4. Monitor the offender's performance in school and solve any problem that may confront him in school.
5. Get assistance from specialists in implementing the treatment plan.
6. Conduct interviews with the offender to discuss his time in the Home and his thought about the future.
7. Evaluate the treatment plan through the improvement of the offender's behaviour from time to time according to the sentence of the offender.

Step Three:

Before the offender is released from the Home, the social worker or psychologist holds many meetings with the family of the offender to solve any problem within the family, in order to prepare the outside environment for him.

Step Four:

Follow up of the care and treatment is very important step. It can be done through social acceptance, social adjustment, and social stability. Once the offender is released from the Home there will be follow up. The main reason for the follow up is to check on the success of the treatment plan and to know the weak points of the treatment plan in order to eliminate them (Alsadhan, (1996).

There are several similarities between these steps and multisystemic treatment. The Home provides therapy for each offender on an individual basis, which is consistent with the practice in the multisystemic approach. There is also recognition of

the importance of the family environment; reference is made to discussing the juvenile with delinquent behaviour with the family and aiming to solve family problems in preparation for the young person's release. In practice, however, there is no real family therapy except for occasional scattered efforts depending on the interest of the therapists and the time available. No reference is made in the description of the Home's treatment programme, to work with the school or the young person's peer group. Moreover, multisystemic therapy would include encouraging social and recreational occupations of a kind, which give the young people with delinquency constructive interests, which aim to encourage beneficial association with peers, and build self-esteem. The Home's programme has no specific focus on self-esteem, and the limited activities available to the delinquents would do little to build their self-esteem or to develop them socially. The occupational programme might be expected to serve this purpose but, as indicated earlier, it is not fully implemented in practice. Thus, in many respects the Home's programme falls short of the ideal of the multisystemic approach.

4.5. Summary

The services for children's welfare in Saudi Arabia have increased in response to social problems. There are several types of Homes providing different services to children. These Homes are Social Observation Homes, Social Guidance Homes, Nursery Homes, Social Education Homes, Social Homes, and Homes Care for Girls. The only Homes that deal with young people with delinquent behaviour are Social Observation Homes, Social Guidance Homes, and Care Homes for Girls. Social Observation Homes and Care Homes for Girls deal with young people who have been caught committing any type of crimes. There is no specific treatment method that is used for treating juveniles with delinquency, according to the official documents. The treatment programmes in the Social Observation Homes focus on the prevention of delinquency rather than its treatment.

CHAPTER FIVE:
MULTISYSTEMIC
TREATMENT

CHAPTER FIVE

MULTISYSTEMIC TREATMENT

5.1. Introduction

There are many mental health approaches that have dealt with juveniles with delinquent behaviour in order to provide an effective treatment for reducing the number of juveniles with serious delinquency. One that has been shown to be an effective approach for dealing with serious juvenile offenders is the multisystemic treatment approach. Since this is the approach used in this study for treating juveniles with serious delinquency in Saudi Arabia, it is important, before presenting the empirical work, to clarify the principles and practices of the approach, the evidence for effectiveness, and the extent to which previous studies justify and can inform the attempt to transfer the approach to the Saudi setting.

Accordingly, in this chapter the researcher will discuss the multisystemic treatment in four parts. First, there is a brief review of the rationale for its use. Second, the theoretical framework of the multisystemic treatment approach is explained. The third part reviews the multisystemic treatment model. Finally, the findings of previous studies using multisystemic treatment for dealing with serious juvenile offenders are reported.

5.2. The Rationale for Multisystemic Treatment

Juveniles with delinquent behaviour as a social phenomenon are a major social problem that has grown rapidly in both developed and developing countries throughout the world. The increased number of young people with delinquent behaviour in Saudi

Arabia, for instance, has forced the government to pay more attention to this problem and to try to provide various solutions in order to protect young people from delinquency.

According to Eaton & Polk, (1961)

“children are our nation’s most precious resource. When a sizeable number of them turn out badly, the question must be faced: Why are we unsuccessful in transmitting our way of life to our offspring? What can be done about this?” (Cited by Mallawi, 1994. P.1).

As a result of this problem, many mental health professionals and policy makers have turned their attention to how to deal with juveniles with delinquent behaviour. They have tried to solve the problem by providing different kinds of approaches for preventing and treating those young offenders. There are several approaches that have been tried for dealing with young people with criminal behaviour.

For instance, an individual approach is a broad term that can be used to refer to various therapeutic approaches. It includes psychodynamic approaches, behaviour approaches, social learning approaches, and cognitive or problem-solving approaches. Individual approaches have shown limited efficacy, because they focus on certain factors of delinquency. They can, however, be used with other approaches in order to affect other systemic factors (Sutphen, 1993).

Family approaches deal with factors associated with delinquent behaviours within the family system. They have some effectiveness of dealing with delinquency because they focus on behavioural contracting, family communications and interactions, strategic and structural techniques (Sutphen, 1993).

For example, a parent management training approach has some level of effectiveness in reducing delinquent and antisocial behaviour. It is a therapeutic-educational intervention that focuses on parent control strategies by using social learning principles (Sutphen, 1993).

Group approaches have also been used in reducing delinquent behaviour, involving peer group therapy. They help the individual by enhancing communication skills, alternative activities, and development of group-oriented behaviour by choosing good behaviour instead of delinquent behaviour. The only criticism of the group approaches is that they use a peer group instead of using the actual friends of the juvenile offenders (Sutphen, 1993).

Educational approaches are designed in order to meet the needs of young offenders who suffer from deficits in basic academic skills and in verbal or communication skills (Sutphen, 1993).

These treatment approaches are claimed to have failed to deal with young people with delinquent behaviour because they have not addressed comprehensively the multiple factors linked with delinquency behaviour (Brown *et al.*, 1997). The multisystemic treatment approach has emerged as a reaction to perceived inadequacies of most existing treatments of delinquency when used, in isolation, in order to meet the need to reduce criminal behaviour.

The main reason for choosing multisystemic treatment approach for treating juveniles with serious delinquency in Saudi Arabia is that it is a unique system in involving four types of interventions, each of which deals with one system in which the behaviour problem occurred. This will help (the researcher) to deal effectively with juveniles with serious delinquency.

5.3. The Theoretical Framework of Multisystemic Treatment

The multisystemic treatment approach is based on several approaches. This section discusses three such approaches: the multidimensional causal approach, theory of social ecology, and the systems theory.

5.3.1. Multidimensional causal models

In order to understand the phenomena of delinquency, we have to look at the factors of delinquency. Multidimensional causal models give us explanations of how delinquency occurs. Henggeler (1991) indicated that the multisystemic approach is consistent with the multidimensional causal model of delinquent behaviour. According to this model, delinquency is linked with the characteristics of the young offenders, family relations, peer relations, school variables, and neighbourhood characteristics. In order to provide effective interventions we should consider adolescent's characteristics as well as the systems in which adolescents are embedded (Henggeler, 1991).

There is a strong relationship between the multidimensional causal model and the theory of social ecology. The multidimensional causal models of delinquency supports Bronfenbrenner's (1979) view that the young offender's behaviour is associated with multiple systems in which he is embedded (Henggeler, 1991). In addition, Boruin (1999) indicated that the theoretical foundation and clinical features of multisystemic treatment is based on the multidetermined nature of serious antisocial behaviour and social ecological theories. He also believed that the success of multisystemic treatment is attributable to two major factors. First, there is a match between multisystemic intervention and the causes of criminality and violence in adolescent. Second, There is flexibility of using multisystemic intervention strategies in the natural environment.

5.3.2. Theory of social ecology

Multisystemic treatment theory is based on Bronfenbrenner's (1979) theory of social ecology, which sees the development of human beings as a product of interaction between the growth the individual and his/her environment. Bronfenbrenner (1979) indicated that the environment of human development involves mutual interactions

between the growth of human being and the change in the settings in which the individuals live. These interactions are affected by the relations between these settings and by the large context in which these settings are embedded.

Bronfenbrenner's ecological theory of human development provides clear information about how the development of a person occurs within a net of interconnected systems. His model provides a contextual perspective that has been used in different settings. It has been applied to different issues such as child maltreatment and development in a school context (Minuchin, 1985). According to Bronfenbrenner (1979) the various systems contained within the ecological environment of the developing person are as follows:

The "microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (1979, p.22).

In his critique and development of his ecological theory, Bronfenbrenner (1992) added to the definition of microsystem some important information, that he felt necessary in order to give a clear picture of the first system of the environmental structures.

"Microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical and material features, and containing other persons with distinctive characteristics of temperament, personality, and systems of belief" (1992, p. 227).

He sought to include in the microsystem the developmental relevance of the characteristics of other people, because of the importance of their presence and participation in the specific environment.

The next two systems levels, the mesosystem and exosystem remain unchanged by Bronfenbrenner's (1992) later work.

"Mesosystem comprises the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and

neighbourhood peer group; for an adult, among family, work, and social life. Exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person” (1979, p. 25).

At the highest level is the macrosystem.

“Macrosystem refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies” (1979, p. 26).

Bronfenbrenner (1992) revised his definition of this system and added some important information to clarify the macrosystem.

“Macrosystem consists of the overarching pattern of micro, meso, and exosystems characteristic of a given culture, subculture, or other broader social context, with particular reference to the developmentally-investigative belief systems, resources, hazards, life style, opportunity structures, life course options, and patterns of social interchange that are embedded in each of these systems. The macrosystem may be thought of as a societal blueprint for a particular culture, subculture, or other broader social context” (1992, p. 228).

He continued to explain the expanding definition of macrosystem. Bronfenbrenner (1992) indicated that the definition of the macrosystem encompasses the kinds of specific characteristics mentioned in the original definition. From this point of view, ethnic or religious groups, social classes, or people living in specific areas, communities, neighbourhoods, or other types of broader social structures work to constitute a macrosystem, whenever these conditions are met (Bronfenbrenner, 1992).

In link with Bronfenbrenner’s theory of social ecology, multisystemic therapy views adolescents as being nested within a complex of interconnected systems that involve individual, family, peers, school, and neighbourhood factors. These systems have mutual impact on the behaviour of the family members (Henggeler, *et al.*, 1986; Brunk, Henggeler & Whelan, 1987; & Henggeler, Borduin, Melton, Mann, Smith, Hall, Cone & Fucci, 1991).

5.3.3. Systems theory

The multisystemic treatment approach is also based on systems theory. General system theory is a theory that has been called the general science of wholeness. As discussed by Von Bertalanffy (1968), the postulation of the general systems theory was motivated by a reaction to the apparent belief that the only valid form of science is theories of physics. Many professionals believed that the biological, behavioural and sociological fields did not enter the consideration of classical science. Another deficiency was that classical science did not take account of more than two variables, one cause and one effect. It did not use more than two variables. Another motivation for the new theory was recognition that the fields of behaviour and social science lacked appropriate conceptual tools for explanation and predicting phenomena, as in the field of physics. Finally, it came to be recognized that the expanded and generalised theoretical constructs were interdisciplinary and applicable to the phenomena of different fields. The desire to give social science its own theories and methods led to the development of system theory.

According to Von Bertalanffy (1968) the primary aim of the general system theory was a general tendency towards integration in the various sciences, natural and social, centered in a general theory of systems. It was thought that such a theory might provide an important theoretical foundation for the nonphysical fields of science. The theory tried to develop unifying principles running “vertically” through the universe of the individual sciences, thereby approximating the goal of the unity of science. The final aim was that the theory would lead to a much-needed integration in scientific education.

General systems theory reflects a shift from a mechanistic, linear focus to understand causality, and mutually influential and interrelated phenomena (Henggeler, *et al.*, 1998).

In order to understand the system theory, it can be summarised in certain principles that form the basis of its conceptualisations of human behaviour. According to Henggeler & Boruin (1990 b), there are several central principles of the system theory. The first principle is that a system is an organized entity whose elements are interdependent. A system displays emergent properties, i.e. the system as a whole has characteristics that are not possessed by any of its component elements individually. In other words, the whole is greater than the sum of its parts. Therefore, individual behaviour should be understood only within the interpersonal context of the behaviour.

The second principle is that the patterns of any system are not linear, but circular. According to this principle, behaviour is viewed as interdependent, comprised of a spiral of recursive feedback loops. In other word, the behaviour has been emphasised as a cycle of causality of the large sequences of interactions (Henggeler & Boruin, 1990 b).

The third principle is that any system has homeostatic features that help to maintain the stability of its patterns. The interactions in any system are maintained within a range of functions that is balanced. When any behaviour deviates from the range, it will be given feedback in order to return it to the norm (Henggeler & Boruin, 1990 b).

The fourth principle is that evolution and change are inherent. Behaviour change occurs as a function of the interplay between the individual's internal structuring of the environment and environmental feedback (Henggeler & Boruin, 1990 b).

The fifth principle is that complex systems contain subsystems, which carry out different functions and interrelate with other subsystems in order to maintain the whole of the large system. For instance, the family system has three subsystems: the marital dyad subsystem, the sibling subsystem, and the parent-child subsystem. Each family member belongs to different subsystems, and plays different roles in each of these

subsystems, that requires specific cognitive sets and behaviour (Henggeler & Boruin, 1990 b).

The final principle is that the subsystems are separated from other subsystems by boundaries, and there are rules and patterns that govern their interactions across the boundaries (Henggeler & Boruin, 1990, b).

According to this general systems theory, delinquent behaviour in one system will affect behaviour in other systems. Single systems contribute problems, and multiple systems contribute to multiple problems that lead to maladaptive behaviour. A maladaptive behaviour problem can result from multiple problems in multiple systems, one problem in multiple systems, or one problem in one system (Sutphen, 1993).

Henggeler & Boruin (1990 b) considered that adolescent behaviour problems are the result of many factors in the relations between the adolescent and his environment. The family system is the primary system that has the most important context for understanding the adolescent behaviour problems, but not the only one. Pickrel & Henggeler (1996) indicated that

“Although family-systems theory posits that child behaviour problems reflect problems in relations within the family, MST (multisystemic treatment) proposes that behaviour problems can be maintained by dysfunctional reciprocal transactions within any one system or a combination of systems within which the adolescent is embedded (e.g., the individual, family, peer, school, or community systems)”(p. 204-205).

In order to understand the complex of nature of the problem of juveniles with delinquency problem we should understand the characteristics of each system, which is associated with delinquency. As therapists, we have to know these characteristics of the individual, family, peer, school, and community in order to bring about significant change in the world of juveniles with delinquent behaviour. Henggeler *et al.* (1998) argued that the factors associated with serious delinquent behaviour are relatively constant, judging by the findings of their own studies and their review of other studies

of factors that contribute to the serious delinquency of young people. Characteristics of the young people themselves that have been found to be associated with delinquency include low verbal skills, attitudes toward any types of delinquency behaviour, psychological problems, and a cognitive bias to attribute hurt to others. Family characteristics include lack of controlling and monitoring, lack of effective discipline, low warmth, severe conflict among family members, and parents with serious problems such as drug abuse, psychiatric conditions, and criminality. Relevant peer relations and characteristics include association with delinquent peers, lack of relationship skills and lack of association with good peers. School factors are low achievement, dropout of school, lack of commitment to education, and conditions in the school such as weak structure and a chaotic environment. Factors in the neighbourhood and community which may contribute to delinquency are high mobility within the community, lack of support from the community and neighbours, lack of organisation, and a criminal environment (Henggeler, 1991).

The research evidence for the salience of these factors (see chapter 3) shows that delinquency is a complex, multidimensional phenomenon, and it is reasonable to suppose that an approach which tackles the juveniles' problems from multiple perspectives is likely to address more of the factors associated with delinquency, and so be more effective than one that adopts a narrower approach. Based on Bronfenbrenner's ecological theory (1992), Henggeler (1991) indicated that

“it is logical to conclude that effective interventions should consider adolescent characteristics as well as aspects of the key systems in which adolescents are embedded” (p. 223-224).

Therefore, the treatment of delinquent behaviour requires addressing the different systems. Treating a problem in one system requires treating other systems in order to remove the problem.

Multisystemic treatment uses interventions and techniques from a variety of disciplines impacting on mental health, for example

“social development, cognitive development, childhood psychopathology, family therapy models, and community mental health” (Henggeler, 1982, p. 1).

Multisystemic treatment adopted these approaches because of the extensive empirical support for their effectiveness (Schoenwald, Borduin & Henggeler, 1998). Therefore, multisystemic therapy is said to derive its effectiveness in treating juveniles with serious delinquency from this ability to draw on the strengths of many approaches. It is considered as the only approach for dealing effectively with juveniles with serious delinquent behaviour, as we will see later in this chapter.

5.4. The Multisystemic Treatment Model

Henggeler and his core team of researchers and therapists developed the clinical approach called multisystemic treatment (Sutphen, 1993). In the beginning, the multisystemic therapy approach was labelled the family-ecology systemic approach, (Henggeler, Borduin, 1990, b). It was developed in a university research setting to deal with delinquents for short-term effectiveness, then it was used in community mental health settings (Henggeler *et al.*, 1995).

The multisystemic approach was developed to address several perceived limitations of existing mental health approaches for dealing with juveniles with serious delinquent behaviour. First, the cost of treatment under traditional approaches is high (Henggeler, 1997). Second, Henggeler & Borduin (1990 b) believed that family therapy approaches do not sufficiently consider the role of individual characteristics and extrafamilial systems in the development and maintenance of behaviour problems. Third, they argued that family therapists have ignored child development research findings that help therapists to understand change in behaviour. Fourth, they also

indicated that family therapists rarely use intervention strategies from other treatment approaches. Traditional approaches are also claimed to be less effective, because they are individually oriented, narrowly focused, and delivered in settings that have little relation to the problems being addressed (Schoenwald *et al.*, 1998). Indeed, no scientific evidence has shown the effectiveness of these approaches in reducing serious delinquent behaviour (Henggeler, 1997).

The multisystemic approach emphasizes the evaluation of different factors that might contribute to behaviour problems. According to Cimmarusti (1992) it

“ offers definite strategies for balancing the seemingly conflicting goals of child protection and family empowerment, and also requires coordinating the demands and services of systems affecting the family”(p. 243).

5.4.1. Features of Multisystemic Treatment

Brown *et al.* (1997) indicated that multisystemic treatment has seven features that distinguish it from existing mental health approaches. These features are:

- Multisystemic treatment addresses the behaviour as multidetermined by individual, family, school, peers, and community systems that are interconnected and reciprocally influential. Behavioural problems are affected by the individual himself/herself, family, school, peers, and community factors. These factors are similar to those the factors that effect behaviour problems in Saudi Arabia. Alamri (1984) indicated that there are four major factors for delinquent behaviour in Saudi Arabia. These factors are the broken family, peer group pressure, lack of success in school, and economic conditions. Therefore, interventions should deal with these systems and focus on the system in which the problems occurred.
- Multisystemic treatment integrates the best problem-focused child psychotherapy approaches that have some empirical support. For instance, for dealing with an adolescent's lack of problem-solving skills we should use

cognitive-behavioural techniques; for dealing with a parent's lack of effective discipline and monitoring strategies we should use an individualised behaviour parent approach; for dealing with family members' difficulties, we should use a family therapy approach.

- Multisystemic treatment emphasizes the empowerment of parents and adolescents to address problems that arise throughout adolescence. This feature is an important reason for attempting to use the approach in the Saudi context, because under the current model of treatment, there is a high level of disempowerment. In the researcher's experience, parents may, if time permits, be informed about their juvenile's delinquency problems and progress, but are not involved in identifying and implementing solutions. It can be argued, however, that if they are given sufficient knowledge and empowerment, they will in most cases be willing and able to contribute to finding solutions, particularly as family solidarity and mutual support are important values in Saudi culture.
- Multisystemic treatment overcomes the limitations of university-based treatment and office-based practice by providing the treatment in the family's natural environment. It brings new techniques that allow the therapist to deal with the offenders not only the clinical setting but also in the natural environment. This is an aspect of the approach that cannot be transferred to the Saudi setting, as the young people who are the focus of this study have been removed from their homes, to a residential institution. In this respect, the best the researcher can do is to involve the juveniles' families and communities as much as possible, and attempt to strengthen the social support and understanding that will be available for the young offenders on their return home.

- Multisystemic treatment encourages families to achieve targeted clinical outcomes. Determining a specific goal is very important for providing appropriate assistance to the juvenile with delinquency and his/her family. It makes change more manageable. Moreover, as each target is accomplished, the juvenile and his family may gain a sense of achievement and competence, which will raise their self-esteem and encourage them to continue their efforts towards desirable change.
- Multisystemic treatment is provided with more training consultation, technical assistance, and attention to issues of treatment integrity than any other mental health service. It is important to note that this treatment programme needs a lot of effort on the part of the therapist, and a high level of support. In this study, the researcher provided a training programme and support for two professionals who were going to handle the treatment. As outlined in the details of the study carried out there were a variety of ways in which these aspects were addressed.
- Multisystemic treatment helps therapists to use all their experience, knowledge, and personal strengths. This feature will be important in the Saudi context, where there is a need to develop professional skills in dealing with young people with delinquency. It will empower the staff, helping them to enhance their therapeutic role, rather than being little more than administrators, as is sometimes the case of present (Brown *et al.*, 1997).

5.4.2. Intervention strategies of multisystemic treatment

As indicated earlier, delinquent behaviour is multidetermined by different systems that maintain the delinquent behaviour. Intervention may be needed to deal with the systems that maintain the behaviour problem. Brunk *et al.* (1987) mentioned that intervention should focus on any one of these systems or a combination of two or

more of them. Multisystemic treatment interventions are based on the strengths and weaknesses of the systems involved and the fit between these systems and determined problems (Henggeler *et al.*, 1995). Multisystemic treatment encompasses four types of interventions, namely, individual intervention, family intervention, peer intervention, school intervention.

5.4.2.1. Initial therapy sessions

These are important sessions in which the therapist identifies the strengths and weaknesses of the juvenile with delinquency, his family, school, peers, and community systems and their transactions with each other (Henggeler *et al.*, 1991; & Schoenwald *et al.*, 1998). It is very important for the therapist from the beginning of the treatment to determine the problem and the target for change and to use the strengths and the weaknesses to facilitate change. This is normally done by interviewing the juvenile, family, peers, school authority, and some neighbours, by meeting the juvenile and his family members in their home. The reason for doing that is to get as much participation from them as possible and to minimize their anxiety by not meeting in an unfamiliar setting such as a mental health clinic (Borduin & Henggeler, 1990 a). There are procedures whereby an individual can map out the role and support of key persons in their lives, including peers.

In the case of the present study, it was very difficult to interview young offenders in their homes because the treatment programme was conducted inside the Social Observation Home in Riyadh. It was also very difficult for the researcher to interview the offender's peers, because he did not have the authority to compel their participation. Even if they were identified and interviewed, they would be unlikely to provide true information regarding their friend.

5.4.2.2. Individual therapy

The therapist can facilitate behaviour change by changing the juvenile's social perspective-taking skills, belief system, and motivational system. By using individual therapy, the therapist tries to help the juvenile with delinquency to understand his/her attitudinal biases and understand the connection between his behaviour and the responses of others. The juvenile will learn how control his/her hostility response by knowing that his/her body posture, tone of voice, and behaviour play a major role in his/her hostility. In addition, the therapist helps the juvenile to learn how to improve his deficit of social skills. In addition, the therapist uses cognitive behavioural interventions with young people who do not have appropriate ways of responding to peer pressures or aggressive behaviour of others in order to help them to develop a more reflective response and encourage them to deal assertively with the pressures of negative peers. Individual therapy also can be used with neglectful and disturbed parents (Borduin & Henggeler, 1990 a).

There are three reasons given by Henggeler *et al.* (1998) for using cognitive-behaviour therapies as the first choice for individual therapy. The first reason is that cognitive-behaviour therapies have strong efficacy with depressive and anxiety disorder in adults. Second, they have been found useful in dealing with aggressive behaviour and social skills problems in young offenders. Finally, they are consistent with some multisystemic treatment's principles.

Borduin & Henggeler (1990 a), however, indicated that therapists must not use individual therapy in isolation from the young person's systemic context. During the work of changing the offender's beliefs and attitudes, therapists are trying to change his environment that will enhance his progress.

Individual therapy is an important tool for our study because of the sensitivity of Saudi people toward discussing personal issues, in public, which would render group

therapy difficult. It is only on a one-to-one basis that Saudis might be prepared to discuss personal matters.

5.4.2.3. Family Interventions

Family problems are very varied and range from simple problems to serious ones, as found when working with families and their children with delinquent behaviours. Simple problems take different forms such as establishing a behavioural chart among family members. Parents need little assistance from the therapist to deal with these kinds of problems. On the other hand, complex problems include marital conflict, maternal depression, and parent-child discipline practices. Multisystemic treatment interventions for the family are not based on a single therapy model, but there are different types of therapies. These treatment approaches include family therapy, behaviour therapy, parent training, and cognitive-behavioural therapy (Henggeler *et al.*, 1998). Therapists use one of these approaches or some of them according to the offender's family problem. Therapists have to know the techniques of these approaches in order to provide effective treatment.

The therapist helps family members by teaching the parents discipline, encouraging the parents to communicate effectively with each other, solving everyday problems, dealing with marital problems, and encouraging the identification and use of making social support from the environment. Family interventions in multisystemic treatment try to support the parents or guardians with resources needed for effective parenting and for developing family structure and cohesion (Schoenwald *et al.*, 1998). This is an area in which intervention with exhibiting delinquent behaviour in Saudi Arabia has hitherto.

Dealing with family problems is a very sensitive issue in Saudi context. Religious scholars deal with family problems such as: divorce, marital problems, and

parental discipline. Saudi families are very sensitive toward revealing personal issues with strangers such as therapists. Few people visit therapists or know the benefits of receiving therapy. It was important for the researcher to maintain links with the families and helping them to understand the importance of family therapy.

5.4.2.4. Peer Intervention

The peer group is very important in the psychosocial development of any adolescent. It provides the adolescent with a sense of belonging, emotional support, and behavioural norms. Criminal behaviour serves an adaptive function for offenders because it is collaborative and elicits continued peer support and acceptance (Boruin, Henggeler, 1990 a).

The relationship between a juvenile with delinquent behaviour and peers with delinquent behaviour is stronger than the relationship between a juvenile without delinquent behaviour and peers who also show no delinquent behaviour, while Henggeler *et al.* (1998) found the attachment in the two contexts to be equally close. The peer factor has been discussed in Chapter Three.

The aim of the interventions is to reduce the juvenile's affiliation with delinquent peers and to increase his affiliation with good peers. The therapist encourages parents to monitor the juvenile's whereabouts. The therapist also works to help the parents to increase the contact of the juvenile's parents with his peers and their parents. In addition, he encourages them to use unpleasant consequences when the juvenile has contact with delinquent peers and pleasant consequences when the juvenile has contact with good peers. The therapist encourages the juvenile to participate in social activities such as after school activities. Finally, the therapist helps the offender to identify his abilities that may be eclipsed by involvement with deviant peers (Henggeler *et al.*, 1998).

The therapist also helps the parents to rearrange the delinquent's peer environment. There are some guidelines that help parents in rearranging the delinquent's peer environment.

1. Help the delinquent to recognise the disadvantages of association with bad peers.
2. Avoid insulting, berating, and belittling his peers, who are highly valued by him.
3. Give the parents support and prepare them for minimising their adolescent's contact with delinquent peers (Henggeler *et al.*, 1998).

5.4.2.5. School Interventions

The school is an important major social institution that has an impact on adolescent development. The school environment provides adolescents with a new environment outside the family home in which they have the opportunity to acquire different social roles. In school, adolescents meet with students of the same ages, but who have different backgrounds, different interests and different experiences. In addition, the school has strong impact on the adolescent's cognitive development and vocational achievement (Henggeler *et al.*, 1998). The school provides opportunities for the adolescent to be involved in prosocial group activities that can promote positive attitudes and behaviour in the juvenile delinquent (Boruin & Henggeler, 1990 a).

It is important for the therapist to identify the strengths and weaknesses of the adolescent's academic achievement, in view of the association, referred to earlier, between poor academic performance and delinquency. The therapist has the responsibility to open communication channels between the parents and teachers. The therapist works to bring the parents and teachers together in order to achieve desired goals (Boruin & Henggeler, 1990 a).

5.4.3. Multisystemic treatment principles

Multisystemic treatment is based on nine principles that help the therapist to deal effectively with serious delinquent problems. These principles are claimed to have several advantages such as: (1) they allow freedom to the therapist to use their strengths to the family's benefit; (2) they can be readily and conveniently used to assist the outcomes of the multisystemic treatment interventions; (3) they can be used to evaluate the treatment's integrity (Henggeler *et al.*, 1998).

These principles provide a guide that helps the therapist to use the interventions of multisystemic treatment effectively in dealing with juveniles with delinquency. In order to use these interventions, it is necessary to understand the principles very well. It is therefore important to give readers some idea about these principles and how the multisystemic interventions can be handled. Henggeler and his colleagues (1998) indicated that the following principles and guidelines represent the fundamental nature of multisystemic therapy and they can be applicable to almost every case.

1. "The primary purpose of assessment is to understand the "fit" between the identified problems and their broader systemic context.
2. Therapeutic contacts emphasize the positive and use systemic strengths as levers for change.
3. Interventions are designed to promote responsible behaviour and decrease irresponsible behaviour among family members.
4. Interventions are present focused and action oriented, targeting specific and well-defined problems.
5. Interventions target sequences of behaviour within and between multiple systems that maintain the identified problems.
6. Interventions are developmentally appropriate and fit the developmental needs of the youth.
7. Interventions are designed to require daily or weekly effort by family members.
8. Intervention effectiveness is evaluated continuously from multiple perspectives with providers assuming accountability for overcoming barriers to successful outcomes
9. Interventions are designed to promote treatment generalization and long-term maintenance of therapeutic change by empowering caregivers to address family members' needs across multiple systemic contexts" (p.23).

Clear links can be seen between these principles and the theory and interventions described in previous sections. For example, the first principle is implemented in the initial therapy session in which the therapist collects information about the problem from each system (individual, family, peers, school and neighborhood). The principles suggest that multisystemic treatment is a collaborative problem solving approach. This can be seen in, for example, the fifth of Henggeler and Borduin's principles, which relates to the family intervention described earlier. The principles also reflect the various theoretical disciplines on which the multisystemic approach is based.

5.5. Previous studies using Multisystemic Treatment for dealing with Serious Juvenile Offenders

The primary purpose of this part is to review studies that have evaluated the effectiveness of multisystemic treatment in dealing with juveniles with delinquent behaviour. In addition, the researcher will review some studies that used the multisystemic approach for dealing with specific adolescent problems. Understanding how multisystemic treatment has been used in the past, and with what effects, may give some indications of its likely relevance in dealing with juveniles with delinquent behaviour in Saudi Arabia. Moreover, it is necessary to establish what has been done before, in order to clarify where this study can make a new contribution to knowledge. In each case, a brief description of the study will be given, including location, sample, methods, and main findings. The researcher will then comment on any features of particular significance for this work.

There are many studies that support the efficacy of the multisystemic treatment in treating serious juvenile offenders. In his study of the long-term effectiveness of the Missouri Delinquency Project, Hazelrigg (1988) found that juveniles with delinquent

behaviour who received multisystemic treatment committed fewer and less serious crimes than those who received individual therapy. In addition, parents of juveniles with delinquent behaviour who received multisystemic treatment had showed greater benefits than did parents of juveniles with delinquent behaviour who received individual therapy.

Henggeler *et al.* (1986) studied the long-term effectiveness of multisystemic treatment of inner-city juvenile offenders and their families, in a study from 1978 until 1982. Their sample consisted of three adolescent groups. The first group was 116 families of juveniles with delinquency, who received multisystemic treatment. Only 87 of these families completed the treatment. The second group was 40 juveniles with delinquency and their families who received alternative treatments as a control group. The third group was 50 non-delinquents and their families, used to control the development maturation and provide a frame of reference. The duration of the direct intervention was 24 hours over 3-month period. Pre-test and post-test were conducted with the adolescent and his/her parents. Eight graduate and undergraduate students were used as therapists. Various types of instruments were used in order to measure variables multiple at systemic levels, such as individual self-reported personality variables (Eysenk Personality Inventory), parent ratings of adolescent behaviour problems (Behaviour Problem Checklist), and family members' perceptions of family relationships (Family Relationship Questionnaire). The results of this study suggested that those delinquents who received multisystemic treatment evidenced significant decrease in conduct problems, anxious-withdrawn behaviours, immaturity, and association with delinquent peers. The parent-child relations in these families improved and the juveniles became more involved in family interactions. The delinquents and their families who received alternative treatment evidenced no positive change. In the case of the non-delinquents, they showed changes that were consistent with those

identified by investigators of normal adolescent development (Borduin & Henggeler, 1990, a; & Henggeler, 1997).

Henggeler and his colleagues (1986) did not mention what kind of treatment approach was used with the control group (alternative treatment). In addition, they did not conduct any follow up study to determine the stability of change. Their sample was not random, but matched on important demographic variables and arrest histories, the approach taken in the current study. An important difference was that they used a team of therapists, though this might have been necessitated by the size of the sample. Moreover, the study did not examine certain variables that are of interest in our present study, such as the effect of multisystemic treatment on self-esteem.

The long-term effect of multisystemic treatment vs. individual therapy was studied by (Borduin, Mann, Cone, Henggeler, Fucci, Blaske & Williams (1995). The study was called the Missouri Delinquency Project (Borduin *et al.*, 1995; Henggeler, Schoenwald & Pickrel, 1995; Henggeler, Cunningham, Pickrel & Schoenwald, 1996; & Henggeler, 1997). The sample of the study was 176 high-risk juveniles with serious offences and their families. They were randomly assigned to multisystemic treatment (n= 92) or individual therapy (n=84). The mean numbers of hours of the multisystemic treatment were 23.9 and 28.6 for individual therapy. Six graduate students, three males and three females were used as therapists. Multimethod assessment batteries were used before and after the treatment. The instruments used were the Symptom Checklist, Revised Behaviour Checklist, Family Adaptability and Cohesion Evaluation, and Missouri Peer Relations Inventory. The results of the study showed that multisystemic treatment was more effective than individual therapy in decreasing the psychiatric symptomatology of parents, improving family cohesion and adaptability, and improving adjustment problems in the family members. However, no significant difference between treatments was found for adolescent peer relations. In addition, the result of 4

years follow up indicated that multisystemic treatment was more effective than individual therapy in reducing serious crimes and preventing future criminal action (Schoenwald *et al.*, 1998). This study is consistent with the previous study in its use of multisystemic treatment to decrease the criminal behaviours among juveniles with delinquency. It is particularly interesting in that it shows short-term as well as long-term benefits. This is important for the present study, which focused primarily on the short term. Like the previous study, however, the Missouri Project did not consider self-esteem, which is an important element of our Saudi study.

In another study for the evaluation of multisystemic treatment, Sutphen (1993) tested seven hypotheses related to change in self-reported, family functioning, life skills development, self-esteem, school functioning, delinquent peer groups, and attitudes toward parenting and child rearing. The instruments used were Delinquency Index, Family Environment Scale, Life Skills Development Scale, Rosenberg Self Esteem Scale, Adolescent School Functioning, Index of Delinquent Association and Adult-Adolescent Parenting Inventory. The duration of the treatment programme was eight months. After using multisystemic treatment, he found a significant improvement on the family environment scale for juveniles with delinquent behaviour. In addition, juveniles with delinquent behaviour showed significant differences on the life skills development scale, and improved school attendance and school performance. There was significant change in terms of reducing delinquent activities and involvement with delinquent peers. There was also a reduction in terms of problems taking place inside the home. He indicated, however, that there was no difference in the level of self-esteem (Sutphen, 1993). This study is the first study to indicate the impact of the multisystemic treatment on the level of self-esteem of juveniles with serious delinquency. He used in this study Rosenberg's self-Esteem Scale with ten items to measure the level of self-esteem. In addition, he did not use control group in order to compare the impact of the

multisystemic treatment with individual therapy. Furthermore, Sutphen (1993) did not a use follow up study in order to determine the stability of change.

There is some evidence that the key researchers in the multisystemic approach can be used effectively with ethnic minorities. Brondino *et al.* (1997) have noted that traditional mental health services have not provided full services to minorities' families' for various reasons, including the characteristics of the minority families, therapists' mis-interpretation of clients' problems, client preferences for counsellor characteristics, mis-trust of the therapist and services systems, social pressures, and services that do not meet the needs of the minority.

A study of Henggeler and his colleagues (1992) called The Simpsonville Project. Henggeler, Melton, Smith, Schoenwald & Hanley, (1993); Henggeler, Schoenwald, Pickrel, Rowland & Santos, (1994); Henggeler & Borduin, (1995); Henggeler *et al.* (1995); Henggeler *et al.* (1996); & Henggeler, (1997) examined the efficacy of multisystemic treatment in treating 84 randomly-assigned juveniles with serious offences and their multiproblem families. Its sample was rural African-American (56%), Caucasian (42%), and Hispanic American (2%) juveniles and their families (Henggeler *et al.*, 1992). They were divided into two groups; 42 of them received multisystemic treatment and 41 received the usual services. The average duration of the treatment programme was 13 weeks and 59-week follow up (Henggeler *et al.*, 1993) The first group received pretreatment and posttreatment assessment batteries evaluating family relations, peer relations, social competence, symptomatology, and self-reported delinquency, as measured by used Family Adaptability and Cohesion Evaluation Scales, Missouri Peer Relations Inventory, and Revised Behaviour Problem Checklist. The results of this study indicated that the juveniles who received multisystemic treatment reduced their criminal activities. Families who received multisystemic treatment showed increased family cohesion and

decreased juvenile aggression in peer relations. In contrast, juveniles with delinquency who received the usual services showed decreased family cohesion and their aggression with peers remained the same. These changes occurred irrespective of the participants' age, race, gender, social class, or criminal history (Brondino, Henggeler, Rowland, Pickrel, Cunningham & Schoenwald, 1997). From this project, Henggeler *et al.* (1993) indicated that multisystemic family preservation, as compared with traditional services, is very effective in reducing the rates of criminal activities of serious juvenile offenders and their multiproblem families. The reason for the success of multisystemic family preservation is attributed to the fact that it is tolerated and adopted by the environments (communities) in which it is used. It is possible to address identified mental health systems' problems by building cultural competence into the specific treatment and service delivery models (Brondino *et al.*, 1997). This study is important because the finding that beneficial changes occurred irrespective of race suggests that multisystemic treatment may be transferable to another country with a different ethnic group. It is unfortunate, however, that no explanation is given as to the other group (usual service). Also, it is not indicated whether there was any evidence regarding self-esteem in this project.

Borduin, Henggeler, Blaske & Stein (1990) compared the efficacy of multisystemic treatment and individual therapy in treating sixteen adolescent sexual offenders. The average duration was 37 hours for multisystemic treatment and 45 hours for individual therapy. The follow up ranged from 21 months to 49 months. This study deals with a specific behaviour problem of juveniles. It is important because sexual offences are one of the problems of juveniles in Saudi Arabia.

Juveniles with sexual offences in the study were assigned randomly to either multisystemic treatment or individual therapy. The results of the treatments were determined by recidivism of the juveniles after three years of treatment. The juveniles

who received multisystemic treatment had a significantly lower recidivism rate than did the juveniles who received individual therapy.

Multisystemic treatment has been used successfully for dealing with adolescents with substance abuse, another behaviour problem of juveniles with delinquent behaviour in Saudi Arabia. It addresses the needs of under-served serious substance abusing and dependent adolescents, and has shown short-term success in a well-designed controlled trial with serious substance abuse (Pickrel & Henggeler, 1996).

Brunk *et al.* (1987) compared the effectiveness of multisystemic treatment with parent training in treating forty-three abusive neglectful families. Although this study focused on parents, rather than young offenders, it is relevant in view of the association, mentioned earlier, between family factors, including ineffective parenting and juvenile with delinquent behaviour. If one factor in juvenile with delinquency is poor parent-child relations, improving such relations is a valuable contribution to alleviating causes of delinquency. The duration of the treatment programme was eight therapy sessions. The effect of the treatment was measured at three levels: individual functioning, family relations, and stress and social support. The measures used were the Symptom Checklist, Behaviour Problem Checklist, Family Environment Scale, Family Inventory of Life Events and Changes, and Treatment Outcome Questionnaire. The result of this study indicated that both of the treatments were effective in parental psychiatric symptomology, overall stress, and the severity of identified problems. Multisystemic treatment was more effective than parent training at restructuring parent-child relations, whereas parent training was more effective than multisystemic treatment at reducing identified social problems. Brunk *et al.* (1987) did not use follow up in their study as in the current study.

The next three studies concern the use of multisystemic treatment to deal with specific problems: attempted suicide, AIDS and teenage pregnancy. Although such

problems are rarely found in Saudi Arabia because of the strong religious values and cultural norms, the studies are presented here as further evidence of the wide-ranging effectiveness of the multisystemic approach. Although the specific problems mentioned are unlikely to be encountered in Saudi Arabia, they are associated with the same sorts of individual, interpersonal and social problems that underlie other problems of delinquent youth, and the same treatment rationale applies.

Dollinger (1996) used multisystemic treatment with an adolescent suicide attempter. He found that at the end of the treatment programme the client had no suicide attempts, improved school performance, maintained employment, eliminated self-mutilating behaviour, stopped substance abuse, improved relation with her family, and expressed her feelings without violence.

Atwood (1992) indicated that multisystemic treatment can be used for preventing young people from getting Acquired Immunodeficiency Syndrome (AIDS). AIDS has become a widespread social concern. Behaviour change in the adolescent is not only based on psychodynamics of the intrapersonal approaches, but also it needs an examination of the interpersonal and social process that supports the psychodynamics of the adolescent. The multisystemic approach deals with all these aspects: intrapersonal, interpersonal and social process. It is important to note that the multisystemic approach is very effective in changing behaviour, because it focuses on both intrapersonal and interpersonal dimensions.

Multisystemic treatment can also be used with teenage pregnancy. Okwumabua & Kroupa (1990) indicated that the most effective approaches for intervention and prevention for teenage pregnancy is multisystemic treatment, because it focuses on the ecological context of the problem individual, community, school, family, and peer influence.

Multisystemic treatment also appears to have benefits for the staff involved. Brown *et al.* (1997) indicated that the lack of communication between researchers and practitioners in the traditional mental health approaches has discouraged the development of effective interventions for dealing with juvenile delinquency. This problem can be solved by using multisystemic treatment. They used multisystemic treatment for bridging the gap between researchers and practitioners because combines the knowledge of science and the real world setting in treating juvenile delinquents and their families.

5.6. Summary

Multisystemic treatment was developed because traditional approaches have failed to address comprehensively the multiple factors linked with delinquency behaviour. It is based on ecological theory and family theory. Multisystemic therapy views adolescents as being nested within a complex of interconnected systems that involve individual, family, peers, school, and neighbourhood factors. It addresses behaviour problems as multidetermined by individual, family, school, peers, and community systems that are interconnected and reciprocally influential. Multisystemic treatment interventions are based on the strengths and weaknesses of the systems involved and the fit between these systems and determined problems.

There are many studies that show the significant impact of the multisystemic treatment for treating a variety of behaviour problems, in comparison with traditional approaches. The results from these studies show that multisystemic treatment can be used effectively in treating different types of delinquent problems such as juveniles with serious delinquency, family problems, sexual offences, suicide, AIDS, teenage pregnancy, and substance abuse. In fact, multisystemic therapy has decreased delinquent problem rates, and improved family interaction and function, and parents' adolescent management skills. Only one of the studies examined, however, dealt with self-esteem, and none with religious values. In these areas, therefore, the researcher has had little or no point of comparison, and the present study may break new ground.

CHAPTER SIX:
RESEARCH METHODOLOGY

CHAPTER SIX

RESEARCH METHODOLOGY

6.1. Introduction

This chapter explains the empirical work undertaken to address the research questions set out in chapter one. This research was designed to provide and evaluate a new treatment approach for treating juveniles with serious delinquency in the Social Observation Home in Riyadh City. The multisystemic treatment approach was implemented with young people exhibiting serious delinquent behaviour. In addition to assessing its impact on delinquent behaviour, the aim was to examine the impact of this kind of treatment on the level of self-esteem and religious behaviour. The chapter begins by clarifying the nature of the research design. It then goes on to discuss the research sample, the measurement instruments used and the procedures used for conducting the research.

6.2. Research Design

This research used an experimental design. An experimental design is one of the research methodologies, which is important for the study of human behaviour. Best and Kahn (1993) indicated that,

“experimentation is the classic method of the science laboratory, where elements are manipulated and effects observed can be controlled. It is the most sophisticated, exciting, and powerful method for discovering and developing an organized body of knowledge. Although the experimental method finds its greatest utility in the laboratory, it has been effectively applied within nonlaboratory settings such as the classroom, where significant factors or variables can be controlled to some degree”(p.133).

An experimental study typically compares two groups or situations that are similar in all respects, except that one is subjected to the researcher's manipulation, whereas the other, called the control, is not. For instance, in the case of the present research, this means that two groups of juveniles with delinquency were compared, the experimental group exposed to multisystemic treatment and the control group subject only to the kind of intervention (individual therapy) normally provided in the Social Observation Home, as we see in Figure 6.1. Both treatment programmes, multisystemic treatment given to the experimental group and individual therapy given to the control group, were under the supervision of the researcher. Two follow up studies of both groups were conducted, the first one immediately after their release, and the other one year after the treatment programme, in order to find the long term effectiveness of the treatment programme for the young offenders.

The main aims of this study were to see whether multisystemic treatment was effective in reducing juveniles' delinquent behaviour, whether it produced gains in their self-esteem and religious behaviour, and whether it was any more effective in these respects than the normal treatment undergone by the control group.

Figure 6. 1. Illustrates the experimental design of the study

Groups	Pre-test June 1 2000	Treatment programme for 3 months (June, July & August 2000) (Family relations, school grades)	Post-test Aug. 31 2000	First Follow up 2000 September & October	Second Follow up 2001 June & July
Exp. group	CSEI LRM	Multisystemic treatment (three months)	CSEI LRM	Misconducts, Family relations, Peer relations, School attendance & grades, Religious practice	Misconducts, Family relations, Peer relations, School attendance & grades, Religious practice
Con. group		Individual therapy (three months)			

CSEI: Coopersmith Self-Esteem Inventory

LRM: Level of Religious Measurement

Similar experimental research designs have been used internationally, to test the multisystemic approach. For instance, the Missouri Delinquency Project, a treatment

programme conducted by Henggeler and his colleagues. Borduin *et al.* (1995) compared the efficacy of multisystemic therapy with that of individual therapy as another type of therapy. They used the multisystemic approach as a new technique for treating serious juvenile offenders and their families. Another project (the Simpsonville Project) was carried out by Henggeler and his colleagues. Henggeler *et al.* (1992) studied the efficacy of multisystemic treatment versus traditional mental health services in dealing with young offenders and their families from different ethnic groups (African American, Caucasian and Hispanic American). In addition, Borduin *et al.* (1990) compared the efficacy of using multisystemic treatment with that of individual therapy in treating adolescent sexual offenders.

6.3. The Sample

In attempting to examine the efficacy of using a new technique (multisystemic treatment) for treating young offenders in Saudi Arabia, consideration had to be given to how to select the samples for the control and experimental groups, in order to avoid bias, which might prejudice the validity of the results. Cook & Campbell (1979) indicated that selection is one of the threats to internal validity. They suggested that selection poses a threat to the research design when an impact may be due to bias in selecting people for both experimental and control groups (Cook & Campbell, 1979). Therefore, the researcher used a matched pairs procedure to obtain samples for the present study in order to avoid threats to the validity of the research design.

6.3.1. Size of the Sample

Sample selection requires a balance between quantity (breadth) and quality (depth) of the data generated. Borg & Gall (1983) indicated that

"in causal-comparative and experimental research, it is desirable to have a minimum of 15 cases in each group to be compared"(p.257).

They also indicated that

"a study that probes deeply into the characteristics of a small sample often provides more knowledge than a study that attacks the same problem by collecting only shallow information on a large sample"(p.261).

The size and composition of the sample were determined by several factors. First, most previous studies using multisystemic treatment used a team of therapists (e.g. three to six), so they could easily deal with a large number of subjects. It would be extremely difficult for the researcher, who could work only with the four therapists available in the Social Observation Home (i.e. two therapists for each treatment) to treat seventy young offenders with their families.

Second, most previous studies have been funded by third parties such as the government. This study depended on the researcher alone. Borg & Gall (1983) mentioned that financial resources and time have a strong effect on limiting the number of cases. Third, from the researcher's experience, it would be very difficult to find a large number of juveniles with serious delinquency in the Social Observation Home in Riyadh willing to take part. Co-operation was very important to this study, but the level of co-operation expected in a society, which does not appreciate the value of such studies, may be low. It was very important for the researcher to get agreement from all participants in the experimental and control groups. If they did not agree to participate, the multisystemic treatment programme would not succeed, as multisystemic treatment demands a high level of co-operation from the juveniles with delinquent behaviour and their families. Admittedly, this might be a source of selection bias, but that risk had to be balanced against the need to fulfil the requirements for implementation of the intervention, and is taken into account in discussion of the results. Other researchers dealing with multisystemic treatment have used non-random samples. For instance, participants in the Missouri Delinquency and Columbia Projects agreed to participate in the two treatment programmes (Schoenwald, *et al.*, 1998 & Borduin *et al.*, 1995).

Finally, unfortunately, officials in Saudi Arabia do not appreciate this kind of study, so the researcher expected numerous difficulties in the process of implementing the treatment programme. For all these reasons, only a small sample was feasible in the Saudi context. The number of juveniles with serious delinquency who agreed to participate in the study was 40, divided into 20 for the experimental and 20 for the control groups. This sample size meets Borg and Gall's (1983) criterion, as indicated above, and allows for losses of up to 25% of the sample. In other words, up to five people from each group could drop out of the study and the recommended sample size for statistical analysis would still be met.

6.3.3. Conditions of the sample

Forty juveniles with serious delinquency were the sample for the study. There were four conditions for participation in this study.

- **Record of re-arresting**

The juveniles showed serious delinquency, defined in terms of a tendency to repeated recidivism. These juveniles with delinquency had a record of being re-arrested. As has already been indicated, multisystemic treatment was developed for treating juveniles with serious delinquency, not for simple delinquency. Multisystemic treatment is claimed to be effective with juveniles with serious delinquent behaviour and their families (Brown *et al.*, 1997). Finding a large number of juveniles with serious delinquent behaviour in the Social Observation Home was difficult, because not all young offenders serving their sentences in the Social Observation Home were characterized by serious delinquent behaviour.

- **Willingness to participate**

The sample for this study was drawn based on the willingness to participate of both experimental and control groups members in the programme. The intervention depended on the co-operation, not only of the young offender, but also of the family. Anyone who was unwilling to participate in the treatment programme, in either group, was excluded. In particular, in Saudi culture, parental co-operation in matters of this kind is not widespread. This could be ascribed to lack of understanding and awareness of behavioural problems and modern treatments, or to the cultural value of privacy and reluctance to involve outsiders in family matters.

- **Period of stay in the Home**

The young offenders selected for the sample had to be staying in the Social Observation Home for at least three months, in order that they could receive the full intervention, whether multisystemic treatment or individual therapy.

- **The researcher's supervision**

The treatments in both groups were carefully supervised by the researcher in order to ensure that equal services were provided to all participants in the experimental and control groups. The young offenders in both groups received a treatment programme. In the experimental group, the participants and their families received multisystemic treatment provided by two therapists who (one a psychologist and one a social worker) were trained by the researcher, as explained later in this section. The participants in the control group received individual therapy from two therapists who worked in the Social Observation Home, one of them a psychologist and the other a social worker.

6.3.2. Sample Selection

To choose a representative sample from the population of the present study in the Riyadh region, the researcher used matched pairs in order to minimize sources of bias that might prejudice the validity of the results. In addition, the matched pairs approach was used to reduce the initial differences between the control and experimental groups (Borg & Gall, 1979). There were several procedures for matching pairs in the study.

- **First**

The researcher identified 50 young offenders who were serving their sentences in the Social Observation Home in Riyadh. After that, he administered the Arabic B version of the Coopersmith Self-Esteem Inventory CSEI (Aldematy & Alshanawi (1989). Ideally, the CSEI would have been administered by the therapists, but because of the therapists' heavy load of work and their involvement in the treatment programme, the researcher administered it, as indicated later in this chapter. Only 42 participants took the CSEI, because eight refused to take the CSEI. The pairs were matched on the key criterion of self-esteem values. For each matched pair, one was allocated to the experimental group and one to the control group by random assignment, i.e. flipping of coins. Only 40 participants were assigned for this study, because two refused to participate in the treatment programme even though they took the CSEI, 20 to the experimental group, and 20 to the control group. The researcher encouraged the participants' enthusiasm for involvement in the treatment programme. The participants and their parents in the experimental group were given clear information about multisystemic treatment in order to obtain a high level of co-operation from the juveniles with serious delinquency and their families. Moreover, participants in the control group received clear information about the individual therapy, in order to enhance their participation in the treatment programme.

- **Second**

After the participants had been assigned to the experimental group and the control group, checks were carried out to make sure that there were no differences between the two groups in terms of their criminal records. The researcher looked at their files and confirmed that all participants had been arrested twice or more. This procedure was important to ensure homogeneity between the subjects of the two groups of the study in terms of their criminal records.

- **Third**

After that the researcher determined the age of the subjects of the study. The age of the sample was determined within certain limits, which could be obtained by looking at their files. Young offenders who were more than 18 years old or less than 14 could not be accepted in the treatment programme, to ensure that all participants would be at a similar level of maturation. The researcher found that all participants ranged from 14 to 18 years old.

6.4. Measurement

This section explains the instruments chosen to measure the effectiveness of the treatment programme, in relation to the research objectives.

6.4.1. Can multisystemic treatment bring important changes in behaviour associated with delinquency among young people?

Several measures were used to determine the change in the behaviour of juveniles with serious delinquency. The main purpose of these measurements was to find the effect of multisystemic treatment and individual therapy in the participants of experimental and control groups in reducing or eliminating their serious delinquent behaviour. Information was collected on official acts of misconduct, school attendance,

school grades, family-adolescent relations, peer-adolescent relations, and religious ritual practice, which were all considered to be related to the behavioural expectations, as follows:

1. Official acts of misconduct

Change in the level of misconduct of the young offenders was a very important indication of the efficacy of the multisystemic treatment and individual therapy in both groups. Reduction in the number of offences and seriousness of misconduct by a young offender was interpreted as a sign of change for the better. Information on official acts of misconduct was obtained in two ways. First, during the treatment programme, the researcher obtained information about past and current misconduct from the offender's file in the Social Observation Home. Second, during the follow up periods when participants from experimental and control groups were released from the Social Observation Home, the researcher obtained information from the police records to see if the offender relapsed into delinquency.

2. School attendance

Research indicates that students with low school attendance rate are more likely to be involved in delinquent acts, while offenders who attend school regularly are less likely to return to the delinquency path. Thornberry *et al.* (1991) mentioned that there is a relationship between delinquent behaviour and commitment to school.

There is a school inside the Social Observation Home. The school has good teachers who are aware of each offender's situation. The offenders go to this school in the morning; there is no school in the afternoon. According to the Home's policy, all offenders must attend the school.

School attendance records were obtained from the school principal and from the offender's file from his previous school. The researcher received reports for each case from the experimental and control groups every week regarding their school attendance.

3. School grades

When the young offender performs well in school, this may be a sign that he is on the right path, as a normal student, but if he still gets bad grades, this may mean he/she is still not developing his efforts constructively. As Rutter *et al.* (1998) mentioned, students' low achievement may lead them to involvement in delinquency.

School grades used in this study were the results on each school subject from the mid-term and end-of-term examinations. The researcher obtained performance reports for each participant in the experimental and control groups from their files in the school and from the teachers.

4. Family-adolescent relations (observed by the therapists)

In Saudi Arabia, the family is the basic unit of social organization and it is the outstanding primary group. The family is expected to provide for the essential needs of its members. When a young person becomes a delinquent, he is likely to bring various kinds of problems to his family. Conversely, his delinquency may reflect family problems such as relatively low warmth and affection and relatively high conflict and hostility (Henggeler, 1989). The stronger the relations of the young offender with his family, the less likely it is that he would become involved in delinquency. As long as he has a strong attachment to his family, he may have a weak or no relationship to delinquent peers. Poole & Regoli (1979) argue that when a young offender has strong attachment to his family, he/she is unlikely to be involved with delinquent peers. According to multisystemic treatment, first, it is necessary to solve the family's

problems and conflicts. Second, it is necessary to start to build a strong relationship between the young offender and his family.

To assess family relations, observation was used in this study. It is an important tool for assessing family relationships. Henggeler and his colleagues (1998) mentioned that the therapists "observe whether the interventions result in changes in problem behaviour"(p71). Observation has been used in various studies. In their study, Henggeler and his colleagues (1986) used audio-recording to assess family interaction. Furthermore, Boruin and his colleagues (1995) in the Missouri Project, used videorecording for assisting family relations. Family-adolescent relations were observed during the treatment programme and the follow up. When juveniles with serious delinquency in the experimental or control groups were released from the Social Observation Home, the therapists visited them in their normal environment in order to check the relationship between the juvenile with delinquency and his family and help them to solve problems that they may encounter.

Therapists' observations and interviews with the young offender and his family's members focused on four elements: first, it considered whether the young offender showed respect for his parents; second, whether the young offender accepted family advice and recommendations; third, whether the juvenile with delinquency apologised to his parents for his misconduct; finally, whether the juvenile with delinquency showed his parents the change in his behaviour (from delinquent behaviour to normal behaviour) and his thinking (cognitive distortions that motivated his behaviour). The changes in these elements were ascertained through observations, made by therapists, individual and family sessions with the juvenile with delinquency and with his parents. To measure these behaviours, a checklist of 16 items was given to each therapist. The checklist has been used in various researches. For instance, Henggeler *et al.* (1992) in

the Simpsonville project used the Revised Behavior Problem Checklist for assessing adolescent symptomatology.

In the current study, a checklist was devised by the researcher to be culturally appropriate. The checklist, therefore, covered four dimensions of behaviour: delinquent behaviour, self-esteem, family-offender relations, and religious behaviour. Periodically, every fifteen days during the treatment the follow up periods, therapists ticked the checklist to indicate which behaviours they have had observed, or had been reported to them by the parents or other family members. The researcher received the checklist for each case every fifteen days. The sum of the scores of these checklists indicated the strength or weakness of the relationship between the young offender and his family members. This approach was considered preferable to video-recording and audio-recording, which would have been subject to practical and cultural constraints, and would have raised ethical concerns about the possibility of capturing on camera, for instance, people who were not subjects of the investigation, such as people inside the Social Observation Home (see Appendix one).

5. Peer-adolescent relations (observed by the therapist)

The peer group plays a very significant role in the young person's life. It has a strong influence in the development of children's social, emotional, and cognitive competence. Peer interactions help the young offenders to learn new behavioural norms and moral values and provide a proving ground in which they can develop their interpersonal skills through mutual exploration and feedback (Henggeler, 1989).

When the young offender completed the treatment programme inside the Social Observation Home, he/she left the Home to his real environment (his/her family's home). Once he/she left the Home, during the follow up programme, the therapists visited the juvenile with delinquency twice a week to check if he/she was managing to

form and maintain relationships with good peers. In addition, the therapist helped the juvenile with delinquency to solve any problem he/she encountered in establishing relationships with new peers.

Henggeler et al., (1998) pointed out that

"to gain a comprehensive picture of the strengths and weaknesses in the youth's peer interactions, MST therapist should gather such information from direct observations of the youth in a variety of contexts involving peers and from interviews with family members, teachers, and youth"(p.129).

Observations and interviews of the therapists with juvenile with delinquent behaviour, his parents, his teachers and his peers focused on the following dimensions: First, the young offender treated his peers with respect. Second, he co-operated with them. Third, the young offender did not misbehave towards his peers or others. The final dimension was that the young offender did not fight or get involved in fighting with his peers. As long as the juvenile with delinquent behaviour did not treat others with respect, failed to co-operate, or was involved with fighting or mis-behaviour, he would not be able to create new relationships with others as a normal person. To measure these behaviours, a checklist of 16 items was given to each therapist. The checklist covered similar dimensions to those used in the family observation, except that instead of family-offender relations, it contained items on social skills. Periodically, the therapists ticked the checklist to indicate which behaviours they observed, or had reported to them by the parents or the young offender's peers. The therapists submitted the checklists to the researcher every ten days in the first follow up, whereas in the second follow up they submitted them every 15 days because of the heavy work they had. The sum of the scores on these checklists indicates the strength or weakness of relationships between the young offender and his peers (see appendix one).

6. Religious ritual practice (observed by therapist)

A Muslim has to pray five times every day. There is a strong relationship between religion and delinquency. In other words, we can say the more religious the young person, the less the delinquency (Alromaih, 1993). During the treatment programme, therapists provided reports on religious behaviour for each case, every week. The therapists observed whether the young offender prayed on time, whether he respected Islamic obligations, and whether he involved himself with religious activities.

Mosques are very important in the Muslim's life. In Muslim countries there is a mosque in every suburb, which makes it very convenient for Muslims to pray five times every day in the mosque. Every mosque has an Imam who is knowledgeable about the Islamic religion. The Imam leads people in prayers and knows the community's members of the mosque. He plays an essential role in the Muslim communities.

When the juvenile with delinquent behaviour was released from the Social Observation Home, the therapist introduced him to the Imam of the mosque of his suburb. The role of the Imam was to encourage him to pray on time, to participate in religious activities, and to respect Islamic obligations. The therapists visited the Imam once every week to check the improvement in behaviour of the juvenile with delinquency in terms of performing prayers. The therapists provided a report on each case every week, according to the Imam's observation.

6.4.2. Does multisystemic treatment increase the level of self-esteem of the young person with delinquency?

There appears to be a relationship between low self-esteem and delinquency. Rosenberg *et al.* (1989) argue that low self-esteem may lead to delinquency, whereas delinquency may enhance self-esteem. Dukes & Lorch (1989) found that low self-confidence leads to poor school performance, and low self-esteem leads to loss of a

sense of purpose in life. Low self-confidence and low self-esteem have a strong impact on adolescent behaviour. In other words, low self-confidence and low self-esteem may have mutual effects on the behaviour of young people such as alcohol or drug abuse, eating disorders and delinquency (Dukes & Lorch, 1989).

There are several definitions of self-esteem. Byrne (1996) indicated that self-esteem is closely linked to the sense of self worth of the individual. According to Coopersmith (1981) (cited by Puhak, 1995) "Self-esteem is a personal judgement of worthiness expressed in the attitudes a person holds toward the self"(p.59)

The self-esteem of juveniles with serious delinquency was measured in order to find out their affective evaluation of self. The Coopersmith Self-Esteem Inventory was used for this purpose. Juveniles with serious delinquency in the experimental and control groups took the test before the treatment programmes and after it (in both follow up periods) in order to find out the different impact of multisystemic treatment and individual therapy on the level of self-esteem.

According to Byrne (1996) the "Coopersmith Self-esteem Inventory assumes that one's sense of global self-worth is a simple additive combination of item responses that tap attributes or competencies representing content-specific domains" (p. 15). The researcher chose the Coopersmith Self-Esteem Inventory for this study because it measures positive self-regard unidimensionally, and would therefore assess general self-worth. In addition, it has twenty-five items, whereas the Rosenberg Self-Esteem Scale (Rosenberg, 1965) has only 10 items (Robinson, Shaver & Wrightsman, 1991). The Coopersmith Self-Esteem Inventory should therefore give a better discrimination of general self-worth. In addition, it has been used in the Saudi context in many studies with different types of samples, as will be shown later in this section.

The Self-Esteem Inventory designed by Coopersmith originally consisted of 50 items. It was developed for use with children and has been modified for use with

adults. Later, Coopersmith created from the original version a new version called B (Coopersmith, 1975) by selecting 25 items with the highest item-total correlations. The new version (B) measures positive self-regard unidimensionally. The client responds to each item by choosing whether the statement of the item is “like me” or “unlike me” (Robinson *et al.*, 1991).

Many studies have used the Coopersmith Self-Esteem Inventory, especially in the educational context (Puhak, 1995). It has been used in a number of different cultural contexts. For example, Aal-Hussain (1991) used this inventory to study the academic achievement, socio-economic status, intelligence, gender and their relations to general and academic self-concept of twelfth grade students in the United Arab Emirates. In addition, Chan (1994) used it for his study of the educational needs of children of Chinese origin. Rajab (1996) used the Coopersmith Self-esteem Inventory in his study, which investigated of self-esteem, academic self-image and oral skills with reference to English as a second language in Malaysia. Piskin (1996) used it to explore self-esteem and locus of control of secondary school children both in England and Turkey.

Arabic Version

An advantage of the Coopersmith Self-esteem Inventory is that it has already been translated into Arabic and used within an Arabic context. Version B has been translated into Arabic by several professionals. In an Egyptian context, Mosa & Desugy (1991) translated version B in 1981 and the content of the version was assessed by a panel of experts (10 judges) in the fields of educational psychology and psychological measurement. The responses of the judges indicated that the content validity of the items of the test ranged from 80-100%. This indicated that the test has a satisfactory content validity, which is important as content validity may be culture-specific. The authors determined the convergent validity of this version by finding the correlation

coefficient between this version and the Self-Concept for Adults version of Ismael (Mosa & Desugy, 1991). They administered these tests on high school students, 240 students, 152 boys and 88 girls. They found that high correlation coefficients: 0.85 for boys, 0.92 for girls, 0.89 for girls and boys together. These scores indicate that Coopersmith Self-Esteem Inventory version B correlates well with Self-Concept for adults (Mosa & Desugy, 1991). These findings are encouraging indicators of the likely appropriateness of the Coopersmith Self-Esteem Inventory with the age group of the present study.

To test reliability, Mosa & Desugy (1991) applied the Coopersmith Self-Esteem Inventory on a sample of 526 adolescents, 370 boys and 156 girls, aged from 13-18 years old. They found the internal consistency of the inventory in two ways. Using the Kuder-Richardson 21 formula, they obtained reliability coefficients of 0.74 for boys, 0.77 for girls, and 0.80 for boys and girls together. Using the Split-Half formula, they obtained reliability coefficients of 0.92 for boys, 0.94 for girls, and 0.94 for boys and girls together. These scores indicate that the Coopersmith Self-Esteem Inventory is a reliable measure with high internal consistency (Mosa & Desugy, 1991). Scores of 0.80 and above are considered satisfactory for most research purposes and scores of 0.60 and above may be acceptable for attitude scales.

In the Saudi Arabian context, the Coopersmith Self-Esteem Inventory (version B) has been translated into Arabic by several professionals. In his study of self-concept of children with mild mental retardation, Alwabely (1987) translated the Coopersmith Self-Esteem Inventory into Arabic and used it with 83 males and females with mental retardation. He determined the convergent validity of this version by finding the correlation coefficient between this version and Piers-Harris children's Self-Concept Scale (Alwabely, 1987)). A positive correlation of 0.63 was found between these two

tests. In terms of reliability, the test was found to have high internal consistency with a score of 0.90 by using the Kuder-Richardson 21 formula (Alwabely, 1987).

Aldematy & Alshanawi (1989) did the most important translation of the version B into the Saudi context. They applied the test on a sample of 399 normal students: 245 boys and 154 girls from elementary, middle, and high schools, and 108 students with special educational needs: 54 blind male students and 54 deaf male students. They created two versions of the test; the first one for normal students and the other, a Braille version, for blind students. The authors were helped by two professionals in dealing with students with special educational needs. One of them applied the Braille version to the blind students. Another applied the version B with the deaf students, explaining the items to them either by orally or by sign language (Aldematy & Alshanawi, 1989).

The two versions (normal and Braille versions) of the test were referred to a panel of five judges who worked in the fields of psychology and special education in order to assess the content validity of the versions. All judges agreed that all items were very clear, measured what they were supposed to measure, and were suitable for use in the Saudi context without difficulties. In terms of reliability, the authors used only college students in order to find the reliability for the normal version. The normal version was administered with a normal sample of 50 college students, and found to have good internal consistency as evidenced by a Kuder-Richardson 21 formula of 0.71 (Aldematy & Alshanawi, 1989).

Several subsequent studies have used the normal version of the inventory as translated by Aldematy & Alshanawi (1989). For instance, Alghamdy (1994) used it in his study of some psychological and social factors related to functional choice. He administered the test with a sample of 300 high school students, aged 15-18 years old, from public schools. He indicated that the test is very reliable and stable for use in the

Saudi context. He reported that the reliability of the main study was 0.71 (Alghamdy, 1994). This reliability is similar to the study of Aldemamy & Alshanawi, (1989).

In view of the above indications, it was decided that version B for normal people as translated by Aldemamy & Alshanawi (1989) would be appropriate for use in the present study, with young offenders. The age of the sample of the study (14-18 years old) is similar to the age (15-18 years old) of sample of Alghamdy's study (1994). In addition, the test is easy to use and administer.

6.4.3. Does multisystemic treatment increase the level of religious sense of the young offender with delinquency?

One of the measures used to determine the change in the behavior of the young offender is religious ritual practice. As indicated earlier, young people who are involved in religious practice and religious belief are socialized to be less inclined to delinquency (Alromaih, 1993). Therefore, the researcher tried to use the multisystemic treatment to increase the level of religious sense of the young offenders in order to bring about a positive change in their behaviour.

The level of religious behaviour of the juveniles with serious delinquency in both the experimental and control groups was measured in order to find out the effect of the multisystemic treatment. In this study, The Level of Religious Measurement was used, which was created by Alsunie (1989) in Saudi Arabia. The purpose of this instrument was to measure the level of religiosity of the individual. Juveniles with serious delinquency in the experimental and control groups took the measurement before the treatment programme and after it (in both follow up periods) in order to find out the different impact of multisystemic treatment and individual therapy on the level of religious behaviour.

There are several subjects of this measurement: pillars of Iman, pillars of Islam, obligations in Islam and forbidding in Islam. The six pillars of iman are basic tenets of belief. Haneef (1982) indicated that the first pillar is the belief in Allah (God) who is the Creator and Sustainer of all that exists. The second pillar is belief in Allah's Angels. The third pillar is belief in the reality of Allah's guidance to mankind in the form of revealed books or scriptures. The fourth pillar is belief in the messengers or prophets of Allah. The fifth pillar is belief in the Hereafter, which is what pertains to the Day of Judgement, bodily resurrection, and Heaven and Hell. The final pillar is belief in Allah's Decree, which is the measure of what is ordained by Allah.

There are five pillars of Islam, which are concerned with religious observance. According to Haneef (1982) the first pillar is to believe from the heart and declare with the tongue that there is no God except Allah and Muhammad is the messenger of Allah. The second pillar is the performance of prayers within certain established time periods, five times a day. The third pillar is payment of a poor-due (zakat); that means a Muslim whose wealth is above a certain specified minimum must pay 2.5% of his/her wealth to those in need. The fourth pillar is fasting during the month of Ramadan from sunrise to sun set. The final pillar is pilgrimage to Makkah in Saudi Arabia, which should be undertaken at least once in the lifetime for those Muslims who can afford it, provided they can do so in safety and security.

In addition to imposing these obligations, Islam forbids many things, for example, worshipping something instead of worshipping Allah, drinking alcohol and eating pork.

Alsunie's (1989) measure, which went through several developmental stages before reaching its final form, consists of 60 items, measuring these elements of belief and observance of required behaviour. Each item has three response options from

which the client should choose the one that best describes his/her level of belief or observance.

Alsunie implemented the measure on a random sample of 70 inmates of Alhayer Prison. The same test was repeated on the same sample after two weeks, in order to determine the reliability of the measurement. Test-retest reliability was excellent with a correlation of 0.89. In addition, he found the internal consistency by calculating the Split-half reliability coefficient 0.94, and the Spearman-Brown Coefficient 0.97. These high values indicate that the instrument has a high level of internal consistency.

The validity of the measure was assessed in two ways. First, the content validity was assessed by the panel of judges method. Many professionals from different areas agreed that the instrument's items measure what they are intended to measure. Second, validity was ascertained by measuring item-total correlations. Alsunie found that fifty-five of the items had correlations of 0.01 and five items had correlations above 0.01 (Alsunie, 1989).

6.5. Objectives of the Study

This research had several objectives. The first objective in using the multisystemic treatment programme was to prevent continue antisocial and delinquent behaviour through different kinds of interventions designed to affect individual, family, peer, and school factors that tend to promote this kind of behaviour. The second objective was to increase the offender's ability to deal with his problem effectively. It was considered important to help the offender to understand his problem and its associated factors. The third objective was to empower the family system and the offender system to interact and connect together and with other systems (community and school systems). The fourth objective was to improve the offender's functioning in school, social competence, and decision-making. The fifth objective was to increase the

religious values of the parents and their offender. The final objective was to improve the knowledge of parents in terms of nurture and discipline skills.

6.6. Intervention procedure

The intervention procedure of this study consisted of two parts as follows:

6.6.1. Training Programme

The researcher trained two therapists, one with a bachelor degree in psychology and the other with a bachelor degree in social work. Both were working in the Social Observation Home and had three years experience in dealing with young offenders. The number of therapists used in this study was important for two reasons. Firstly, it ensured that there was equality between the participants of the experimental group in the intensity of intervention provided. Secondly, it showed what could be achieved using the normal personnel resources of the Social Observation Home, so that if the new approach proved effective, it could be claimed that it was feasible to adopt it under current staffing conditions. The therapist with a bachelor degree in psychology worked on a psychological basis. He concentrated on the individual, cognitive-behaviour therapy, and school intervention. The therapist with a bachelor degree in social work worked in a social discipline-based approach. He concentrated on the family therapy and peer intervention.

The training programme took two weeks and took place inside the Social Observation Home. The therapist with a psychological background provided individual therapy and school intervention for each case of the experimental group, whereas the therapist with a social work background provided family therapy and peer intervention for each case of the experimental group. The reason for doing that was to minimize bias by providing the multisystemic treatment services from both therapists to all members in the experimental group. However, in line with the principles of multisystemic

therapy, the therapists focused more intensively on the specific systems in which a problem was identified.

In terms of the control group, two therapists from the Social Observation Home, one with a bachelor degree in psychology and the other with a bachelor degree in social work, provided individual therapy. These therapists both had experience in using the Adlerian approach as individual therapy for treating young offenders. They did not receive the training programme regarding multisystemic treatment, because the main goal of their participation in this study was to provide individual therapy (the usual service in the Home). They only received information about the procedure of the treatment programme.

The training programme covered the following:

1. Multisystemic treatment and related studies

The researcher gave the trainees information about the importance of the multisystemic treatment and how it was created by Henggeler and his colleagues. In addition, the therapists were given some information about relevant studies. The researcher translated some important articles into Arabic in order to give the therapists information regarding the importance of the multisystemic approach.

2. Principles of multisystemic treatment

As mentioned in chapter 5, the principles of multisystemic treatment were very important, because they helped the therapists to know how the multisystemic interventions could be handled. In addition, they provided a guide that helped the therapist to use the interventions of multisystemic treatment effectively in dealing with juveniles with delinquency.

3. Causes of serious behaviour problems

Knowing the factors associated with delinquency is important for the therapists to deal effectively with juveniles with serious delinquency. The researcher discussed with therapists the causes of juvenile with delinquency not only in Saudi Arabia but also in other countries. In addition, the researcher discussed with them the theories of delinquency.

4. Description of family, peer, school, and individual intervention strategies

Interventions are the essential tools of the multisystemic treatment. The researcher discussed with the therapists some information regarding each type of intervention. The researcher provided more details for each therapist according to their backgrounds. The therapist with a psychology background received information regarding individual therapy, cognitive-behaviour therapy, and school intervention. He also was given handouts about these interventions. The therapist with a social work background received much information about family therapy and peer intervention. In addition, he was given handouts regarding these interventions.

6.6.2. Treatment programme

The procedure of the treatment programme consisted of five parts:

1. Pre-intervention measures

Before the treatments took place, the researcher conducted pre-tests to measure the level of self-esteem and the level of religious behaviour of each young offender who participated in the treatment programme. The Self-Esteem Inventory and Level of Religious Measurement were used for this purpose. It was important for the researcher to do this by himself in order to give therapists more time to concentrate on their work,

and to overcome bias that might be introduced by differences in their familiarity with the instruments or by conscious or unconscious favouring of their clients.

Figure 6. 2. Illustrate the dates of administering the instruments

Type of Instruments	Date of pre-test	Date of post-test
CSEI	1 June 2000	30 August 2000
LRM	1 June 2000	30 August 2000

CSEI: Coopersmith Self-Esteem Inventory

LRM: Level of Religious Measurement

As indicated earlier, based on results in the CSEI assessment, participants were assigned into the experimental group and the control group by using a matched pairs procedure.

2. Treatment programme

There were two components of the treatment programme. The first component was the multisystemic treatment, which was delivered to the young offenders and their families of the experimental group. The multisystemic treatment was supposed to be delivered in the young offender's environment like other studies such as Missouri Project (Borduin *et al.*, 1995), but because of the cultural restrictions in Saudi Arabia it was delivered inside the Social Observation Home. Second component was individual therapy, which was delivered to the young offenders in the control group. The multisystemic treatment and individual therapy were conducted under the supervision of the researcher in order to minimize source of bias that might prejudice the validity of the treatment programme. The length of the treatment programme was three months, which consisted with other studies such as the study of (Henggeler *et al.*, 1986).

After that, the young offenders in both groups started receiving a treatment programme. The treatments, which were provided to the participants in the experimental and control, were carefully supervised by the researcher in order to ensure provision of equal services to all participants in the experimental and control groups. This was done

by attending the sessions and looking to the offenders' files, and discussing each case with the therapists.

In the experimental group, the participants and their families received multisystemic treatment provided by two therapists trained by the researcher, as explained later in this section. The multisystemic treatment was used as a new tool for dealing with chronic delinquents who were serving their sentences in the Social Observation Home in Riyadh City. The participants in the control group received individual therapy from two therapists who were working in the Social Observation Home, one of them a psychologist and the other a social worker. This individual therapy was based on the Adlerian approach (Corey, 1996).

3. Case studies

The case study plays important role in the clinical psychology. Kazdin (1980) indicated that the case study is the intensive study of the individual. It means that it gives detail information about the individual. Kazdin (1980) mentioned that the case study "is extremely valuable in that it serves as a source of ideas and hypotheses about behavior as well as a source of therapy techniques... the case study serves as an extremely function that interface directly with experimental research"(p.31).

The researcher used six single case studies, three from the experimental and three from the control groups. The reason for that was to provide rich in-depth information regarding the effectiveness of the two treatments. In reducing the delinquent behaviour of the young offenders, and to obtain a range of individual reactions to the treatments from the offenders and their families. These reactions helped the researcher to find out the effective and difficulties of the multisystemic treatment and individual therapy. In addition, these cases were selected according to the similarity of their delinquency problems and family situations. The reason for that was

to find out the impact of the two types of treatments on similar cases as indicated in Chapter Seven.

4. Follow up

After the young offenders were released from the Social Observation Home, the experimental and control groups received two follow up studies, each lasting two months. Previous studies did not use two follow up studies, they used a long-term follow up study. For instance, the Missouri Project involved 4 years' follow up and Simpsonville Project had a 59-week follow up (Henggeler *et al.*, 1996). There were several reasons for using two follow-ups rather than one. First, the follow up study, which occurred immediately after the treatment finished, was possible because the researcher was able to stay in Saudi Arabia for that period. However, he was not able to stay for longer than a three months period in Saudi Arabia and so had to return from the U.K. to Saudi Arabia to carry out a second follow up period after seven months. Second, previous studies used a team for implementing the multisystemic treatment, whereas this study was based on the researcher's efforts and some assistance from therapists who worked in the Social Observation Home. In fact, the researcher encountered extreme difficulty in convincing the therapists to continue with a second follow up. The reason for that difficulty was that the initial agreement between the researcher and the therapist was based on the treatment programme and the first follow up. The therapists had their own heavy workload, and it is an indication of their commitment to this project that in spite of this they agreed to co-operation in a future follow up study. Finally, there were difficulties in using empirical studies in Saudi context, and so the empirical investigation in the second follow up involved the key behavioural indications of delinquency.

The first follow up was conducted immediately after the treatment programme. The second follow up was seven months after the first. The main purpose of the follow up programme was to see if any of the participants in both groups (experimental and control) committed any further offences, their relationship with family members, their relationship with their peers, and their religious ritual practice. The purpose of the second follow up was to see whether or not any changes observed after the intervention were sustained. The changes in the behaviour of the young offenders in both follow up were obtained by using different measures such as: the police record, Family-Adolescent Checklist, Peer-Relations Checklist and religious ritual practice. Therefore, self-report measures of self-esteem and religious practice were not implemented in the first and second follow up period. Previous studies did not use these kinds of measures. For instance, in the study of Missouri Project, police and court records were used for assessing the young offenders behaviour during 4 year follow up.

5. Interviews

The researcher also used interviews as a tool for evaluating this programme. According to Borg & Gall (1983) the interview is one of the tools that can be used to evaluate and focus on the strengths and weaknesses of an experimental programme. In this study, the researcher administered several interviews with several people. The Home's staff (include the therapists who participated in the study), parents or family members of all the young offenders and the young offenders themselves were interviewed in order to obtain their views on the effectiveness of the treatment programme. The interviews with these people were based on a single, broad question: What do you think about the impact of using multisystemic treatment (the new technique) for treating young offenders?

6.7. Duration of the Study

The duration of the research was very important. Previous studies using multisystemic treatment reported various treatment durations. For instance, in Missouri Project the average hours of the treatment were 23.9, and the follow up was over 4 years (Schoenwald *et al.*, 1998). In the study by Schoenwald *et al.* (1996) using multisystemic treatment for dealing with adolescents with substance abuse, the duration of the treatment was 130 days, with an average of 40 direct contact hours. The present study took approximately eight months in order to provide very effective therapy in the different social context of Saudi Arabia. The first month was given over to the training programme for the therapists and selecting the sample. In the next three months, the treatment programmes were implemented. The participants in the experimental group received four sessions per-week, one each for individual, family, peer and school interventions. In the control group, the participants received four sessions of individual intervention per-week. Each session ranged between half an hour and one hour. Each therapist provided six sessions per-day.

The duration of the follow up studies was four months, two months for the first follow up, and two months for the second follow up, after interval of seven months, as discussed earlier.

6.8. Statistical Analysis Methods

The main goal of this study was to compare the effectiveness of two types of treatments on the subjects of the study. The data of the current study were divided into quantitative and qualitative data. The combination between these two methods in a study increases its value. Hammersley (1996) indicated,

“It is frequently recommended that social survey and case study techniques be combined in such a way that the former provides generalizability while the latter offers detail and accuracy (p.169).

Quantitative data

Quantitative data present the findings in terms of the effectiveness of the treatment programme. The researcher compared between mean scores on the pre-test and post-test measures and between the means of the two groups using various statistical tests according to the type of data, as follows:

1. The t-test test was used to look for possible differences between two means: as this study contained a small sample, the t-test was used. Borg & Gall (1983) indicated that:

"the sample size may be smaller because of the difficulty in findings subjects who meet the criterion. In this situation the *t* test is the appropriate statistical tool to determine whether the sample means differ significantly from one another (p.544).

2. Paired sample t-tests were used for repeated measures, which contained paired data (Kinnear & Gray, 1999).
3. The independent sample t-test was used to check for differences between the means of the two groups (Kinnear & Gray, 1999). In addition, it was used to compare the gain scores of the two groups.

Therefore, paired sample t-test and independent t-test were used in this study to find the difference between the means of the pre-test and post-test measures of the two groups. The T-test is an example of the parametric test (Kinnear & Gray, 1999). In addition, there are two types of non-parametric tests, which were used in the current study as follows:

1. The Two-Sample Kolmogorov-Smirnov Test was used to find the difference in distribution between the two groups in this study when the data were ordinal (Kinnear & Gray, 1999). Bryman & Cramer (1997) indicated that The Two-Sample Kolmogorov-Smirnov Test is a non-parametric test can be used with ordinal data. Therefore, The Two-Sample Kolmogorov-Smirnov Test was used

to compare between the distributions of functions or quality of work for the two groups (Norusis, 1993; & Bryman & Cramer, 1997).

2. The Chi-Square Test is another non-parametric test, which was used in the study to find differences between the two groups in this study, when the data were nominal (Kinnear & Gray, 1999).

One-way of analysis of variance (ANOVA) was not used in this study to find the significant change. The reason for not using ANOVA is because it deals with three or more variables, and the study had two groups and phases. Kinnear & Gray, (1999) indicated that ANOVA can be used for comparing the averages of three or more samples, where the t-test cannot be used, and the study had only two samples. Several other studies of multisystemic treatment did use ANOVA to evaluate between-groups differences, but in those cases the numbers were significantly larger, with the smaller number of this study a t-test may be more likely to identify significant findings, for instance, the Simpsonville Project (Henggeler *et al.*, 1992).

The Two-tailed test was used for the level of significance of the differences: according to Borg & Gall (1983) the two-tailed test of significance "allows the researcher to determine the significant level of differences between two means in either directions"(p.547). Altman (1999) believed that "In the vast majority of cases this is the correct procedure. In rare cases it is reasonable to consider that a real difference can occur in only one direction" (p.171).

Because of the small sample numbers, making statistical significance more difficult to achieve, the researcher established a sufficiently low significance level (0.05) in this study. Altman (1999) indicated "the cut-off level for statistical significance is usually taken at 0.05, but sometimes at 0.01" (p. 168). In fact, most educational researchers use a significance level of 0.05 (Moore, 1995). Kazdin (1980) indicated:

“If the probability obtained in the study is lower than .05, most psychologists would admit that group differences probably were not the result of chance but reflected a real relationship between the independent and dependent variables”(p.358).

In his study for evaluation the multisystemic treatment, Sutphen (1993) used the .05 level of significance as sufficient to reject the null hypothesis. Finally, the researcher used the *Statistical Package for Social Sciences* (SPSS) version 9 for the statistical procedure of the study.

Qualitative data

The qualitative data were analysed using the follow-up descriptive record of the target subjects of this study. These data included three case studies from the experimental group and also three case studies from the control group, as explained in the next chapter.

6.9. Ethical Issues

Before the beginning of the treatment programme, the researcher obtained the informed consent of both the young offenders and their parents or guardians to participating in the treatment programme. For this purpose, two agreement forms were prepared, one for the parents or guardians, and the other for the young offenders (see appendix 4).

Islam strictly forbids the failure to honour promises and trust, and any type of dishonest dealing, lying and cheating (Haneef, 1982). Therapists must not reveal any type of confidential information on their clients. They have to be wary of disclosing the confidentiality of their juveniles with delinquent behaviour to anybody, in order to protect the client's rights and to provide effective treatment. Boylan Malley & Scott (1995) indicated that therapists have a strong obligation to respect the confidentiality rights of their clients. Psychologists can disclose confidential information only when

they asked to provide needed professional services, when they want to obtain appropriate consultations, when they want to protect the client or others from harm, or when they want to obtain their payment for services.

6.8. Limitations of the Study

This study was limited by the religious values and cultural context of Saudi Arabia, so that it was not possible for a male researcher to obtain access to or information about females. This meant that the study was confined to male delinquents, and that family observations and interviews were confined to male relatives. In addition, the treatment programme could not be given in the delinquent's actual environment; i.e. it was given inside the Social Observation Home.

CHAPTER SEVEN:
RESULTS OF THE STUDY

CHAPTER SEVEN

RESULTS OF THE STUDY

7.1. Introduction

The purpose of this study was to explore the impact of multisystemic treatment (as a new treatment programme) in comparison with the traditional treatment programme (individual therapy) for treating juveniles with serious delinquency in the Social Observation Home in Riyadh. In other words, this study was designed to find the impact of the two types of treatments in reducing serious delinquent behaviour. In addition, it was designed to determine changes over time in the level of self-esteem and religious behaviour of the young offenders involved in the multisystemic treatment and compare these with young offenders receiving the traditional treatment (individual therapy).

This chapter will be divided into three sections. The first section describes the characteristics of the sample. The second section contains the quantitative part of the study, which addresses the research questions. It presents the findings in terms of the effectiveness of the treatment programme in reducing serious delinquent behaviour, and the impact of the treatment programme on the level of self-esteem and religious behaviour. Finally, the third section contains the qualitative findings of the study. These are presented in two parts. The first part presents three case studies from the experimental group and also three case studies from the control group as examples. The second part contains an evaluation of the treatment programme, based on the views expressed by family members, staff and the young offenders.

7.2. Characteristics of the Sample

Forty juveniles with serious delinquency were included in the study, twenty in the experimental group and twenty in the control group. These represented forty juveniles with delinquent behaviour out of an initial forty-two who agreed to participate. The remaining two dropped out because they refused to participate in either of the two treatment programmes.

In this study, the researcher used a matched pairs procedure for selecting the sample for both experimental and control groups. Pair matching was based on scores of self-esteem, as described in the previous chapter. The researcher adopted the following procedures for ascertaining if there were any significant differences between the experimental and control groups on the key dependent measures prior to intervention.

First

In the beginning, the researcher administered the Coopersmith Self-Esteem Inventory CSEI to all the forty-two juveniles with serious delinquency. The pairs were matched on the key criteria of self-esteem values. For each matched pairs, one was allocated to the experimental group and one to the control group by random assignment, i.e. flipping of coins. Only 40 participants were assigned for this study, 20 to the experimental group, and 20 to the control group.

Table 7. 1. Independent Samples T-test for the difference between the two groups in Self-esteem scores

Groups	M	SD	Value
Experimental Group	12.100	2.864	t= -1.898
Control Group	13.900	4.32	p=.065

It can be seen from Table 7.1 that although the mean self-esteem more for the control group higher than that of the experimental group, there was no statistically

significant difference between the means of the two groups in the pre-test of the CSEI because $p = .065 > 0.05$.

Second

After the participants were divided into two groups, experimental and control, the researcher checked their records of re-arrest (number of previous convictions). The researcher found that there was no difference between the juveniles with serious delinquency in the two groups, in terms of their re-arrest history.

Table 7. 2. Two-Sample Kolmogorov-Smirnov Test for the difference of re-arresting between the two groups

Re-arrest	
Most Extreme Differences	
Absolute	.050
Positive	.050
Negative	.000
Kolmogorov-Smirnov Z	.158
Asymp. Sig. (2-tailed)	1.000

a Grouping Variable: groups

Table 7.2 shows that there is no statistically significant difference between the control group and the experimental group with regard to the distribution of re-arresting because $p \text{ value} = 1.00 > .005$.

Third

The researcher also worked to avoid or minimize an age source of bias that might affect the internal validity of the study. He checked the ages of the participants in both groups. He found that their ages ranged between ages 14 to 18 years old. The frequency distribution of the ages in the experimental group, the control group and the whole sample is indicated in Table 7.3.

Table 7. 3. Distribution of Experimental and Control Groups and the Whole Group by Age

AGES	Groups		Total
	Experimental	Control	
18.00	4	4	8
17.00	6	7	13
16.00	3	2	5
15.00	6	6	12
14.00	1	1	2
Total	20	20	40

In addition, a comparison between the two distributions of the experimental and the control groups was made in order to find the difference by using the Two-Sample Kolmogorov-Smirnov Test.

Table 7. 4. Two-Sample Kolmogorov-Smirnov Test for the Age Differences between the Two Groups

Age	
Most Extreme Differences	
Absolute	.050
Positive	.050
Negative	.000
Kolmogorov-Smirnov Z	.158
Asymp. Sig. (2-tailed)	1.000

a Grouping Variable: groups

Table 7.4 shows that there is no statistically significant difference between the control group and the experimental group with regard to the distribution of their ages because $p \text{ value} = 1.00 > .005$.

In order to extend the explanation of the characteristics of the sample, it is important to give some information regarding the education of the sample, the education of the household and family status. These characteristics may be important in relation to the outcomes of the treatment.

The distribution of the sample by parental educational background is summarized in Table 7.5.

Table 7. 5. Distribution by Education of the parents of the Young Offenders

Groups	Experimental		Control	
	Father	Mother	Father	Mother
High school	5	2	6	3
Middle School	7	6	8	7
Elementary School	4	6	2	4
Read and write	3	4	4	3
Illiterate	1	2	0	3

The differences in distribution of the educational status of mothers and fathers of the young offenders in the two groups were tested by using the Two Sample Kolmogorov-Smirnov Test.

Table 7. 6. Two-Sample Kolmogorov-Smirnov Test for fathers' and mothers' educational status

	Fathers' Educational Status	Mother' Educational status
Most Extreme Differences		
Absolute	.100	.100
Positive	.100	.100
Negative	.000	-.050
Kolmogorov-Smirnov Z	.316	.316
Asymp. Sig. (2-tailed)	1.000	1.000

a Grouping Variable: groups

Table 7.6 and shows that there was no significant difference between the experimental and the control groups with regard to the distribution of the educational status of the fathers of the young offenders because $p \text{ value} = 1.00 > .005$. In addition, this table shows that there was no significant difference between the two groups with regard to the distribution of the educational status of the mothers of the young offenders $p \text{ value} = 1.00 > .005$.

The family status of the young offenders in the two groups can be seen from Table 7.7.

Table 7. 7. Frequency for Family Status of the young offenders

Family status	Experimental group	Control group
Married	16	15
Divorced	2	1
Father deceased	2	3
Mother deceased	0	1
Total	20	20

Possible difference between the young offenders of the experimental and the control groups in their family status was investigated by using the Chi-Square Test, because data were nominal.

Table 7. 8. Chi-Square Test for Family Status Difference between the Two Groups

Family Status		
Chi-Square	df	Asymp. Sig.
1.566a	3	.667

a 6 cells (75.0%) have expected frequencies less than 5. The minimum expected cell frequency is .50.

Table 7.8 shows that there is no significant difference between the young offenders from the experimental and the control groups in terms of family status because the p value = .667 > .05.

7.3. Quantitative results of the Study

This section contains the results of the treatment programme, which started from the beginning of June and continued until the end of August. During this time, the young offenders from the experimental group received multisystemic treatment, whereas the subjects from control group received the traditional treatment (individual therapy). The first follow up evaluation started from the beginning of September (immediately after the intervention ceased) and continued until the end of October, whereas the second follow up started from June until the end of July of the next year.

Before we illustrate the effectiveness of the treatment programme as determined at the first follow up, it is appropriate to provide the scores of the samples of both groups for all measures. Tables 7.9 and 7.10 show the raw data for the experimental and control groups respectively.

Table 7. 9. The scores of the subjects in the Experimental group for key dependent measures

No.	Age	Re-arrest	Official misconduct	LRM Pre.	LRM Post	CSEI pre	CSEI-post	Parent relation	Peers relation
1	16	2	1	154.00	167.00	13.00	14.00	353.00	287.00
2	16	3	1	112.00	149.00	13.00	16.00	470.00	238.00
3	17	3	1	95.00	99.00	16.00	15.00	514.00	188.00
4	17	3	1	155.00	156.00	11.00	17.00	454.00	196.00
5	18	3	2	89.00	94.00	12.00	21.00	447.00	180.00
6	17	2	1	121.00	130.00	7.00	13.00	464.00	277.00
7	15	2	1	133.00	138.00	12.00	13.00	387.00	278.00
8	18	2	1	115.00	127.00	12.00	14.00	421.00	189.00
9	15	2	1	114.00	122.00	13.00	13.00	479.00	275.00
10	18	2	1	102.00	143.00	8.00	17.00	452.00	271.00
11	17	2	1	148.00	143.00	11.00	10.00	474.00	277.00
12	15	2	1	123.00	150.00	9.00	14.00	469.00	266.00
13	14	3	2	127.00	100.00	13.00	11.00	439.00	206.00
14	17	2	1	145.00	132.00	16.00	19.00	464.00	279.00
15	16	2	1	110.00	150.00	7.00	12.00	464.00	283.00
16	18	3	1	188.00	175.00	18.00	19.00	452.00	189.00
17	15	3	2	140.00	143.00	13.00	14.00	357.00	198.00
18	15	2	1	152.00	159.00	13.00	14.00	612.00	261.00
19	15	3	1	139.00	145.00	11.00	11.00	475.00	225.00
20	17	2	1	108.00	129.00	14.00	19.00	471.00	229.00

Table 7. 10. The scores of the subjects in the Control Group for key dependent measures.

No.	Age	Re-arrest	Official misconduct	LRM Pre.	LRM Post	CSEI pre	CSEI-post	Parent relation	Peers relation
1	16	2	1	146.00	132.00	15.00	8.00	373.00	185.00
2	18	4	3	134.00	133.00	15.00	12.00	272.00	186.00
3	15	2	2	154.00	157.00	16.00	16.00	294.00	171.00
4	14	3	3	156.00	137.00	16.00	15.00	223.00	177.00
5	17	3	2	122.00	116.00	14.00	14.00	302.00	142.00
6	17	2	2	157.00	151.00	12.00	9.00	277.00	187.00
7	17	2	2	116.00	118.00	13.00	12.00	273.00	193.00
8	17	2	3	168.00	166.00	15.00	12.00	298.00	163.00
9	18	2	4	149.00	162.00	9.00	10.00	249.00	175.00
10	17	2	2	155.00	158.00	18.00	17.00	289.00	163.00
11	17	2	2	162.00	127.00	13.00	17.00	311.00	173.00
12	18	3	4	150.00	114.00	7.00	6.00	296.00	153.00
13	17	2	3	127.00	137.00	11.00	16.00	215.00	217.00
14	16	3	3	124.00	112.00	11.00	9.00	276.00	166.00
15	15	2	3	171.00	160.00	17.00	19.00	304.00	162.00
16	15	2	2	157.00	165.00	13.00	14.00	326.00	196.00
17	15	2	2	196.00	168.00	18.00	17.00	296.00	175.00
18	15	3	2	157.00	156.00	15.00	14.00	311.00	185.00
19	15	2	2	181.00	164.00	19.00	18.00	260.00	193.00
20	18	3	3	140.00	110.00	11.00	4.00	230.00	165.00

We can see from Table 7.9 for the experimental group the scores of the sample in terms of age, re-arrest (before the treatment programme), official misconduct (taken during the treatment programme), pre-test of the Level of Religious Measurement (LRM), post-test of the LRM, pre-test of the Coopersmith Self-Esteem Inventory (CSEI), post-test of CSEI, parent-relations, and peer-relations.

Table 7.10 includes the scores of the sample of the control group in terms of age, re-arrest, official misconduct, pre-test of the Level of Religious Measurement (LRM), post-test of the LRM, pre-test of the Coopersmith Self-Esteem Inventory (CSEI), post-test of CSEI, parent-relations and peer-relations.

7.3.1. The Effectiveness of the Multisystemic Treatment as Compared to the Traditional Therapy in Reducing Delinquent Behaviour

Several measures were used to explore the effect of multisystemic treatment and individual therapy in the participants of experimental and control groups in reducing or eliminating their serious delinquent behaviour. These measurements are official acts of misconduct, family-adolescent relations, peer-adolescent relations, school attendance, school grades and religious ritual practice.

7.3.1.1. Findings on acts of misconduct.

Information on the level of misconduct was obtained in two ways. The first was from the young offenders' files accessed during the treatment programme. The raw data of the young offenders from both groups is shown in Table 7.9 and Table 7.10. Table 7.11 shows when these misconducts took place during the treatment programme.

Table 7. 11. Distribution of the misconduct for the offenders of the experimental and the control groups.

Case No.	June 10	June 20	June 30	July10	July20	July30	Aug.10	Aug.20	Aug.30
1		* +							
2	*	+		+				+	
3	* +				+				
4	+	*	+			+			
5		* +	*		+				
6	* +					+			
7		* +					+		
8	* +			+				+	
9		* +			+	+			+
10	+	*			+				
11		* +				+			
12	*	+		+			+	+	
13	*		* +					+	+
14	+	*					+	+	
15		+	*			+			+
16	+			*	+				
17		* +	*			+			
18	*	+					+		
19		* +			+				
20	+	*			+			+	

(*) Indicates the participants from the experimental group

(+) Indicates the participants from the control group

Table 7.11 indicates that the misconducts of the offenders of experimental group were confined to the beginning of the treatment programme, whereas the offenders of the control group continued to commit misconducts during the whole time of the treatment programme.

Table 7. 12. Frequency of the misconduct for the offenders of the experimental and the control groups

Period	Experimental Frequency	Control Frequency
June 10	7	8
June 20	11	11
June 30	4	2
July 10	1	3
July 20	0	7
July 30	0	6
August 10	0	4
August 20	0	6
August 30	0	3
Total	23	47

Table 7.12 shows the frequency of the misconducts for the young offenders of experimental and the control groups during the treatment programme from June 10-August 30.

Table 7. 13. Two-Sample Kolmogorov-Smirnov Test for the difference of the misconduct for the two groups

Misconduct	
Most Extreme Differences	
Absolute	.800
Positive	.800
Negative	.000
Kolmogorov-Smirnov Z	2.530
Asymp. Sig. (2-tailed)	.000

a Grouping Variable: groups

Table 7.13 shows that there is significant difference between the experimental and the control groups with regard to the distribution of the misconduct of the young offenders because $p = .000 < 0.05$. The young offenders in the experimental group showed a significantly lower frequency than those in the control group.

The second source of information on misconduct was the police records in offenders' files accessed during the two follow up periods. The findings of the first follow up are presented in Table 7.14.

Table 7. 14. Numbers of misconduct of experimental and control groups.

Groups	Experimental Group		Control Group	
	Percent	Frequency	Percent	Frequency
Type of misconduct				
Relapse into delinquency	20%	4	35%	7
Return to the Home	5%	1	25%	5
Total	25%	5 of 20	60%	12 of 20

Table 7.14 indicates that the number of offenders who relapsed into delinquency in the experimental group was four, whereas the number of offenders in the control group who relapsed into delinquency was seven. In terms of returning to the Detention Home (Social Observation Home), we can see from the Table 7.14 that one offender from the experimental group returned to the Home. On the other hand, five offenders

from the control group returned to the Home. The difference in the percentage of both groups (25% of the experimental group and 60% of the control group) who relapsed into delinquency and were rearrested and sentenced to a further term in the Home suggests a difference in the effectiveness of the type of the treatments they received.

In addition, the findings of the misconduct for the young offenders during the second follow up are presented in Table 7.15.

Table 7. 15. Numbers of misconduct of experimental and control groups.

Groups	Experimental Group		Control Group	
	Type of misconduct	Percent	Frequency	Percent
Relapse into delinquency	20%	4	20%	4
Return to the Home	10%	2	45%	9
Total	30%	6 of 20	75%	13 of 20

Table 7.15 indicates that the number of offenders who relapsed into delinquency in each group was four. In terms of returning to the Social Observation Home, it can be seen from Table 7.15 that two offenders from the experimental group returned to the Home. On the other hand, nine offenders from the control group returned to the Home. The difference in the percentage of both groups (30% of the experimental group and 75% of the control group) who relapsed into delinquency and rearrested and sentenced to a further term in the Home suggests a difference in the effectiveness of the type of the treatments they received.

In addition, it can be seen by looking at Table 7.14 and Table 7.15 that there was a difference in the percentage of both groups who relapsed in the two follow up periods. The percentage of young offenders who relapsed into delinquency and returned to the Home of the experimental group increased from 25% in the first follow up to 30% in the second follow up, whereas the percentage of young offenders who relapsed into delinquency and returned to the Home in the control group increased from 60% in the first follow up and to 75% in the second follow up. Therefore, the difference in

percentage between the two groups indicates a difference in the effectiveness of the type of the treatment they received.

7.3.1.2. Findings of Family-Adolescent Checklist

The Family-Adolescent Checklist was administered to the juveniles with delinquent behaviour in both groups during the treatment programme and follow up period. The following tables show the change in the relationship between the young offenders and their families during the treatment programme and follow up period. The higher the scores by a young offender, the better his relationship with his family members could be considered to be.

Table 7. 16. The scores of young offenders in the experimental group in Family-Adolescent Checklist over time.

Case No.	Treatment period							First Follow up period						
	June 15	June 30	July 15	July 30	Aug 15	Aug 30	Treat Total	Sep. 15	Sep 30	Oct. 15	Oct. 30	Fol. up Total	Gain Scores	Whole Total
1	15	18	22	25	33	39	152	45	49	50	57	201	42	353
2	21	27	37	47	52	49	233	57	59	60	61	237	40	470
3	21	32	41	52	57	58	261	60	62	64	67	253	46	514
4	21	26	34	42	46	52	221	56	57	59	61	233	40	450
5	20	25	29	38	44	50	106	54	61	62	64	241	44	447
6	22	28	33	44	44	54	225	57	58	61	63	239	41	464
7	16	23	27	28	41	45	180	50	53	47	57	207	41	387
8	18	20	35	39	45	48	205	52	53	55	56	216	38	421
9	21	30	31	40	49	51	222	58	59	68	72	257	51	479
10	20	24	31	44	43	52	214	54	57	62	65	238	45	452
11	21	28	34	41	47	51	222	57	60	64	71	252	50	474
12	20	27	34	44	49	52	226	56	59	63	65	243	45	469
13	21	27	30	38	43	48	207	52	57	60	63	232	42	439
14	21	23	34	40	48	55	221	57	58	61	67	243	46	464
15	20	25	34	42	49	53	223	57	59	61	64	241	44	464
16	21	24	31	35	43	47	201	57	62	66	67	252	46	452
17	20	25	28	31	35	37	176	39	43	47	52	181	32	357
18	20	22	25	33	39	46	185	50	55	59	63	227	43	612
19	22	23	31	46	50	55	227	58	60	63	67	248	45	475
20	21	26	33	41	48	53	222	58	60	64	67	249	46	471
Ave	20.1	25.2	31.7	39.5	45.3	49.8		54.2	57.1	59.8	63.5			

Table 7. 17. The scores of the young offenders in the control group in Family-Adolescent Checklist over time.

Case No.	Treatment period							First Follow up period						
	June 15	June 30	July 15	July 30	Aug 15	Aug 30	Treat Total	Sep. 15	Sep 30	Oct. 15	Oct. 30	Follow Total	Gain Scores	Whole Total
1	31	31	31	37	35	41	206	41	42	42	42	167	11	373
2	24	24	26	26	27	28	155	29	29	29	30	117	6	272
3	26	26	27	27	28	28	162	31	31	35	35	132	9	294
4	12	15	21	23	23	24	118	26	27	25	27	105	15	223
5	17	24	25	29	30	33	158	34	36	35	39	144	22	302
6	23	23	27	27	27	28	155	28	30	31	33	122	10	277
7	21	24	24	26	28	28	151	29	29	31	33	122	12	273
8	21	26	28	29	30	28	162	33	33	35	35	136	14	298
9	20	21	26	24	26	24	141	25	27	28	28	108	8	249
10	21	23	24	26	30	30	154	30	33	35	37	135	16	289
11	21	23	26	27	32	34	163	37	37	37	37	148	16	311
12	21	22	25	27	29	31	155	31	35	37	38	141	17	296
13	13	17	18	19	21	24	112	24	26	27	26	103	13	215
14	20	21	23	26	27	30	147	30	32	32	35	129	15	276
15	20	23	26	29	30	33	161	35	35	36	37	143	17	304
16	22	23	26	29	33	34	167	36	39	41	43	159	21	326
17	20	23	28	28	29	31	159	31	34	36	36	137	16	296
18	21	23	25	30	31	33	163	36	35	38	39	148	18	311
19	15	18	20	24	28	29	134	30	31	32	33	126	18	260
20	16	17	14	21	23	25	116	27	28	29	30	114	14	230
Ave	20.3	22.4	24.5	26.7	28.4	29.8		31.2	32.5	33.6	34.7			

Tables 7.16 and 7.17 indicate the change in the relationship between the young offenders from both groups and their families over time. These tables show the total scores for each case during the treatment programme and during the first follow up period. The tables include the average scores for each period of the treatment programme and the first follow up and the gain scores (October 30's scores minus June 15's scores) for each case of the two groups. The gains made by every young offender through the period of the study from 15 June to 30 October, show positive response to the treatment programme from both groups, but the young offenders from the experimental group have greater gain scores, suggesting that their relationships with their families improved more than did those of the subjects from the control group.

In Table 7.16 (experimental group) there was much improvement in some cases during the period from July 15 to July 30. These improvements reflected the cooperation and mutual respect among the young offenders and their family members. In addition, during this period, these young offenders received much attention, care and emotional support from their family members regarding their problems.

In order to show the improvement of the young offenders in both groups, the researcher made a comparison between June 15 and October 30, 2000. This comparison covered the first period (the treatment programme and the first follow up) from June 15 to October 30. The comparison was made statistically by using a t-test as we see from Table 7.18.

Table 7. 18. Paired Samples T-test for difference of subjects of the experimental and control groups

Periods 2000	Experimental Group			Control Group		
	M	SD	Value	M	SD	Value
June 15	20.100	1.803	t= -46.2	20.25	4.31	T=-15.48
October 30	63.450	5.031	p=0.000	34.65	4.71	P=0.000

Table 7.18 shows that the difference in the mean scores for their relationships with their family members between June 15 and October 30 of the experimental group is statistically significant because $p = .000 < 0.05$. In addition, Table 7.18 also shows that there was a significant difference between June 15 and October 30 for the subjects of the control group, because $p = 0.000 < 0.05$.

Table 7. 19. Independent Samples T-test for the difference between both groups in June 15 and October 30, 2000.

Groups	June 15			October 30		
	M	SD	Value	M	SD	Value
Exp.	20.100	1.80	t=-.143	63.45	5.03	T=18.70
Control	20.250	4.32	p=-.887	34.65	4.71	P=0.000

Table 7.19 shows that there was no significant difference between the young offenders in the two groups in their relationships with their family members at the beginning of the treatment programme, on June 15, because $p = .887 > .05$. Table 7.19 also shows that there was a significant difference between the young offenders in the two groups at the end of the treatment programme, in terms of their relationship with their family at the end of the first follow up, October 30, because $p = 0.000 < .05$.

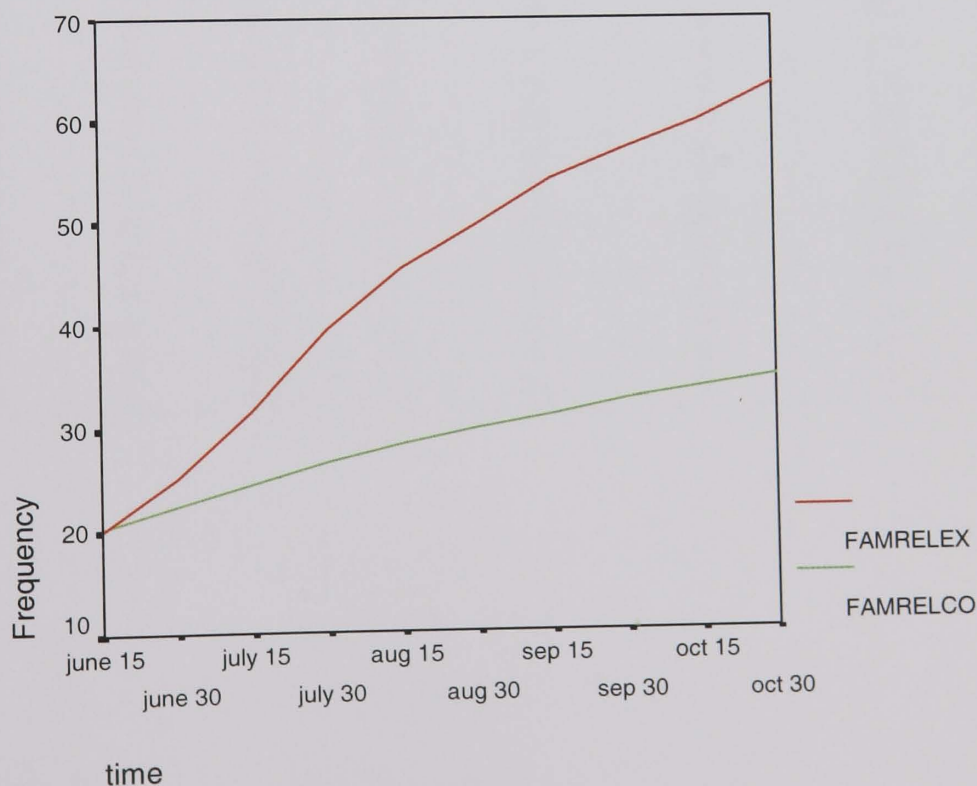
The difference between the young offenders in the two groups can be confirmed by comparing their gain scores.

Table 7. 20. Independent Samples T-test for the difference between the two groups in the gain scores

Groups	M	SD	Value
Experimental	43.35	4.21	t=21.911
Control	14.40	4.16	p=0.000

Table 7.20 shows that there was a significant difference between the young offenders in the two groups regarding their gain scores on the Family-Adolescent Checklist, because $p = 0.000 < .05$ indicating that there was significantly greater improvement in terms of gains of subjects of the experimental group 43.35, than the control group 14.40 in the first period.

Figure 7. 1. Difference in improvement of the subjects of the two groups in their relations with their family members



Source: Tables 7.16 and 7.17.

Figure 7.1 shows the difference in improvement between the subjects of the experimental and the control groups during the treatment programme and the first follow up. It can be seen that the young offenders from the experimental group showed much greater improvement in their relationship with their families than those in the control group.

The second follow up was administered in order to find out the long-term effectiveness of the treatment programme. It was carried out from June until July during the year following the treatment programme, 2001.

Table 7. 21. The scores of the young offenders in the experimental group in Family-Adolescent Relation Checklist in the second follow up.

Case No	June 15	June 30	July 15	July 30	Gain Scores	Total
1	35	40	46	49	14	173
2	50	54	58	60	10	222
3	60	65	72	78	18	275
4	56	59	65	73	17	253
5	48	56	62	71	23	237
6	28	25	30	29	1	112
7	44	46	53	59	15	202
8	53	59	55	61	8	228
9	65	69	70	73	8	277
10	60	63	66	64	4	253
11	58	61	61	65	7	245
12	55	58	60	60	5	233
13	37	39	41	42	5	159
14	60	60	63	67	7	250
15	63	60	69	73	10	265
16	59	65	65	70	11	258
17	42	45	46	50	8	183
18	52	58	63	65	13	238
19	29	30	37	37	8	133
20	61	63	63	70	9	257

Table 7. 22. The scores of the young offenders in the control group in Family-Adolescent Relation Checklist in the second follow up.

Case No	June 15	June 30	July 15	July 30	Gain Scores	Total
1	35	34	40	41	6	150
2	21	23	20	22	1	86
3	29	33	32	35	6	129
4	18	17	18	21	3	74
5	21	16	17	16	-5	70
6	29	30	33	37	8	129
7	26	32	35	39	13	132
8	32	33	35	42	10	142
9	19	18	18	15	-4	70
10	27	31	33	39	12	130
11	30	30	34	37	7	131
12	13	15	20	18	5	66
13	19	16	17	17	-2	69
14	15	15	14	12	-3	56
15	20	18	15	15	-1	68
16	26	30	31	34	8	121
17	31	33	35	38	7	137
18	25	25	29	32	7	111
19	29	30	35	36	7	130
20	20	20	16	14	-6	70

Tables 7.21 and 7.22 show the change in the relationship between the young offenders and their families during the second follow up period (June-July), as it appears from the total scores and the gain scores (i.e. July 30's scores minus June 15's score).

Table 7. 23. Paired Samples T-test for difference of subjects of the experimental group

Periods	Experimental Group			Control Group		
	M	SD	Value	M	SD	Value
June 15	48.8	15.87	t= -7.49	22.30	9.61	t= -3.44
July 30	58.30	18.84	p=0.000	26.50	13.49	p=0.003

Table 7.23 shows that there is significant difference between the beginning and the end of the second follow up in terms of the relationships between the young offenders and their family members in the experimental group, because $p=0.000 < 0.05$. Furthermore, Table 7.23 indicates a the difference between the beginning and the end of the second follow up in terms of the relationships between the young offenders and their family members in the control group, because $p=0.003 < 0.05$.

Table 7. 24. Independent Samples T-test for the difference between both groups in June 15 and July 30.

Groups	June 15			July 30		
	M	SD	Value	M	SD	Value
Exp.	48.80	15.87	t=6.39	58.30	18.84	t=6.14
Control	22.30	9.61	p=0.000	26.50	13.49	p=0.000

Table 7.24 shows that there was a significant difference between the young offenders in both groups in their relationships with family members in the beginning of the second follow up, because $p=0.000 < 0.05$. According to Table 7.24, there was a statistically significant difference between the young offenders at the end of the second follow up, because $p=0.000 < 0.05$.

The difference in improvement in terms of the relationship between the young offenders and their family members can be confirmed by comparing their gain scores. The gain scores were obtained by calculating July 30's scores minus June 15's scores.

Table 7. 25. Independent Samples T-test for the difference between the two groups in the gain scores

Groups	M	SD	Value
Experimental	9.50	5.67	t=3.01
Control	4.20	5.45	p=0.005

Table 7.25 shows that there was a statistically significant difference between the two groups regarding family relationship, because $p=0.005 < 0.05$. The results indicate that the young offenders in the experimental group maintained good relationships with their family members during the second follow up, whereas the young offenders in the control group showed less improvement, and in some cases deterioration in their relationship with family members. The next table provides clear information about the difference between the two groups in the total gain scores.

Table 7. 26. The whole gain scores of the subjects of the two groups

Case No.	Experimental group			Control group		
	Gain Scores First period	Gain Scores Second period	Total	Gain Scores First period	Gain scores Second period	Total
1	42	14	56	11	6	17
2	40	10	50	6	1	7
3	46	18	64	9	6	15
4	40	17	57	15	3	18
5	44	23	67	22	-5	17
6	41	1	42	10	8	18
7	41	15	56	12	13	25
8	38	8	46	14	10	24
9	51	8	59	8	-4	4
10	45	4	49	16	12	28
11	50	7	57	16	7	23
12	45	5	50	17	5	22
13	42	5	47	13	-2	11
14	46	7	53	15	-3	12
15	44	10	54	17	-1	16
16	46	11	57	21	8	13
17	32	8	40	16	7	23
18	43	13	56	18	7	25
19	45	8	53	18	7	25
20	46	9	55	14	-6	8

Table 7.26 shows the total of the gain scores of the young offenders in the experimental and control groups in Family-Adolescent Checklist, for the two follow up periods: September-October 2000(immediately after the treatment) and June-July 2001. It indicates that the young offenders in the experimental group received higher scores during the two periods than those in the control group.

In addition, the difference in improvement in terms of the relationship between the young offenders and their family members can be confirmed by finding the difference in the mean scores between the first and second follow up period.

Table 7. 27. The mean scores of the young offenders in the two groups in Family-Adolescent Checklist in the first and second follow up periods.

Case No.	Experimental			Control		
	First Follow Up	Second Follow up	Difference	First Follow up	Second Follow up	Difference
1	50.25	43.25	-7	41.75	37.5	-4.25
2	59.25	55.5	-3.75	29.25	21.5	-7.75
3	63.25	68.75	5.5	33	32.25	-.75
4	58.25	63.25	5	26.25	18.5	-7.75
5	60.25	59.25	-1	36	17.5	-18.5
6	59.75	28	-31.75	30.5	32.25	1.75
7	51.75	50.5	-1.25	30.5	33	2.5
8	54	57	3	34	35.5	1.5
9	64.25	69.25	5	27	17.5	-9.5
10	59.5	63.25	3.75	33.75	32.5	-1.25
11	63	61.25	-1.75	37	32.75	-4.25
12	60.75	58.25	-2.5	35.25	16.5	-18.75
13	58	39.75	-18.25	25.75	17.25	-8.5
14	60.75	62.5	1.75	32.25	14	-18.25
15	60.25	66.25	6	35.75	17	-18.75
16	63	64.5	1.5	39.75	30.25	-9.5
17	45.25	45.75	0.5	34.25	34.25	0
18	56.75	59.5	2.75	37	27.75	-9.25
19	62	33.25	-28.75	31.5	32.5	1
20	62.25	64.25	2	28.5	17.5	-11

Table 7.27 shows the mean scores of the young offenders in the experimental and control groups in Family-Adolescent Checklist. In order to find out the difference in the mean scores between the family relations in the first follow up and the second follow up, the researcher used a paired sample t-test.

Table 7. 28. Paired Samples T-test for difference of mean scores of the young offenders of the two groups in Family-Adolescent Checklist in the first and second follow ups

Groups	Experimental			Control		
	M	SD	Value	M	SD	Value
1 Follow up	58.63	4.89	T=1.23	32.95	4.36	T=4.33
2 Follow up	55.66	11.81	P=.24	25.89	8.12	P=.000

Table 7.28 shows that there is no significant difference between the mean scores of the first follow up and the second follow up in terms of the subjects of the experimental group, because $p=.24 > .05$. In contrast, there is significant difference between the mean scores of the first follow up and the second follow up in terms of the

subjects of the control group, because $p=.000<.05$ indicating that there was a significant decrease in terms of means of the subjects of the control group from 32.95 to 25.89 during the two periods.

Table 7. 29. Independent Samples T-test for difference of mean scores between the two groups in Family-Adolescent Checklist in the first and second follow ups

Periods	First Follow up			Second Follow up		
	M	SD	Value	M	SD	Value
Experimental	58.63	4.89	T=17.51	55.66	11.81	T=9.29
Control	32.95	4.37	P=0.000	25.89	8.12	P=0.000

In addition, Table 7.29 shows that there is a significant difference between the mean scores of the two groups in the first follow up, because $p=0.000<.05$. In contrast, there is a significant difference between the mean scores of the two groups in the second follow up, because $p=.000<.05$.

Table 7. 30. Independent Samples T-test for the difference of the mean scores differences between the two groups

Groups	M	SD	Value
Experimental	-2.96	10.81	T=1.40
Control	-7.06	7.29	P=0.17

Table 7.30 indicates that there is no significant difference between the mean scores differences of the subjects of the two groups regarding their relationship with their family members during the whole period of the follow up, because $p=0.17>.05$. The change made by the experimental group over the whole follow up period was not significantly different from that made by the control group, although the control group did show more deterioration than did the experimental group.

7.3.1.3. Findings of Peer-Relations Checklist.

A Peer-Relations Checklist was administered to the juveniles with delinquent behaviour in the experimental and control groups during the first and second follow up periods, because while the young offenders were detained in the Social Observation

Home, they could not make contact with their peers other than those also serving sentences in the Home. The scores of the young offenders in the two groups in the Peer-Adolescent Checklist in the first follow up (September & October 2000) are presented in the next tables.

Table 7. 31. The scores of young offenders in the Experimental Group in Peer-Adolescent Checklist over time

No.	Sep. 10	Sep. 20	Sep. 30	Oct. 10	Oct. 20	Oct. 30	Gain Scores	Total
1	29	38	52	54	55	59	30	287
2	30	36	38	41	44	49	19	238
3	20	26	29	33	38	42	22	188
4	20	26	34	36	38	42	22	196
5	20	23	27	33	38	39	19	180
6	29	37	46	53	55	57	28	277
7	32	36	45	52	55	58	26	278
8	22	24	32	36	36	38	16	189
9	33	39	46	47	53	57	24	275
10	28	36	44	48	54	61	33	271
11	33	35	43	51	54	61	28	277
12	29	26	42	50	54	56	27	266
13	22	26	35	39	41	43	21	206
14	30	36	45	51	56	61	31	279
15	33	37	45	50	57	61	28	283
16	22	27	32	36	30	42	20	189
17	24	25	33	38	38	40	16	198
18	30	34	40	45	52	60	30	261
19	28	33	36	37	39	52	24	225
20	22	30	38	39	47	53	31	229
Aver	26.8	31.5	39.1	43.5	46.7	51.6		

Table 7. 32. The scores of young offenders in the Control Group in Peer-Adolescent Checklist over time.

No.	Sep. 10	Sep. 20	Sep. 30	Oct. 10	Oct. 20	Oct. 30	Gain Scores	Total
1	27	27	30	32	33	36	9	185
2	30	25	30	33	33	35	5	186
3	21	26	27	30	32	35	14	171
4	23	25	27	33	34	35	12	177
5	20	23	27	30	31	38	18	142
6	23	28	30	34	35	37	14	187
7	25	27	32	35	35	39	14	193
8	18	22	26	30	32	35	17	163
9	20	23	27	32	35	38	18	175
10	19	23	26	29	34	32	13	163
11	19	22	26	30	33	43	24	173
12	16	21	16	30	34	36	20	153
13	25	32	37	39	40	44	19	217
14	18	23	26	26	30	33	15	156
15	18	21	25	28	34	36	18	162
16	18	25	30	36	42	45	27	196
17	19	26	21	30	34	45	26	175
18	19	23	28	38	27	40	21	185
19	19	22	31	34	39	48	29	193
20	16	22	25	31	34	37	21	165
Aver	20.7	24.3	27.4	32	34.1	38.4		

Tables 7.31 and 7.32 show the change in the relationship between the young offenders and their peers during the first follow up, and the gain scores (October 30's scores minus September 10's scores) of the young offenders in the two groups. They indicate that the level of improvement of the young offenders of the experimental group in terms of the relationship with their peers was higher than that of the control group.

Table 7. 33. Paired Samples T-test for the difference of subjects of the experimental and control groups.

Periods	Experimental Group			Control Group		
	M	SD	Value	M	SD	Value
Sep. 10	26.80	4.75	t=-21.33	20.65	3.72	t=-13.11
October 30	51.55	8.69	p=0.000	38.35	4.43	P=0.000

Table 7.33 shows that there was a significant difference in the experimental group members in their relationship with their peers between September 10 and October 30, because $p = 0.000 < 0.05$. It indicates that the young offenders in the experimental group improved in their relationship with their peers by the end of the treatment programme.

Table 7.33 also shows that there was a significant difference between September 10 and October 30 in the young offenders of the control group in terms of their relationship with peers, because $p = 0.000 < 0.05$. It indicates that the young offenders of the control group also showed an improvement in their relationship with their peers at the end of the treatment programme.

Table 7. 34. Independent Samples T-test for the difference between the two groups in September 10 and October 30.

Groups	Septmeber10			October 30		
	M	SD	Value	M	SD	Value
Exp.	26.80	4.75	t= 4.56	51.55	8.69	t=6.052
Control	20.65	3.72	p=0.000	38.35	4.43	p=0.000

Table 7.34 shows that there was a significant difference between the young offenders in both groups when they first started reporting their relationship with their

peers during the first follow up period at September 10, because $p = 0.000 < .05$. In addition, Table 7.34 shows that there was a significant difference between the young offenders in the two groups at the end of the follow up period (at October 30) in terms of their relationship with their peers, because $p = 0.000 < .05$.

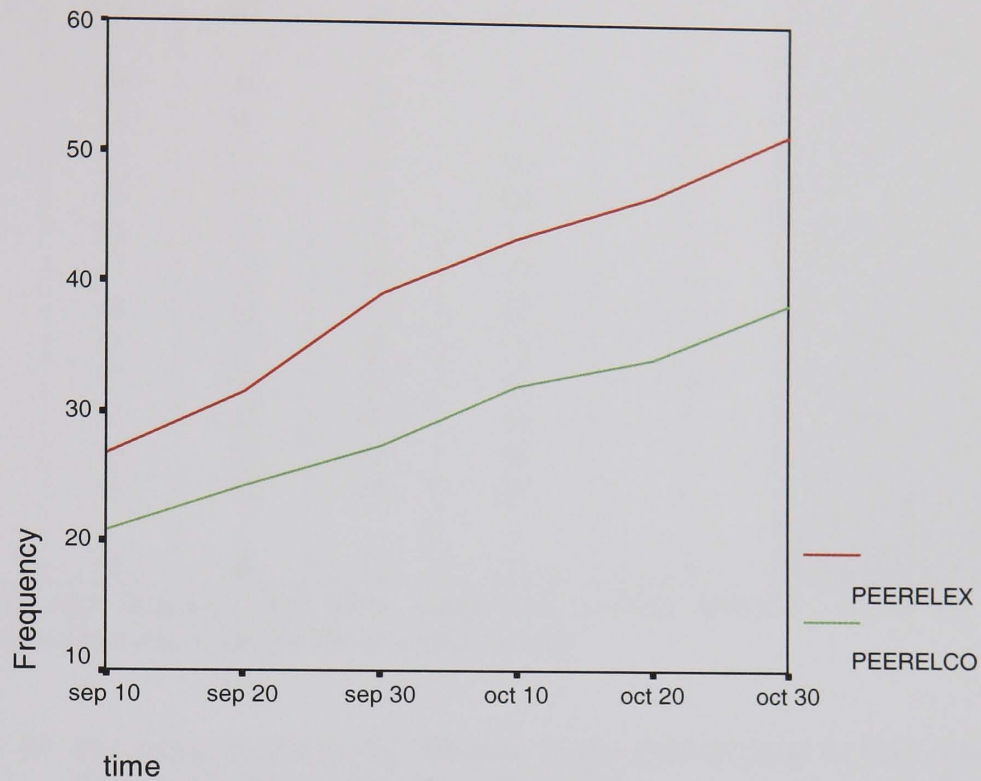
The gain scores were compared to see if there was any difference between the young offenders in the experimental and the control groups, in the improvement made.

Table 7. 35. Independent Samples T-test for the difference between the two groups in the gain scores

Groups	M	SD	Value
Exp. Group	26.80	4.75	t= 4.56
Control Group	20.65	3.72	p=0.000

Table 7.35 shows that there was a significant difference between the young offenders in the experimental and the control groups regarding their gain scores on the Peer-Adolescent Checklist, because $p = 0.000 < .05$ indicating that there was significant improvement in terms of gains of the subjects of the experimental group.

Figure 7. 2. Difference in improvement of the subjects of the two groups in their relations with their peers



Source: Tables 7.31 and 7.32.

Figure 7.2 shows the difference in the improvement between the young offenders in the experimental and the control groups in their relationships with their peers. It is clear that the young offenders from the experimental group had much greater improvement in their relationship with their peers than those in the control group.

In the second follow up (June and July 2001), the findings on the relationships between the young offenders and their peers were found as follows:

Table 7. 36. The scores of the young offenders in the experimental group in Peer-Adolescent Relation Checklist in the second follow up.

Case No	June 15	June 30	July 15	July 30	Gain Scores	Total
1	37	39	43	46	16	165
2	52	53	55	57	5	217
3	42	46	48	53	11	189
4	39	43	49	53	14	184
5	43	45	49	50	7	187
6	-	-	-	-	-	-
7	43	44	46	47	4	180
8	43	46	49	55	12	193
9	51	53	58	65	14	227
10	48	53	57	64	16	222
11	55	61	66	72	17	257
12	57	60	64	67	10	248
13	40	42	42	43	3	167
14	56	60	62	66	10	244
15	57	66	69	73	16	265
16	53	46	49	54	1	192
17	35	39	41	46	11	161
18	58	53	57	66	8	224
19	-	-	-	-	-	-
20	42	46	53	58	16	199

(-) This sign indicates that these cases were serving sentences inside the Social Observation Home during the second follow up.

Table 7. 37. The scores of the young offenders in the control group in Peer-Adolescent Relation Checklist in the second follow up.

Case No	June 15	June 30	July 15	July 30	Gain Scores	Total
1	31	33	33	36	5	133
2	-	-	-	-	-	-
3	28	31	33	34	6	126
4	-	-	-	-	-	-
5	-	-	-	-	-	-
6	25	28	31	35	10	119
7	30	32	33	35	5	130
8	25	27	30	33	8	115
9	-	-	-	-	-	-
10	28	32	33	35	7	128
11	29	30	34	36	7	129
12	-	-	-	-	-	-
13	-	-	-	-	-	-
14	-	-	-	-	-	-
15	-	-	-	-	-	-
16	25	26	29	30	5	110
17	30	32	35	37	7	134
18	28	28	30	31	3	117
19	31	31	32	36	5	130
20	-	-	-	-	-	-

(-) This sign indicates that these cases were serving sentences inside the Social Observation Home during the second follow up.

Tables 7.36 and 7.37 show the change in the relationship between the young offenders and their peers during the second follow up according to the total scores and the gain scores. Because the relationships with peers could only be established outside the Home, there were several cases that were not involved with relationships with peers, as indicated above.

Table 7. 38. Paired Samples T-test for the difference in the experimental and control groups during the second follow up

Periods	Experimental Group			Control Group		
	M	SD	Value	M	SD	Value
June 15	42.55	16.26	t=-7.401	15.50	14.48	t=-4.42
July 30	51.75	19.78	p=0.000	18.90	17.61	p=0.000

Table 7.38 shows that there was a significant difference in the experimental group members in their relationship with their peers between June 15 and July 30, because $p= 0.000 < 0.05$. This indicates that the young offenders in the experimental group had improved considerably in their relationships with their peers by the end of the second follow up.

Table 7.38 also indicates that there was a significant difference between June 15 and July 30 in the young offenders of the control group in terms of their relationship with peers, because $p=0.000 < 0.05$. It indicates that the young offenders of the control group also showed an improvement in their relationships with their peers during the second follow up.

Table 7. 39. Independent Samples T-test for the difference between the two groups in June 15 and July 30.

Groups	June 15			July 30		
	M	SD	Value	M	SD	Value
Exp.	48.80	15.87	t= 6.39	58.30	18.87	t= 6.14
Control	22.30	9.61	p=0.000	26.50	13.49	p=0.000

Table 7.39 shows that there was a significant difference between the young offenders in both groups in terms of their relationships with their peers in the beginning

of the second follow up period, because $p = 0.000 < .05$. In addition, Table 7.39 shows that there was a significant difference between the young offenders in both groups at the end of the second follow up period, because $p = 0.000 < .05$.

Table 7. 40. Independent Samples T-test for the difference between the two groups in the gain scores

Groups	M	SD	Value
Exp. Group	9.55	5.76	$t = 4.089$
Control Group	3.40	3.44	$p = 0.000$

Finally, Table 7.40 shows that there was a significant difference between the young offenders in the both groups regarding their gain scores on the Peer-Adolescent Checklist, because $p = 0.000 < .05$. Therefore, the young offenders in the experimental group maintained good relationships with their peers during the second follow up, whereas the young offenders in the control group showed much less improvement in their relationships with peers. In addition, the difference between the subjects of the two groups in terms of the total gain scores can be seen from Table 7.41.

Table 7. 41. The whole gain scores of the subjects of the two groups

Case No.	Experimental group			Control group		
	Gain Scores First period	Gain scores Second period	Total	Gain Scores First period	Gain scores Second period	Total
1	30	16	46	9	5	14
2	19	5	24	5	-	5
3	22	11	33	14	6	20
4	22	14	36	12	-	12
5	19	7	26	18	-	18
6	28	-	28	14	10	24
7	26	4	30	14	5	19
8	16	12	28	17	8	25
9	24	14	38	18	-	18
10	33	16	49	13	7	20
11	28	17	45	24	7	31
12	27	10	37	20	-	20
13	21	3	24	19	-	19
14	31	10	41	15	-	15
15	28	16	44	18	-	18
16	20	1	21	27	5	32
17	16	11	27	26	7	33
18	30	8	38	21	3	24
19	24	-	24	29	5	34
20	31	16	47	21	-	21

It can be seen from Table 7.41 that the total of the gain scores of the young offenders in the experimental and control groups in Peer-Adolescent Checklist are different. Table 7.41 indicates that the young offenders in the experimental group received higher scores during the two periods than those in the control group.

The difference in improvement in terms of the relationship between the young offenders and their peers also can be confirmed by finding the difference in the mean scores between the first and second follow up period.

Table 7. 42. The mean scores of the young offenders in the tow groups in Peer-Adolescent Checklist in the first and second follow up periods

Case No	Experimental			Control		
	First Follow up	Second Follow up	Difference	First Follow Up	Second Follow up	Difference
1	47.83	41.25	-6.58	30.83	33.25	2.42
2	39.67	54.25	14.58	31	-	-31
3	31.3	47.25	15.95	28.5	31.5	3
4	32.67	46	13.33	29.5	-	-29.5
5	30	46.25	16.25	23.66	-	-23.66
6	46.16	-	-46.16	31.66	29.75	-1.91
7	46.33	45	-1.33	32.16	32.5	0.34
8	31.5	48.25	16.75	27.16	28.75	1.59
9	45.83	56.75	10.92	29.16	-	-29.16
10	45.16	55.5	10.34	27.16	32	4.84
11	46.16	64.25	18.09	28.33	32.25	3.92
12	44.33	62	17.67	25.5	-	-25.5
13	34.33	41.75	7.42	36.16	-	-36.16
14	46.5	61	14.5	26	-	-26
15	47.16	66.25	19.09	27	-	-27
16	31.5	48	19.5	32.66	27.5	-5.16
17	33	40.25	7.25	29.16	33.5	4.34
18	43.5	56	12.5	30.83	29.25	-1.58
19	37.5	-	-37.5	32.16	32.5	0.34
20	38.16	49.75	11.59	27.5	-	-27.5

Table 7.42 shows the mean scores of the young offenders in the two groups in Peer-Adolescent Checklist. In order to find out the difference in the mean scores between the peers relations in the first follow up and the second follow up, the researcher used a paired sample t-test.

Table 7. 43. Paired Samples T-test for difference of mean scores of the young offenders of the two groups in Peer-Adolescent Checklist in the first and second follow-ups

Groups	Experimental			Control		
	M	SD	Value	M	SD	Value
1 Follow up	39.72	6.78	T=-7.47	30.05	2.06	T=-1.19
2 Follow up	51.65	8.13	P=.000	31.16	2.01	P=.26

Table 7.43 shows that there is a significant difference between the mean scores of the first follow up and the second follow up in the Peer-Adolescent Checklist for the subjects of the experimental group, because $p=.000<.05$, indicating that there was significant improvement in the mean scores for the subjects of the experimental group. In contrast, there is no significant difference between the mean scores of the first follow up and the second follow up in terms of the subjects of the control group, because $p=.26>.05$.

Table 7. 44. Independent Samples T-test for difference of mean scores between the two groups in Peer-Adolescent Checklist in the first and second follow ups

Periods	First Follow up			Second Follow up		
	M	SD	Value	M	SD	Value
Experimental	39.93	6.60	T=6.58	51.65	8.12	T=10.20
Control	29.30	2.94	P=0.000	31.16	2.00	P=0.000

Table 7.44 shows that there is a significant difference between the mean scores of the two groups during the first follow up, because $p=.000<.05$. There is also a significant difference between the mean scores of the two groups in the second follow up, because $p=0.000<.05$.

Table 7. 45. Independent Samples T-test for the difference of mean scores differences between the two groups

Groups	M	SD	Value
Experimental	6.70	17.90	T=3.57
Control	-12.17	15.40	P=0.001

Table 7.45 shows that there is a significant difference between the mean scores differences of the subjects of the two groups regarding their relationship with peers

during the whole follow up period, because $p=0.001<.05$ indicating that the mean score differences for the subjects of the control group were significantly greater (and showing decrease) than those of the experimental group (which did not show decrease).

7.3.1.4. Findings of school attendance

There is a school inside the Social Observation Home. According to the policy of the Home, education is compulsory; so all offenders must attend the school. Therefore, while they were in the Home, there was no difference in school attendance between offenders in the experimental group and offenders in the control group. In terms of the follow up periods, there was no school attendance for the young offenders, because the two follow up periods were conducted during the summer vacation.

7.3.1.5. Findings of School Grades

In order to find out the school grades at the end of the treatment period, the researcher obtained final performance reports from each member of the experimental and the control group at the end of treatment period. Performance is expressed in these reports in terms of four categories: fail, weak, good and excellent. Table 7.46 displays the frequencies for the young offenders in the experimental group and in the control group.

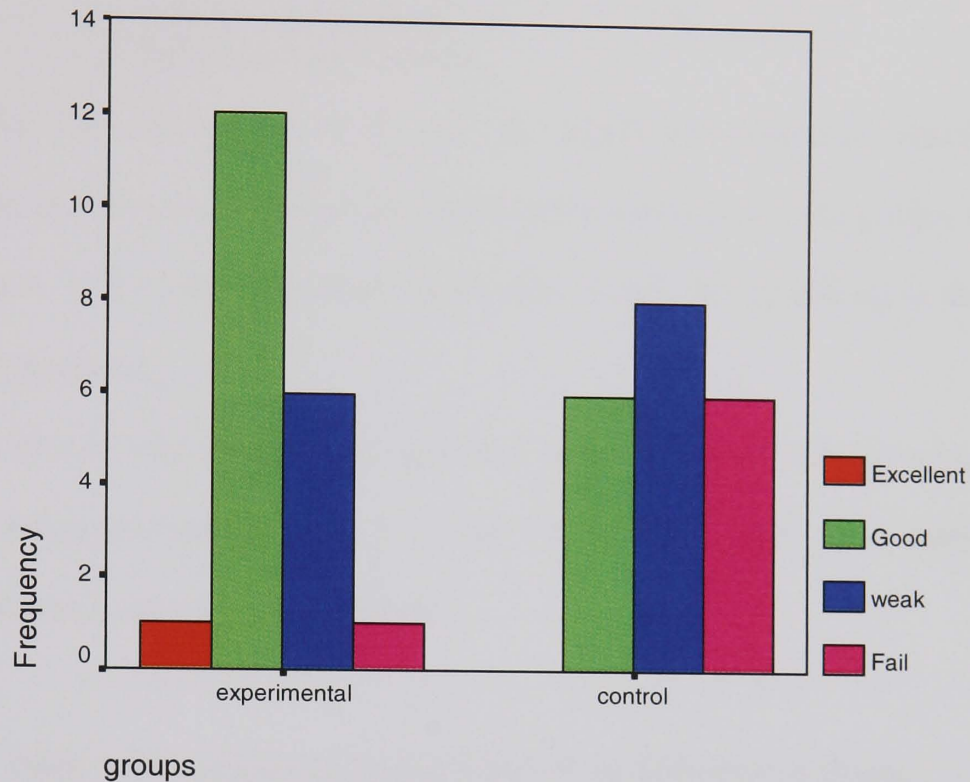
Table 7. 46. Grades of the Offenders of the Experimental and Control Groups

Groups	Grades				Total
	Excellent	Good	Weak	Fail	
Experimental	1	12	6	1	20
Control	0	6	8	6	20
Total	1	18	14	7	40

Table 7.46 shows that the young offenders in the experimental group who received the multisystemic treatment had higher grades than the young offenders in the control

group who received individual therapy. The difference between the two groups can be seen in Figure 7.3.

Figure 7.3. The difference in grades of the two groups in the first follow up



Source: Table 7.46.

This graph shows the difference between the young offenders in the experimental and the control groups regarding their grades. The difference in performance between the young offenders in the experimental and the control groups can be found statistically in two ways. The first way used the Two-Sample Kolmogorov-Smirnov Test, as shown in Table 7.47.

Table 7. 47. Two-Sample Kolmogorov-Smirnov Test for the grades differences

Grades	
Most Extreme Differences	
Absolute	.350
Positive	.000
Negative	-.350
Kolmogorov-Smirnov Z	1.107
Asymp. Sig. (2-tailed)	.172

a Grouping Variable: groups

Table 7.47 shows that there was no significant difference between the experimental and the control group with regard to the distribution of the grades, because the p value is $.172 > .05$. The main reason why it was not significant is the small number of the sample.

The second way, because no significant difference was found by using Two-Sample Kolmogorov-Smirnov Test, is to use the t-test. Therefore, an independent sample t-test was used to find the difference.

Table 7. 48. Independent Sample T-test for the Difference in Grades between both Groups

Groups	Mean	SD	Value
Experimental	2.65	.67	t =-2.79
Control	2.00	.79	p=.008

Table 7.48 shows that there was a significant difference between the two groups in terms of the school grades, because $p=.008 < 0.05$ indicating that the experimental group had a significantly higher level of grades in the first follow up, as compared with the control group.

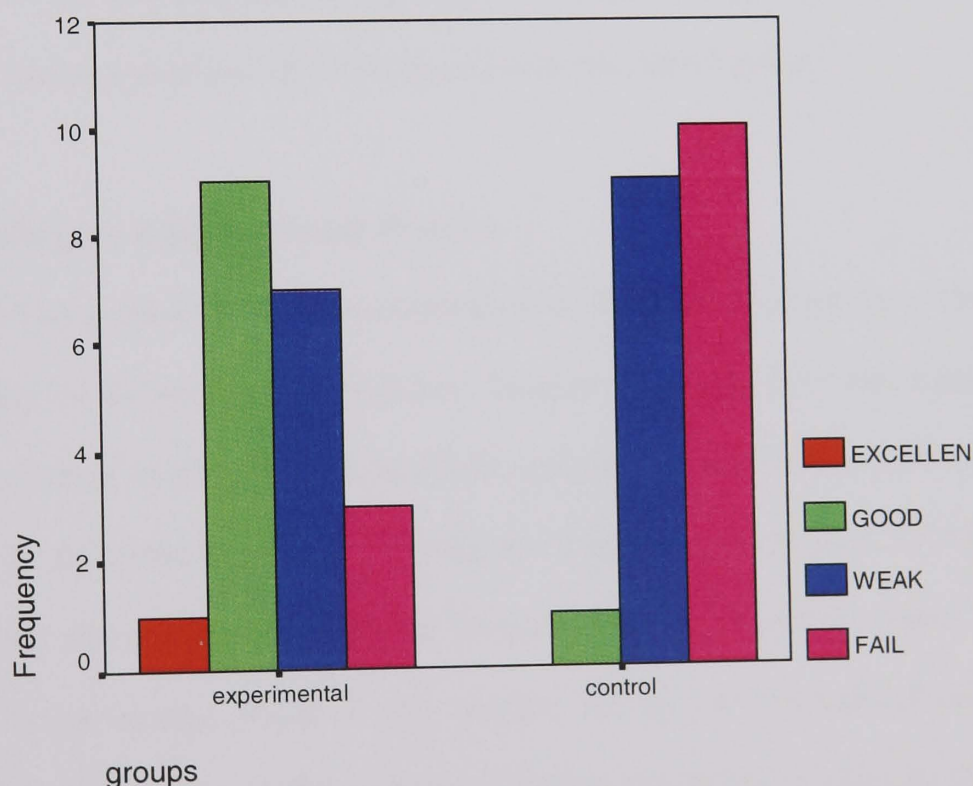
During the second follow up period, at the end of the school years, the young offenders in the experimental group continued to get good school grades, as shown in Table 7.49.

Table 7. 49. Grades of the Offenders of the Experimental and Control Groups

Groups	Grades				Total
	Excellent	Good	Weak	Fail	
Experimental	1	9	7	3	20
Control	0	1	9	10	20
Total	1	10	16	13	40

Table 7.49 shows that the young offenders in the experimental group who received the multisystemic treatment continued to get higher grades than the young offenders in the control group who received individual therapy. The difference between the two groups can be seen in Figure 7.4.

Figure 7. 4. The difference in grades of the two groups in the second follow up



Source: Table 7.49.

Graph 7.4 shows the difference between the young offenders in the both groups regarding their grades. It can be seen from this graph that the young offenders in the experimental group continued to get good grades in the second follow up, whereas the

young offenders got lower grades. The difference in performance between the young offenders in the experimental and the control groups can be found statistically by using the Two-Sample Kolmogorov-Smirnov Test, as shown in Table 7.50.

Table 7. 50. Two-Sample Kolmogorov-Smirnov Test for the grades differences

Grades	
Most Extreme Differences	
Absolute	.450
Positive	.000
Negative	-.450
Kolmogorov-Smirnov Z	1.423
Asymp. Sig. (2-tailed)	.035

a Grouping Variable: groups

Table 7.50 shows that there was a significant difference between the experimental and the control group with regard to the distribution of the grades, because p value $.035 < .05$ indicating that the experimental group had a significantly higher level of grades in the second follow up, as compared with the control group.

7.3.1.6. Findings of Religious Ritual Practice

Performing prayer is the most essential of all the Islamic obligations. There is a mosque inside the Social Observation Home. Muslims must pray five times a day in the mosque. According to the policy of the Home, prayer is compulsory; so all offenders must pray in the Home's mosque. During the treatment programme, all offenders prayed in the mosque according to the Home's policy. Therefore, there was no difference in performing prayer in the mosque during the treatment programme, between the experimental and control groups. During the follow up periods, however, the situation was different. The researcher obtained information regarding participants' attendance at prayers during the follow up periods from their Imams of their local mosques. The findings of the young offenders in both groups during the first follow up were as follows:

Table 7. 51. Performing Prayer of Offenders in Both Groups during the first follow up

Groups	Prayer			Total
	Pray occasionally	Most prayers	Every time	
Experimental	5	9	6	20
Control	15	5	0	20
Total	20	14	6	40

Table 7.51 suggests that offenders in the experimental group who received multisystemic treatment were more involved with the mosque and performing the prayers, while offenders from the control group who received individual therapy were more lax in their religious observance.

Table 7. 52. Two-Sample Kolmogorov-Smirnov Test for differences in prayer frequency

Prayers	
Most Extreme Differences	
Absolute	.500
Positive	.000
Negative	-.500
Kolmogorov-Smirnov Z	1.581
Asymp. Sig. (2-tailed)	.013

a Grouping Variable: groups

Table 7.52 indicates that there was a significant difference between the experimental and the control groups with regard to the distribution of performing prayers, because $p = .013 < 0.05$. The experimental group showed a significantly higher level of performing prayers than did the control group.

The findings for the young offenders in the experimental and control groups during the second follow up were as follows:

Table 7. 53. Performing Prayer of Offenders in Both Groups during the second follow up

Groups	Prayer			Total
	Pray occasionally	Most prayers	Every time	
Experimental	8	8	4	20
Control	16	4	0	20
Total	24	12	4	40

Table 7.53 suggests that offenders in the experimental group continued to be involved with the mosque and perform the prayers during the second follow up, while offenders from the control group were more lax in their religious observance.

Table 7. 54. Two-Sample Kolmogorov-Smirnov Test for differences in prayer frequency

Prayers	
Most Extreme Differences	
Absolute	.400
Positive	.000
Negative	-.400
Kolmogorov-Smirnov Z	1.265
Asymp. Sig. (2-tailed)	.082

a Grouping Variable: groups

Table 7.54 indicates that there was no significant difference between the experimental and the control groups with regard to the distribution of performing prayers, because $p = .082 > 0.05$. The main reason why there was no significant difference between the two groups is the small number of the sample. Therefore, an independent sample t-test was used to find the difference.

Table 7. 55. Independent Sample T-test for the Difference in Performing Prayers Between both Groups

Groups	Mean	SD	Value
Experimental	1.80	.767	t =3.08
Control	1.20	.410	p=.004

Table 7.55 shows that there was a significant difference between the two groups in the extent of their performing prayers during the second follow up, because $p = .004 < 0.05$. The experimental group showed a significant higher level of performing prayers than the control group.

7.3.2. Findings of Coopersmith Self-Esteem Inventory

The Coopersmith Self-Esteem Inventory was administered as pre and post-tests of self-esteem to the juveniles with delinquent behaviour in relation to the treatment programme. Significant differences in pre and post-test scores would indicate changes in self-esteem over time. Change in self-esteem was found by using a paired sample t-test, which was appropriate for use with the pre-post design used in this study.

The differences between the young offenders in both groups on the pre-test scores of self-esteem were presented in Table 7.1. This indicated that there was no significant difference between the means of the two groups in the pre-test of CSEI, because $p=.065 > .050$.

Table 7. 56. Independent Sample T-test for the Difference Between the Two Groups in Post-Test Self-Esteem Scores

Groups	Mean	SD	Value
Experimental	14.80	3.04	t =1.600
Control	12.95	4.19	p=.118

CSEI: Coopersmith Self-esteem Inventory

Differences between the young offenders in both groups on the post-test scores of self-esteem were also tested. Table 7.56 shows that there was no significant difference between the means of the two groups in the post-test of CSEI because $p=0.118 > 0.05$.

Table 7. 57. Paired Sample T-test for Self-Esteem Scores of the Young Offenders in the Experimental and Control Groups.

CSEI	Experimental Group			Control Group		
	M	SD	Value	M	SD	Value
Pre-test	12.10	2.86	t=-3.76	13.90	3.13	t =1.44
Post-test	14.80	3.04	p=.001	12.95	4.19	p=.166

CSEI: Coopersmith Self-Esteem Inventory

A mean comparison of the total sample of the experimental group between pre and post-test indicated that there was substantial improvement in the mean self-esteem scores (over time). Table 7.57 shows that the difference in the mean self-esteem score

between pre-test and post-test for the experimental group is significant as $p=.001 < 0.05$. In addition, Table 7.57 shows a comparison of the total samples of control group between pre- and post-test. It indicates that there was a slight decrease in the mean of self-esteem between pre- and post tests. The table indicates, however, that the difference is not statistically significant, since $p=.166 > 0.05$.

A clear picture of the change in the level of self-esteem can be found from the gain scores (post-test scores minus pre-test scores).

Table 7. 58. Independent Sample T-test for the Difference Between the Two Groups in the gain scores of the CSEI

Groups	Mean	SD	Value
Experimental	2.70	3.23	t =3.74
Control	-.95	2.95	p=.001

CSEI: Coopersmith Self-Esteem Inventory

Table 7.58 shows that there was a significant difference between the two groups in the gain scores, because $p=.001 < 0.05$ indicating that the change which the young offenders of the control group showed from pre to post testing (a decrease) was significantly different from the change (no decrease) of the experimental group.

7.3.3. Findings of Level of Religious Measurement (LRM)

The level of religious practice of juveniles with delinquent behaviour in both groups is presented. The Level of Religious Measurement (LRM) was administered as pre and post-tests to the juveniles with delinquent behaviour. The outcomes reflect over-time changes in the level of religious practice of the sample of the study. Change in the level of religious practice for juveniles with delinquent behaviour was tested by using a t-test, which was appropriate for use with the pre-post design used in this study.

Table 7. 59. Paired Sample T-test for young offenders in the experimental group in the LRM

LRM	Experimental Group			Control Group		
	M	SD	Value	M	SD	Value
Pre-test	128.50	24.35	t=-2.30	151.10	20.14	t=2.71
Post-test	137.55	21.72	p=.033	142.15	20.73	p=.014

LRM: Level of Religious Measurement

Table 7.59 indicates that the young offenders in the experimental group increased their level of religious practice over time. The probability value of $p = .033 < 0.05$ shows that the difference is statistically significant. Table 7.59 also shows that a mean comparison of the total samples of control group between pre- and post-test reveals a decrease in the level of religious practice over time. This difference is statistically significant, because $p = .014 < 0.05$. Thus, there was a significant change for the worse in the control group's behaviour.

Comparing the two groups in the pre-test and in the post-test gives a clear picture about the change in the level of the religious practice of the young offenders.

Table 7. 60. Independent Sample T-test for the Difference Between the Two Groups in Pre-Test LRM Scores

Groups	Pre-test			Post-test		
	M	SD	Value	M	SD	Value
Exp.	128.50	24.35	t=-3.199	137.55	21.35	T=-.69
Control	151.10	20.14	P=.003	142.15	20.73	P=.497

LRM: Level of Religious Measurement

Table 7.60 shows a mean comparison between the young offenders of the experimental and control groups in the pre-test of LRM. This difference is statistically significant, because $p = .003 < 0.05$. Table 7.60 shows that there is no significant difference between the means of the experimental and the control group in the post-test of LRM because $p = .497 > 0.05$.

The difference in the change in the level of the religious practice between the young offenders in the two groups can be found from the gain scores (post-test scores minus pre-test scores).

Table 7. 61. Independent Sample T-test for the Difference Between the Two Groups in the gain scores of the LRM

Groups	Mean	SD	Value
Experimental	9.05	17.61	t =3.50
Control	-8.95	14.77	p=.001

LRM: Level of Religious Measurement

Table 7.61 shows that there was a significant difference between the two groups in the gain scores, because $p=.001 < 0.05$ indicating that the change that the control group made (a decrease) was significantly different from the change made by the experimental group (which was positive).

7.4. Qualitative Section of the Study

This section of the study contains two parts. The first part presents detailed case studies, three from the experimental group and three from the control group as examples, to show the treatment procedures to explore in more depth individual response to the treatment, and to provide qualitative data. In the second part, evaluation of the treatment programme is presented in relation to family members, staff and the young offenders.

7.4.1. The Case Studies

Three cases from the experimental group and three from the control group were studied to illustrate the impact of the two treatments on the young offenders. These cases are divided into three matched pairs, each consisting of one case from the experimental group and one case from the control group, chosen for their similarity in terms of their delinquency problems and family situations. The cases were as shown in Table 7.62.

Table 7. 62. Characteristics of the cases

Groups	Case No.	No. in Original list	Ages	Parental Education		Family Status	Case's problems	Living Condition	Sibling
				Father	Mother				
Exp.	No.1	No.2	16	Elementary	Elementary	Divorced	Drugs& alcohol/stealing	Stepmother	Many
	No.2	No.12	15	High School	Elementary	Divorced	Drugs& alcohol	Stepmother	Oldest
	No.3	No.13	14	Read& write	Illiterate	Married	Drugs& alcohol/stealing	Parents	Many
Cont.	No.1	No.2	18	High School	Middle	Divorced	Drugs& alcohol/stealing	Stepmother	Many
	No.2	No.12	18	Read& write	Illiterate	Divorced	Drugs& alcohol	Stepmother	Oldest
	No.3	No.14	16	High School	Middle school	Married	Drugs& alcohol/stealing	Parents	Many

Table 7.62 shows the characteristics of the case studies from the experimental and the control groups.

Multisystemic treatment was provided to the young offenders of the experimental group, whereas the subjects of the control group received individual therapy. The three matched pairs are discussed in detail.

7.4.1.1: Matched Pair No. One

The two cases were chosen as a matched pairs because they had been involved in stealing cars and using drugs and alcohol. There were similarities in their home circumstances; in both cases the parents were divorced, both boys lived with their stepmothers and both had conflictual relationships with their fathers.

Experimental Case No. 1

This boy was 16 years old, in the first grade of middle school. The boy had been arrested and sent to the Social Observation Home three times because of stealing cars and using drugs. The first time, he was sent to the Home for one month for stealing a car. The second time, he was arrested and sent to the Home for three months because of using drugs. The final time, he was sent to the Home for six months because of both

stealing cars and using drugs. He lived with his two younger brothers, their father and his stepmother. He had six brothers and three sisters living in other houses. He had a good relationship with his older brother. His father had married four wives. He had divorced all of them except the one who was currently living with the father. According to Islamic Law, polygamy is not itself a problem, but the question is whether the individual can treat all wives equally. The boy's mother had been divorced when he was six years old because of problems between her and his father. His father did not like him, because of the problems with his mother.

Systemic problems:

The following information regarding to the young offender's problems was gained from interviews with the young offender, his family members and his teachers.

- He missed his mother because of the divorce. He had negative attitudes and beliefs and used drugs. In addition, he had difficulty dealing with others (poor social skill).
- His father and stepmother had a conflictual relationship and had difficulty dealing with him.
- He stayed out late because of involvement with delinquent peers.
- He had low school performance, low school commitment, and conflict with some teachers.

Treatment procedure

A preliminary assessment was carried out to understand the "fit" between the identified problems and their broader systemic context. To facilitate this task, the therapists provided clear information to the young offender, his family members, relatives and teachers regarding the procedure of the multisystemic treatment. In

addition, they found that his problems were a result of several factors that contributed along with delinquency.

Individual intervention: In order to provide effective treatment, the therapists dealt with each system at the same time. In terms of the individual system, the therapists provided emotional support because of his missing his mother (he had not seen her for 10 years). It was hoped in this way to find a solid ground that could be used for building a relationship with the young offender. In addition, it helped him to understand the nature of the conflict between his father and his mother. The final reason was to encourage him to accept that we should not blame others for getting divorced.

In order to help him to overcome his negative attitude, therapists helped the young offender to challenge his unhelpful beliefs by asking him questions about the meanings, function, usefulness, and the consequences of these dysfunctional beliefs. The purposes of these questions were to help the young offender to get a clear definition of his problems. In addition they also helped him to identify his biased thoughts, assumptions and images. These questions also helped him to examine the meanings of his events and assess the consequences of his negative thoughts and behaviour. In addition, the young offender was helped to realize that because of his negative attitudes and delinquent behaviour, other people responded in a hostile way (Corsini & Wedding, 1989).

The therapists taught the young offender that his negative attitude and behaviour led others, especially his father, to respond to him in a negative way. They encouraged him to strengthen his relationship with his older brother, math's teacher and the Imam. They also supported the older brother to be close to his father. In addition, they encouraged his older brother, the Imam and some family members to strengthen their

relationship with the young offender in order to reinforce his separation from deviant peers. His older brother and the Imam provided great support for this goal.

In terms of his drug and alcohol problems, the therapists first helped him to gain insight into his problem in several ways. They discussed with him the reasons for his using drugs and alcohol, and challenged him to show the benefits of using them. They also discussed with him the consequences of using them and their impact on the individual's life. As another aspect of drug intervention, the therapists provided information about drugs and alcohol, including some statistical information about diseases and deaths among young people, caused by these substances. Third, the therapists invited young adults who used to be drug users to discuss their experiences with him. Finally, they discussed with him why Islam prohibits using drugs and drinking alcohol, in order to increase his faith and encourage him to repent.

Another problem of the young offender was lack of social skills. He did not know how to respond to peer pressure. The therapists helped him to overcome this difficulty. This process involved three steps. The first was self-observation; they helped him to learn how to observe his response to peer pressure. This process helped him to view his problem in the right way by listening to himself. The second was starting a new internal dialogue; the therapists taught him to adopt new responses to his peer pressure. This led him to change his internal dialogue, which guided him to new behaviour. The final step was learning new skills. The therapists taught the young offender new skills in responding to peer-pressure. For instance, they enhanced his sense of courage to say NO to his delinquent peers (Corey, 1996).

Family intervention: The young offender had a good relationship with his older brother, based on love and mutual respect. The therapists used this brother as a peacemaker. In addition, they taught the brother to help his father to deal with his son

effectively according to his age. Instead of treating him as a child, the father was encouraged to change his relationship with his son by dealing with him as a young adult. It was very important for the young offender to see his father dealing with him in a different way, not as a child.

In addition, the therapists encouraged the older brother to bring his father and some of his brothers with him when he visited the young offender. They encouraged the father and brothers to spend more time with him, so they could enjoy being together and build a strong relationship with him. In addition, the older brother was asked to encourage his stepmother to visit the young offender in order to encourage him to change his attitude toward his stepmother and to build a relationship with her. The therapist taught the young offender and his family members about family issues in Islam and their responsibilities toward each other. Parents must take care of their children until they grow up and become independent. Children must respect and obey their parents. When they become old, their sons must take care of them until their death. In addition, the therapists encouraged family members to communicate effectively with each other and get social support from their environment. These processes increased the level of cohesion, warmth and love among family members. Reed & Sollie (1992) mentioned that behaviour with conduct disorder is strongly associated with dysfunctional family characteristics, which lead to negative parent-child communications and interaction.

The young offender's problems had been exacerbated by his father discipline strategies. The therapists improved the father's discipline strategies in the following ways. First, they helped the father to establish rules for the young offender. Then they helped the father to set certain consequences, positive consequences for following the rules and negative consequences for not following the rules (reward or punishment). Finally, the father was taught to monitor his son's compliance with the rules. This

procedure helped the young offender by promoting his prosocial behaviour and decreasing his delinquent behaviour (Henggeler *et al.*, 1998).

The therapists provided a special parental programme for the father because of his difficulty in dealing with his son. Parent management training was provided to enhance the types of interchange between the father and the young offender in order to improve their positive interaction (Kazdin, 1997). This was done through the following steps. First, the therapists taught the father to use new ways of interaction with his son in order to promote good behaviour. Second, they showed him how to identify, define and observe behaviour problems in a different way. Third, they taught the father how to use social learning principles, including positive reinforcement, mild punishment and negotiation. Fourth, they helped the father to use these techniques in order to make sure they could be implemented. Eventually, the improvement in father-son interaction helped the young offender's school performance.

Peer intervention: The therapists discussed with the young offender what benefit he got from associating with delinquent peers. They convinced him that there were harmful consequences of these associations. In addition, they encouraged his father to help him to form relationships with non-delinquent peers. Because the young offender was in the Home, the therapists encouraged some non-delinquent peers from his neighbourhood to visit him. There were three reasons for that. The first reason was to show the young offender that there were good people who liked him. The second reason was to help him to establish relationships with non-delinquent peers. The final reason was to remove the young offender from his delinquent peers. When released from the Home, he did not find himself surrounded by delinquent peers. Instead, he found himself surrounded by good peers because his relationship with them had started from the Home and it continued subsequently.

School intervention: The young offender had low school performance, low school commitment, and conflict with some teachers because he had lost his mother, was in conflict with his father and stepmother and did not get support for his school performance. The father was informed about the importance of education for his son and he was urged to encourage his son to study. He had not liked to be involved in school-home relations, but the therapists helped the father to build a stronger relationship with the school. In addition, the therapists assisted the young offender to solve his problems in the school system, with some teachers, students and with the school authority. They helped the young offender to establish good relationships with his teachers and classmates based on mutual respect. They also encouraged him to engage in school activities such as social and sport activities in order to promote his positive attitude and establish relationships with normal peers.

In addition, the young offender received extra classes in order to meet his educational needs. With the assistance of some of his teachers, he received extra English and math classes. This encouraged him to improve his study in order to get good grades.

During the first follow up period, the young offender had good relationships with his father, stepmother and brothers, and he stayed much of his time in the family's home. His father travelled with him to visit his mother, who lived in another country. His father encouraged him to spend a certain time every day with his non-delinquent peers, and invite them to the family home. The young offender improved his prayer performance in the mosque and had a good relationship with the Imam. After becoming involved with them, he did not feel afraid of non-delinquent peers. He improved his school performance and had good relationships with his teachers. In addition, he liked going to school and enjoyed school activities.

After the treatment programme, the behaviour of the young offender was improved, according to his scores, as shown in Table 7.63.

Table 7. 63. The Offender's Scores on Different Measures

Programme Stages	Age	Mis-conduct	CSEI Pre.	CSEI Post.	LRM Pre.	LRM Post	Parent relation	Peer relation
Treatment Programme	16	1	13	16	112	149	470	-
First follow up	-	-	-	-	-	-		238
Second follow up	-	-	-	-	-	-	222	217

The impact of the multisystemic treatment on reducing his delinquent behaviour indicated that he performed one act of misconduct during the treatment programme. His relationship with his father was high during the treatment and the first follow up, because he scored 470 out of 800. He also improved his relationship with non-delinquent peers, as can be seen by his score of 238 out of 480. In addition, his school performance improved. Because he was involved with non-delinquent peers, he performed prayers in the mosque and improved his religious awareness. The improvement in his CSEI and LRM indicate an improvement in his self-esteem and his religious behaviour.

During the second follow up, the young offender was not involved with delinquent peers and did not commit any type of delinquent behaviour. He continued to have good relationships with his family members and with his peers, shown in his scores of 222 out of 320 and 217 out of 320 as indicated in Table 7.63. In regard to his school, according to his school file, the young offender kept up good school performance and attendance. He got good grades at the end of the school year. He also continued to perform prayers regularly according to the Imam of his area. Therefore, it can be argued that the multisystemic treatment had long-term impact on the young offender's behaviour.

Control Case No. 1

This is an eighteen year-old who had been convicted four times. The first time, he was sent to the Social Observation Home for four months for hurting his father. The second time, he was arrested for using drugs and sent to the Home for six months. The third time, he was arrested for using drugs and sent to the Home for eight months. The final time, he was convicted for stealing a car and sent to the Home for nine months. His father used to work in the army; he divorced the boy's mother when he was five years old after serious problems. She died two years later. His father married another woman, but divorced her two years later. After that, his father married a third time; the woman is still with him. The boy has four brothers and six sisters. Because of his army background, his father used to punish him severely when he made a mistake, especially failing in school. Because of this behaviour from his father, he got involved with older and delinquent peers and started using drugs and alcohol.

Systemic problems:

The following information regarding to the problems of the young offender has been gained from interviews with the young offender, his family members and his teachers.

- He stayed out late and used drugs and alcohol.
- He had serious problems with his father and with his stepmother. He could not get along with his brothers and sisters because of his delinquent behaviour. His father lacked parental strategies.
- He was involved with delinquent peers, because he strongly admired them and their behaviour.
- Because of his misbehaviour, he could not perform as a normal student. He had difficulty in the school system, and with teachers, students and some subjects.

Treatment procedure:

In the beginning of the treatment sessions, the therapists explained some important issues regarding the treatment procedures. The treatment procedure contained four steps. The first step was to establish a good relationship between the therapists and the young offender. During the first sessions, the therapists worked with him in order to establish a proper relationship with him. The main purpose of making a relationship with the young offender was to increase the sense of care, and mutual trust and respect. He found therapy a good place to explore his feelings about his problems.

In the second step, during several sessions the therapist encouraged the young offender to talk about his early years. He talked about his mother and her relationship with his father, and how his father dealt with her. In addition, he informed the therapists about his relationship with his stepmother and accused her of creating conflict and findings fault in order to get his father to punish him. In addition, he talked about how he was punished when he failed in class. He also mentioned his problems with his siblings. The young offender talked about his dreams. The therapists found out that the main reason for his delinquency was his feeling of being unsafe in his father's home.

In the third step, the therapists helped the young offender to increase his insight and self-understanding about his problems. The young offender became aware of how his thinking and functioning contributed to his delinquency, how his conflict with his father led him to the delinquency, and how his delinquency destroyed his relationship with his siblings. Because he did not get anything from his father except punishment and scolding, he realized that he wanted encouragement and emotional support to find a new way in his life.

In the final step, during these sessions, the young offender and the therapists worked together to create new attitudes and beliefs. These new attitude and beliefs

helped him to carry out an action-oriented plan. He found that he was able to make his way in life with supporting and encouragement from others.

During the first follow up period, the young offender did not feel comfortable staying at the family home, because his father still had a negative attitude towards his son. In addition, his stepmother still had negative attitudes about him and she did not believe he would become a good man. She also asked her children to not be involved with him because of his delinquency. After a few days, he got in a big fight with his father because of his stepmother and he left home. He returned to his delinquent peers and started using drugs and drinking alcohol.

After the treatment programme, the young offender did not improve because in this type of treatment, the therapists did not deal with other important systems in his life. This type of therapy did not cover the needs of the young offender in terms of his family, his peers and his school. This was the main reason for his return to delinquency.

The low impact of the individual therapy on reducing his delinquent behaviour is reflected in his three acts of misconduct during the treatment programme. Table 7.64 shows the young offender's scores on the different measures.

Table 7. 64. The Offender's Scores on Different Measures

Programme Stages	Age	Mis-conduct	CSEI Pre.	CSEI Post.	LRM Pre.	LRM Post	Parent relation	Peer relation
Treatment Programme	18	3	15	12	134	133	272	-
First follow up	-	-	-	-	-	-		186
Second follow up	-	-	-	-	-	-	86	-

The young offender's relationship with his father was poor; he scored 272 out of 800. He also had little improvement his relationship with non-delinquent peers as we can see from his score of 186 out of 480. In addition, he did not improve his school performance. Because he returned to his delinquent peers, he performed prayers only occasionally. In the CSEI he got 15 in the pre-test and 11 in the post-test, there was a

decrease in his scores. In addition, in the LRM he got 134 in the pre-test and 133 in the post-test. These scores indicate that there was a decline his self-esteem and no improvement in his religious behaviour.

During the second follow up period, the young offender was involved with delinquent peers and arrested for using and selling drugs and sent to the Home for eight months. He continued to have family conflict especially with his father, reflected in a score of 86 out of 320. He also continued to be involved with delinquent peers. The young offender was not observed in peer-relations because he was detained inside the Home, as indicated in Table 7.64. According to his school file, he failed in school because he dropped out of school. In addition, there was no sign of improvement regarding his religious practice. According to the Imam, the young offender performed the prayers only occasionally.

Comment:

These two cases had similar problems, but they received different types of treatment. Because multisystemic treatment entailed several different interventions, it brought about and sustained significant changes in case No.1 from the experimental group. The results of the first and second follow ups indicated that these changes can be seen from his relationship with his family members, his relationship with non-delinquent peers, his school performance, and his religious practice. In contrast, case No.1 from the control group could not maintain good relationships with his family members because his family conflicts remained unsolved. He could not feel comfortable staying at home because he did not receive support from his family. Family support is very important for helping young offenders in the Saudi context. Individual therapy did not address these family problems. Therefore, he returned to his delinquent path and once again become involved with delinquent peers. Because of that

he was arrested again for selling and using drugs and sent to the Home for an eight months sentence.

7.4.1.2: Matched Pair No. Two

There is one case from the experimental group and one case from the control group. Both individuals had been involved in using drugs and alcohol. Moreover, these two cases were the oldest sons in their homes. In the Saudi context, parents expect the older son to be a good model for younger sons, so there is strong pressure on them to succeed and to conform to social norms. In addition, there were other similarities in their home circumstances, in that both boys were neglected and abused by their fathers, and lived with their stepmothers.

Experimental Case No. 2

This boy was a fifteen year old who was admitted to the Social Observation Home as a result of using drugs. It was his third offence, and he had been sentenced to six months. The first two times, he had been arrested and sent to the Home for two and a half month and three months, for stealing cars. His father had divorced his mother six years previously. One year later she married another person and they moved to another city. His father married another woman. He was the oldest son and had two young brothers and two sisters. The father kept the boy with him and the boy had difficulty getting permission from his father to visit his mother. The relationship with his father became worse because of his stepmother who did not like him. As a result, the boy became involved with older and delinquent peers in his neighbourhood in order to find some kind of emotional support, as he told the researcher. When his father learned of his delinquent behaviour, his relationship with his son changed. Instead of dealing with him in an appropriate way, he started punishing him emotionally and physically, and

often kept him locked in one room of the house. His father said to the researcher, "I will provide him with whatever he needs in order to keep him away from the delinquent path", but the strategies he had been adopting before the programme had exacerbated rather than solving the problem.

Systemic problems

The following information regarding to the young offender's problems has been gained from interviews with the young offender, his family members and his teachers.

- He used drugs and alcohol. He was emotionally, physically and abused neglected by his father and his stepmother. He regarded delinquency as something positive. He sometimes could not control his behaviour, because he acted before thinking.
- He had significant conflict with his stepmother. Although his father punished him a lot, he had a lack of appropriate parental discipline, as punishment was not applied consistently and appropriately.
- He kept company with older and delinquent peers.
- He had repeated a school grade twice and had difficulty getting on with some of his teachers and the school system.

Treatment procedure

In the initial interviews, the therapists obtained information from the young offender, his family members, teachers and neighbours in order to understand the systems where the problems occurred. They also discussed with the young offender and his father and younger brother the treatment programme and encouraged them to contribute. In addition, the therapists established with them the main goals of the treatment. These goals were well specified in order to motivate the young offender and

his family toward change. The aim was to help the young offender to solve his problems and to enhance the cohesion, warmth and love between the young offender and his father, stepmother and his brothers and sisters. After establishing these goals, the therapists started the treatment programme.

Individual intervention: The therapists provided individual therapy for the young offender. He had misguided ideas that maintained his delinquent behaviour, including negative attitudes towards his father, stepmother and school, and an attraction to delinquency. The therapists helped the young offender to overcome these negative ideas in ways similar to those discussed in case No. 1 from the experimental group.

In order to relieve the emotional disturbance he felt because of missing his mother, the therapists helped the young offender to imagine himself thinking, feeling and behaving as he wanted to think, feel and behave in real life. They helped him to change his negative feelings about his mother's divorce to more appropriate feelings.

In addition, the young offender was helped by the therapists regarding his physical and emotional abuse. In the beginning, the therapists helped him to feel secure and talk freely. They encouraged him to disclose the details of the abuse in order to reduce the anxiety. They helped him to overcome the symptoms of his anxiety leading to remembering the abuse and the fears.

Regarding his drug and alcohol problems, the therapists discussed with the young offender the impact of using drugs and alcohol on his life. They used the same methods that were used with case No. 1 from the experimental group. He came to realize that using drugs and drinking alcohol could bring serious psychological, medical, social and financial consequences.

The young offender had impulsive behaviour, which was associated with his failure to think before acting. The therapists provided a special programme in order to

help him to avoid acting before thinking. They taught him a problem-solving programme, which consisted of six steps. In step one, the therapists helped him to identify his problem. Step two, they helped him to determine the goal or the outcome to be achieved. In the third step, they helped him to provide different solutions for his problem by "brainstorming". In step four, the therapists asked him to evaluate these alternative options in order to reach appropriate options. In step five, they helped him to choose an appropriate option to solve his problem. In addition, they helped him to design a plan. The final step was to implement the plan and redesign the plan as needed (Henggeler *et al.*, 1998). This programme helped the young offender to develop the skills he needed to evaluate his performance. He had the ability to think before taking action.

Family intervention: The therapists encouraged the father and his brothers to visit the young offender in the Home and spend much time with him in order to mend their relationships. In addition, the therapists encouraged the father to bring his wife with him during the visits and asked her to bring things that the young offender loved in order to change his attitude toward his stepmother and to build a new relationship with her. The therapist taught the young offender and his family members about family issues in Islam in order to encourage them to increase their level of cohesion, warmth and love.

The young offender's problems had been maintained because of the father discipline strategies, so the father was taught how to monitor and control his son's behaviour using the same model of positive and negative reinforcement described earlier (case No. 1 from the experimental group).

In addition, the therapists helped the father change his attitude toward his son and to deal with him effectively according to his age, instead of treating him as a child.

They informed the father that parents who abused their son or daughter would be punished according to Islamic Law. Parents have to fear God when they deal with their children. They must respect their children and provide as best they can for their needs and protection.

Because of the collaborative relationship between the therapists and his father, the father started to deal with his son as a young adult and to show affection for him as he had done in his pre-delinquency days. This was very important to the boy. The young offender said, "My father has become another person, he has become a new person who can understand me and deal with me as a young adult".

Peer intervention: The young offender was taught about the impact of association with delinquent peers. After he realized his mistreatment of his son, his father was very anxious to help his son to form relationships with non-delinquent peers. Because the young offender was in the Home, the therapists encouraged some of the non-delinquent peers from his neighbourhood to visit him, as described in case No. 1 from the experimental group.

School intervention: The father of the young offender had strong enthusiasm for his son's education. In addition, his father had a good relationship with his son's school. The therapists and the father worked together to help him to solve his problems in the school system, with some teachers, students and with the school authority. They helped the young offender to establish good relationships with his teachers and classmates based on mutual respect. They also encouraged him to engage in school activities, which helped to promote a more positive attitude and gave him opportunities to establish relationships with normal peers.

Because he had difficulty in some classes, the young offender received extra and intensive tuition in English and mathematics. With this help and encouragement, he was able to improve his grades. The young offender said, "Without the efforts of you (the therapists), I could not have improved my school performance".

During the first follow up period, the young offender spent much of his time in the family's home with his father, stepmother and his brothers and sisters. His father allowed him to visit his mother every three weeks and spend the weekend with her. His father also encouraged him to associate with non-delinquent peers and invite them to the family home. Consequently, he had less need for his delinquent peers and did not feel afraid of them. He felt more positive about school, so he enjoyed going to school and did his homework conscientiously.

After the treatment programme, the father of the young offender said, "I am very glad you helped me to solve my own problem and also my son's delinquency. In addition, he indicated, "I am very sad to be terminating the programme, because we have built a strong relationship with you".

The behaviour of the young offender improved according to his scores. His delinquent behaviour was reduced; he committed only one misconduct during the treatment programme.

Table 7. 65. The Offender's Scores on Different Measures

Programme Stages	Age	Mis-conduct	CSEI Pre.	CSEI Post.	LRM Pre.	LRM Post	Parent relation	Peer relation
Treatment Programme	15	1	9	14	123	150	469	-
First follow up	-	-	-	-	-	-		266
Second follow up	-	-	-	-	-	-	233	-

Table 7.65 indicates that his relationship with his parents was strong, because he scored 469 out of 800. He also improved his relationship with non-delinquent peers, as we can see from his scored 266 out of 480. In addition, he improved his school

performance. He attended prayers at the mosque and was more aware of his religious obligations. In the CSEI, he scored 9 in the pre-test and 14 in the post-test, and in the LRM 123 in the pre-test, and 150 in the post-test which indicates that there had been an improvement in his self-esteem and his religious behaviour.

During the second follow up, the young offender continued to maintain his positive behaviour. He was not involved with delinquent peers and did not commit any type of delinquent behaviour. He continued to have good relationships with his family members and with his peers, reflected in scores of 233 out of 320, 248 out of 320 as indicated in Table 7.65. In regard to his school, according to his school file, the young offender kept up a good school performance and attendance. He got the grade “good” at the end of the school year. He also continued to perform the prayers regularly according to the Imam of his area. Therefore, it can be argued that multisystemic treatment had long-term impact on the young offender’s behavior.

Control Case No. 2

This boy was an eighteen-year-old who had been convicted three times. The first time he had been arrested for using drugs and sent to the Social Observation Home for two months. The second time he was convicted for drinking alcohol and sent to the Home for six months. The third time he was sent to the Home because of stealing a car. He was the oldest son and had four brothers and three sisters. His father had divorced his mother because of serious conflict between them. After the divorce, the mother moved to live with her family (her father and her brothers) in another city, and his father remarried. Because of that, the young offender stayed with his father and his stepmother. His father refused to allow him to visit his mother and when he did so, he punished him. As a result, the young offender was in conflict with his father and hated him for divorcing his mother. To escape from his home problems, he became involved

with delinquent peers who taught him several kinds of misconduct such as drugs, drinking alcohol and stealing. His mother tried to provide emotional and financial support for her son in order to protect him from delinquency. Because of his involvement with delinquent peers, he dropped out of school when he was in fourth grade in the elementary school. He should have been in the second class of high school.

Systemic problems

This information regarding the young offender's problems has been gained from interviews with the young offender, his family members and the teachers in his school.

- He stayed out late and used drugs and alcohol.
- He had serious problems with his father because the father neglected him and his mother. His father physically and emotionally abused him.
- He was involved with older and delinquent peers who used drugs and alcohol.
- Because of the divorce and his delinquency, he could not perform well in school; he had repeated the same class four times.

Treatment procedure

The therapists explained some important issues regarding the treatment procedures. The treatment procedure contained four steps. The first, as described in the case of control No.1, was to establish a caring and supportive atmosphere in which the young offender would feel able to explore his feelings about his problems.

Secondly, the therapist encouraged the young offender to talk about his early years in order to explore his early roots of his problem. He talked about his relationship with his mother and his father and how his mother made sacrifices for him, whereas his father did not pay attention to him before and after the divorce. In addition, he talked about conflict between his father and his mother. The young offender described how his

father physically and emotionally punished him for making any mistake, and he claimed that his father loved his siblings more than him. In addition, he claimed that his stepmother kept finding reasons to get him punished. The young offender talked about his dreams. The therapists found out that the main reason for his delinquency was that he viewed life as frightening and he did not trust others because he expected them to be the same as his father.

The third step was to help the young offender to increase his insight and self-understanding about his problems, particularly how his negative thinking and functioning contributed to his delinquency. The young offender came to see how the conflict of his relationship with his father led him to delinquency, which in turn destroyed his relationship with his family so they did not trust him. He realized that he wanted encouragement and emotional support to find a new way in his life, instead of being punished and scolded. He indicated that if he was given less negative discipline and more support from his father, he would not be a delinquent person.

In the final step, during these sessions, the therapists encouraged the young offender to distinguish between negative and positive attitudes, and to establish good attitudes and beliefs that were conducive to setting new goals and a new plan of action.

During the first follow up period, the young offender tried to stay with his father in the family's home, but he could not do so, because his father still had a negative attitude towards him. According to the young offender, his father told him, "You will still be a bad boy, whatever you do". The father did not provide encouragement for his son to stay in the home. As a result, he got depressed and discouraged and after a serious fight with his father, he left home. He returned to his delinquent peers and started using drugs and drinking alcohol. After a few days, he was arrested for using drugs and sent back to the Home.

After the treatment programme, the young offender did not improve because the therapists did not deal with the factors associated with his problem. This type of therapy did not cover the needs of the young offender in terms of his conflict with his father, his delinquent peers and his school difficulty. This was the main reason for his return to delinquency.

According to his scores, individual therapy had little effect in reducing his delinquent behaviour, as he committed four misconducts during the treatment programme. Table 7.66 shows the young offender's scores on the various measures.

Table 7. 66. The Offender's Scores on Different Measures

Programme Stages	Age	Mis-conduct	CSEI Pre.	CSEI Post.	LRM Pre.	LRM Post	Parent relation	Peer relation
Treatment Programme	18	4	7	6	150	114	296	-
First follow up	-	-	-	-	-	-		153
Second follow up	-	-	-	-	-	-	66	-

His relationship with his parents was weak, as reflected in his score of 296 out of 800. He also had a poor his relationship with non-delinquent peers as we can see from his score of 153 out of 480. In addition, he showed no improvement in his school performance. When he was released, he did not go back to school, and performed prayer only occasionally. In the CSEI he obtained very low scores, 7 in the pre-test and 6 in post-test. In addition, in the LRM he scored 150 in pre-test and 114 in post-test. These scores indicate that there was no improvement in his self-esteem, and his religious behaviour declined. During the first follow up period, the young offender was once again put in detention for one month because of using drugs.

At the time of the second follow up, the young offender was again in detention. He had been released from the Home after the end of the first follow up, but one month later, he was arrested with a group of delinquent peers for stealing cars and sent again to the Home for ten months. He also continued to have family conflict, especially with his

father, shown in a score of 66 out of 320. He was not assessed on peer-relations because of being detained in the Home as indicated in Table 7.66. According to his school file, he had failed in school because he dropped out of school. In addition, there was no sign of improvement regarding his religious practice. According to the Imam, the young offender performed the prayers only occasionally.

Comment:

Even though these two cases were both oldest sons and had similar problems, family conflict (divorce, stepmother), abuse, neglect, using drugs and alcohol and stealing, they showed different responses to the treatments they received. Because multisystemic treatment has different interventions that deal with the factors associated with delinquency, it brought about significant change in case No.2 from the experimental group. The results of the first and second follow ups indicated that these changes can be seen from his relationship with his family members, especially with his father, and his relationship with non-delinquent peers. In contrast, case No.2 from the control group could not maintain a good relationship with his father and family members because he was unable to solve his conflict with his father, from whom he received no support. He also could not find a way to avoid delinquent peers. Therefore, he returned to delinquency. As a result of that, he returned to the Home. It seems that the individual therapy given to him did not meet all his needs, whereas the multisystemic treatment met the needs of the first case.

7.4.1.3. Matched Pair No. Three

There is one case from the experimental group and one case from the control group. They were similar in their home circumstances, in that they both lived with their parents; came from poor families, and had elderly fathers. In addition, they had been

involved in using drugs and alcohol and stealing cars. They were both at the same school level, in the second grade of the Middle School.

Experimental Case No. 3

This case was a fourteen-year-old who had been arrested for stealing a car and sent to the Social Observation Home for six months. This was his third conviction. He had been previously arrested for theft and sent to the Home for one month, and convicted for using drugs, after which he was sent to the Home for four months. His father did not have good discipline strategies because he was elderly and in poor health. This young offender came from a poor family. In addition, his mother was old and sometimes had medical problems. He had two young brothers and an older sister who was married and had children. He became involved with delinquent friends via his cousin who kept company with older and delinquent peers. As a result, he started using drugs, drinking alcohol and stealing cars.

Systemic problems

The following information regarding the young offender's problems was gained from interviews with the young offender, his family members and his teachers.

- He stayed out late and used drugs and alcohol. He had negative attitudes toward others.
- His father had no control over him because he was old and weak. His family was poor and could not provide for his needs as a teenager.
- He was involved with older and delinquent peers.
- He had difficulty at school because of truancy, so he had repeated classes twice.

Treatment Procedure

In the beginning of the sessions, the therapists obtained information regarding the young offender's problem. They got this information from the young offender, his family members, teachers and neighbours, in order to understand the systems associated with the problem. They also discussed the treatment programme with the young offender and his father and younger brothers, and encouraged them to participate. In addition, the therapists established with them the main goals of the treatment. These goals were well specified in order to motivate the young offender and his family to enhance the cohesion, warmth and love between the young offender and his father and his brothers and older sister.

Individual intervention: The young offender had negative attitudes towards other people. He believed that his father, teachers, social workers, psychologists and the police were against him. In addition he admired delinquent peers and their behaviour. In order to change his belief system, the therapists followed the same procedures as for case No. 1 from the experimental group. After that, the therapists started dealing with his main problem, which was using drugs and alcohol. The young offender was taught how to avoid using them, following the same model described earlier (case No. 1 from the experimental group).

Family intervention: The first thing done by the therapists was providing transportation for the family, because his father did not have a car. They made arrangements for a taxi to bring them to the Home twice a week. After providing transportation, they encouraged his father and brothers to visit the young offender in the Home and spend time with him. In addition, the therapists encouraged the family members to communicate effectively with each other and get social support from their

environment. Because the young offender did not respect his father, despite his old age, the therapist taught him and his family members about family issues in Islam. Islam expects young people to respect and obey their parents; conversely, parents have a duty to look after their children. The therapists encouraged the building of cohesion, warmth and love among family members.

The father did not have good discipline strategies because of his age and limited level of education. The therapists taught his father how to discipline his son more effectively, using the same procedure described in case No. 1 from the experimental group.

His father looked on his son as a child, who could not be trusted. The therapists helped the father to change this negative attitude, and encouraged him to treat the son as a young adult. In addition, the father helped his son to be independent. It was very important for the young offender to see his father dealing with him in a different way.

Peer intervention: The therapists helped the young offender to understand the consequences of association with delinquent peers. In addition, they encouraged his father to help him to become involved with non-delinquent peers. The therapists provided the same procedure as in case No. 1 from the experimental group.

School intervention: The therapists informed the father about the importance of education, because his father had a low interest in education. They helped the young offender to create good relationships with his teachers and classmates based on mutual respect. In addition, they also encouraged him to participate in school activities. The young offender was given extra tuition in English, science and maths, to help him to catch up with his peers and be more confident in school.

When the young offender was released from the Home, the young offender spent much of his time in the family home for several days, and he also associated with his new friends for a short period of time. Although his father changed his behaviour toward him by dealing with him as an adult and tried to help him to be independent, the young offender did not feel comfortable staying at the family home. Nor did he feel comfortable with his non-delinquent peers. After several days, he returned to his delinquent peers, although his father and the Imam of the mosque did their best to keep him with the non-delinquent-peers. He resumed taking drugs and drinking alcohol. There were several reasons why this young offender returned to delinquency. These reasons will be discussed later in this section.

After the treatment programme, the behaviour of the young offender did not improve because he returned to the delinquent path. According to his scores, he committed two acts of misconduct during the treatment programme, as can be seen from Table 7.67.

Table 7. 67. .The Offender's Scores on Different Measures

Programme Stages	Age	Mis-conduct	CSEI Pre.	CSEI Post.	LRM Pre.	LRM Post	Parent relation	Peer relation
Treatment Programme	14	2	13	11	127	100	439	-
First follow up	-	-	-	-	-	-		206
Second follow up	-	-	-	-	-	-	159	167

His relationship with his parents was high because he scored 439 out of 800, but this improvement changed after he was released from the Home. He also improved his relationship with non-delinquent peers as we can see from his score of 206 out of 480. However, this improvement was not maintained after he was released from the Home, because he returned to his delinquent friends. In addition, there was no improvement in his school performance. Because he was involved with his delinquent peers, he performed prayers only occasionally. In the CSEI, he scored 13 in the pre-test and 11 in

the post-test, in the LRM, 127 in the pre-test and 100 in the post-test, which indicates that there was a reduction in his self-esteem and his religious behaviour.

During the second follow up, the young offender continued to be involved with delinquent peers and used drugs and alcohol. He continued to have family conflict, especially with his father, shown in his score of 159 out of 320. He also continued to be involved with delinquent peers, scoring 167 out of 320 for peer relations, as indicate in Table 7.67. According to his school file, his school performance was weak. In addition, there was no sign of improvement in his religious practice. According to the Imam, the young offender performed the prayers only occasionally. Therefore, multisystemic treatment did not have a positive effect on the young offender's behaviour.

Control Case No. 3

This young offender was a sixteen-year-old who had been convicted three times. The first time, he was sent to the Social Observation Home for one month because of sexual assault. The second time, he was sent to the Home for one month for using drugs. The final time, he was arrested during the follow up period and sent back to the Home because of using drugs and drinking alcohol. This young offender came from a lower class family (poor family). His father was married to two wives and had five sons and five daughters. Because of the old age of his father, the father could not exercise control over his son. As a result of that, the boy became involved with older peers who were engaged in delinquent behaviour. He started smoking cigarettes. Later, he started using drugs and drinking alcohol. When his father discovered that, he beat him and asked his older son to force the boy to avoid the bad peers and to stay at home most of the time. Because of that, the young offender had serious conflict not only with his

father but also with his older brother, which contributed to maintaining his delinquent behaviour.

Systemic problems

This information regarding the young offender's problems was gained from interviews with the young offender, his family members and his teachers.

- He stayed out late, used drugs and alcohol, and stole cars.
- His father was very old; he had serious problems with his father because of his bad behaviour. He had physical fights with his older brother. His father did not have enough discipline strategies for dealing effectively with his children.
- He was involved with older delinquent peers.
- He did not get on well at school because of his delinquency. He could not perform as a normal student, so he had failed three times and had difficulty with some of his teachers.

Treatment procedure

The therapists introduced the some important issues regarding the treatment procedures. The treatment procedure contained four steps. The first step was to establish a warm and caring relationship with the young offender, in the hope that he would come to trust the therapists and be comfortable exploring his problems.

In the second step, the therapist encouraged the young offender to talk about his early years in order to explore his early roots of his problem. He talked about his relationship with his mother and father, and the conflict between his father and his mother. The therapists encouraged the young offender to talk about his dreams. He talked about his feeling of inferiority compared with peers from wealthier homes who took money to school and could buy anything they wanted. He also mentioned that this

feeling made him withdraw from school activities. He had started smoking cigarettes, and he described how his older brother punished him severely for this. He also described how he continued smoking in secret, especially at night, when his father and his older brother were asleep. The therapists concluded that the main reason for his delinquency was his feeling of inferiority, which led him to compensate by using drugs and drinking alcohol.

In the third step, the therapist helped the young offender to get a clear insight and self-understanding about his problems, and to see how his feeling of inferiority contributed to his delinquency. He also became aware of how his dispute with his father and with his older brother led him to delinquency. By the end of these sessions, the young offender realized that he wanted encouragement and emotional support to find a new way in his life.

In the final step, the therapists encouraged the young offender to develop a good attitude and beliefs, and to set new goals for his life.

During the follow up period, the young offender tried to stay in the family's home, but he could not because his father did not pay any attention to his improvement. Although his mother provided some encouragement and support, the father did not; he said to him "Your place is inside the Home, not here with us". As a result, the young offender became discouraged and a few days later, he returned to his delinquent peers and resumed using drug and drinking alcohol.

Despite the treatment programme, the young offender did not improve because the treatment did not provide much support for him to deal with the all factors that contributed to his problems. This type of therapy did not cover the needs of the young offender in terms of his family, his peers and his school. This was the main reason for his return to delinquency.

In terms of his scores, he committed four misconducts during the treatment programme. Table 7.68 shows the young offender's scores on the various measures.

Table 7. 68. The Offender's Scores on Different Measures

Programme Stages	Age	Mis-conduct	CSEI Pre.	CSEI Post.	LRM Pre.	LRM Post	Parent relation	Peer relation
Treatment Programme	16	3	11	9	124	112	276	-
First follow up	-	-	-	-	-	-		156
Second follow up	-	-	-	-	-	-	56	-

His relationship with his parents was poor, reflected in a score of 276 out of 800. He also had low improvement in his relationship with non-delinquent peers, as we can see from his score of 156 out of 480. However, he did show improvement in school performance. Because he was involved with delinquent peers, he performed prayer only occasionally. In the CSEI he scored 11 in the pre-test and 9 in the post-test; there was a decrease in his scores. In addition, in the LRM he scored 124 in the pre-test and 112 the in post-test. These scores indicate that there was a decline in his self-esteem and his religious behaviour.

During the second follow up, the young offender was involved with delinquent peers. He was arrested for using drugs and sent to the Home for nine months. He continued to have family conflict, especially with his older brother, shown in a score of 56 out of 320. He also continued to be involved with delinquent peers, although he was not assessed on peer-relations because he was detained in the Home, as indicated in Table 7.68. According to his school file, he had failed in school because he did attend the examination. In addition, there was no sign of improvement in his religious practice. According to the Imam, the young offender performed the prayers only occasionally.

Comment

These two cases came from poor families, had elderly fathers and were at the same school level. In addition, they had similar problems in terms of their delinquency (using drugs, drinking alcohol and stealing cars) and family conflict (dispute with the father). The results of the first and second follow ups indicated that case No. 3 from the experimental group showed a negative response even though he received the multisystemic treatment, which has different interventions that deal with factors associated with the delinquency. There were several reasons why the multisystemic treatment did not succeed in this case. The first reason was that the young offender did not have trust in the treatment programme; he used to say to the therapists “I don’t think that I will be a good person after this technique”. Therefore, he did not show real change in his behaviour. He showed positive change only while he was inside the Social Observation Home. The second reason was that the young offender needed extra treatment due to his attraction toward delinquency and his negative attitude toward others, but he did not discuss them with the therapists. He misled the therapists during the treatment programme by claiming to have started hating delinquent peers and to have no further interest in using drugs. The third reason was that although he showed respect and listened to his father while he was in the Home, the change was only superficial; when he was released from the Home he did not pay attention to his old father’s advice, nor care for his sick mother. In the Saudi context, oldest sons have more responsibilities than younger sons. In this case, although he had an elderly father, sick mother and younger brothers, he did not pay attention to his responsibilities. The fourth reason was that his father and mother, because of their age and medical problems, could not provide effective discipline and respond effectively to the treatment programme. In the Saudi context, the family plays a very strong role in helping young people to avoid the delinquent path. The fifth factor was the young offender’s

connection with delinquency through his only cousin, a drug dealer, who had a strong negative impact on the behaviour of the young offender. Finally, the young offender came from a poor family, which might have caused him to return to delinquency in order to get money. Because of the severity of this boy's problems, a longer period of treatment might have been needed than was possible in this study.

In terms of case No.3 from the control group, the results of the first and second follows up indicated that he could not establish good relationships with his family members, especially with his father and older brother, because he had not resolved his conflict with them. In addition, they did not discuss or encourage him to accept their poverty in order to help him to resist the temptation to do something wrong to get money. He could not feel comfortable staying at home because he was discouraged by his father's lack of support and encouragement. Because of that, he could not find a way to avoid his delinquent peers, and quickly returned to them. The individual therapy, which he received, did not deal with the factors associated with his delinquency.

7.4.2. Evaluation of the treatment programme

As another dimension to the evaluation of multisystemic treatment, the researcher sought the opinions of family members, staff and the young offenders. The interviews with these people was based only on one question: This question was, what do you think about the impact of using multisystemic treatment (new technique) for treating the young offenders?

1. Family members

The researcher asked twenty family members (fathers, older brothers, stepfathers and uncles) of young offenders, one relative for each member of the experimental

group, what they thought of the impact of using multisystemic treatment (new technique) for treating their young offenders. Their responses are indicated in Table 7.69.

Table 7. 69. Family members' comments on multisystemic treatment

Type of Groups	No.	Comments
Group A (19 family members)	10	It was very effective
	7	Solved parental problems & delinquency
	2	Understanding the relation of family conflicts & delinquency
Group B (One family member)	1	Had no impact

The responses of the family members of the young offenders were divided into two groups. Group A consisted of nineteen of them who believed that multisystemic treatment was very effective. Ten of them believed that multisystemic treatment was very important because it helped them not only to identify but also to help them to solve their parental problems, parental strategies, family members' relationships and the problems of their young offender.

Seven of them believed that this new technique (multisystemic treatment) was effective in dealing with parental conflicts and the problems of their young offenders.

Finally, two of the family members mentioned that multisystemic treatment had helped them to understand how their family conflicts and family relations could lead their children to delinquency.

In group B, there was only one person who did not support the multisystemic treatment. He said,

"This new technique did not provide anything good for my son. The therapists who used it intervened in every single issue of the family. Instead of doing so, they should put their efforts into treating this bad boy (his son)".

This man's view can be attributed to a serious conflict between himself and his wife, in which the therapists had tried to intervene. In exploring the young offender's

conflicts with his father, they had found out that this man was planning to marry another woman and wanted to divorce his wife (the mother of the young offender). The therapists did their best to convince him that his wife and his son loved him and that he risked destroying his family, and he resented their advice. He did not accept that the tensions in the family could be partly responsible for the son's behaviour.

2. The staff of the Home

The researcher found that all of the Home staff (include the four therapists who participated in the treatment programme) perceived multisystemic treatment as a very important technique for treating young offenders. They raised two important issues. First, because multisystemic treatment deals with the individual, family members, peers, school systems, it is necessary to establish a strong programme for informing people about the importance of this kind of therapy. In addition, in order to get much benefit from this technique, cooperation with the therapists is essential for the success. Achieving this is very difficult, because it needs huge support from the various Social Observation Homes in Saudi, which is beyond their abilities. In order to accomplish this goal, it needs much effort and support not only from Ministry of Labour and Social affairs but also from other Ministries such Ministry of Interior and Ministry of Education. In other words, in order to conduct the multisystemic treatment in the Saudi context, it requires cooperation and support for all parts of the society include some Ministries.

The second issue is how this technique can be used in the youth's natural environment? This is important because multisystemic treatment is home-based treatment (Henggeler & Borduin, 1995). It is very difficult to do so, especially in Saudi culture. It will probably be several years before therapists can fully use multisystemic treatment in the young offenders' environment.

3. The young offenders

The young offenders from the experimental group were asked about their opinions of the multisystemic treatment. According to their answers, they were divided into two groups as shown in Table 7.70.

Table 7. 70. The young offenders' comments on the multisystemic treatment

Type of Groups	No	Comments
Group A (17 young offenders)	11*	Religious practice
	10*	Solved parental Conflicts
	9*	Provided good discipline strategies
	8*	Solved academic problems
	6*	Helped with involvement with non-delinquent peers
Group B (3 young offenders)	3	Did not provide financial support

*Multiple responses.

The first group, comprising seventeen of the subjects of the study, expressed great appreciation of this technique, for several reasons. Ten of them believed that it had helped them to solve their parental conflict. One of them said,

" My father and my mother did not talk to each other for a long time because of family problems. After the therapist persuaded my father to build a bridge between himself and my mother, and encouraged my uncle, older brother and the Imam of mosque to intervene, things got better".

Nine of the first group also believed this technique helped their fathers, uncles, stepfather and older brothers to improve their disciplinary strategies. For instance, one of them said to the therapist (during the follow up period)

"My father has dramatically changed in his way of dealing with me. Instead of yelling at me, he deals with me as young adult and I feel that he is starting to help me to be independent".

In addition, six of the first group argued that this technique helped them to associate with non-delinquent peers. For instance, one of them, discussing his record prior to the treatment, said,

"The only reason why I returned to the Home three times was that I could not find non-delinquent peers. Because there was no support from my family to be involved with non-delinquent peers, I returned to delinquent peers".

Furthermore, eight of the first group indicated that the multisystemic treatment was very effective for helping them to solve their academic problems in the school environment. For instance, one said

"I had serious problems with three teachers and the school principal. They almost got me out of the school. After my therapists intervened, I have a good relationship with them. Yes, it was my fault, but they did not give me a chance to explain my point of view".

In addition, eleven of the first group believed that the multisystemic treatment improved their religious practice. For instance, one of them said,

" I used to pray Friday prayers only, and now I pray almost every prayer in the mosque".

The second group consists of three young offenders. Although they believed that multisystemic treatment had been beneficial, they raised a very important issue. In their view, multisystemic treatment should provide for all the needs of the young offender especially financial support. For instance, one of them said,

"I come from a poor family and I and my family need financial support. The only reason for being delinquent was poverty. This technique is good but the therapists have to provide financial support for those in need".

7.5. Summary

This chapter has revealed some interesting information about the impact of multisystemic and (traditional) individual therapy treatments for treating juveniles with serious delinquency. According to the measures used (quantitative data) and the case studies (qualitative data) and the first and second follow-ups, multisystemic treatment had more impact on the behaviour of those juveniles than did individual therapy. It had an impact on the young offenders of the experimental group in terms of their level of self-esteem, religious behaviour and reducing their serious delinquency. The results of the study will now be discussed and interpreted in relation to the literature, in the next chapter.

CHAPTER EIGHT:
DISCUSSION OF THE
FINDINGS

CHAPTER EIGHT

DISCUSSION OF THE FINDINGS

8.1. Introduction

The purpose of the study was to provide a new technique, multisystemic treatment, for treating juveniles with delinquent behaviour in the Social Observation Home in Riyadh City. This study determined the differences in the impact of the multisystemic therapy and individual therapy on delinquent behaviour, and on the level of self-esteem and religious practice of young offenders in the Juvenile Detention Home in Riyadh City. The findings of this study are presented sequentially according to the effects of the treatment programme on these three major aspects.

8.2 Reducing Delinquent Behaviour

The first question of the study is “can multisystemic treatment bring important changes in behaviour associated with delinquency among young people?” This was the key focus of the study. Several measures were used to investigate the effectiveness of multisystemic treatment and individual therapy in reducing serious delinquent behaviour among young offenders in the experimental and control groups, including the following indicators:

8.2.1. Acts of misconduct

This indicator refers to breaking the law or committing any type of crime. Information on this was accessed from young offenders' files during the treatment programme and the police records of offenders' files during the two follow up periods.

With regard to the treatment programme period, the young offenders in the experimental group reduced their misconduct during the treatment programme, whereas the young offenders continued to commit misconducts, with a significant difference between the two groups.

In addition, the number of the young offenders who relapsed into delinquency and returned to the Home after the treatment programme finished was greater in the control group than in the experimental group. Some of these cases had already established delinquent behaviour at the first follow up, while others relapsed later. For the experimental group, at the first follow up, two months immediately after treatment, one offender had returned to the Home and four offenders had relapsed into delinquency. At the second follow up, seven months after the first follow up, a further two young offenders had returned to the Home and four offenders had relapsed into delinquency. Thus, the percentage of recidivism by the end of the whole follow up was 30%.

In contrast, in the control group, in the two months immediately following treatment, five young offenders returned to the Home and seven young offenders relapsed into delinquency. At the second follow up, a further nine young offenders had returned to the Home and four young offenders had relapsed into delinquency. Thus, the percentage of recidivism by the end of the second follow up was 75%.

For instance, from the case studies, case No.1 from the experimental group committed one act of misconduct during the treatment programme, but during the whole of the follow up he did not commit any further misconduct or get involved with delinquent peers. This might be due to the type of the treatment that he received, because the multisystemic treatment has several interventions, which deal with all factors associated with delinquency. In fact, not all the experimental subjects experienced improvement. For instance, case No.3 committed two acts of misconduct

during the treatment programme, and during the follow up period, he became involved with delinquent peers and used drugs and alcohol. But this is an exceptional case that might be explained in terms of the special factors discussed in the previous chapter.

In addition, case No.1 from the control group committed three acts of misconduct during the treatment programme. After his release from the Home, during the follow up period, he was involved with delinquent peers and arrested for using and selling drugs and sent to the Home for eight months.

The results of the analysis indicated that the young offenders in the experimental group who received multisystemic treatment committed significantly fewer acts of misconduct than those in the control group who received individual therapy. Further, it can be argued that the difference in percentage between the two groups associated with the treatments indicate a difference in the effectiveness of the type of the treatment they received, in terms of the long-term effect on the most direct measure of delinquent behaviour.

According to the findings of the study, the multisystemic treatment reduced the young offenders' criminal behaviour more than individual therapy (traditional treatment) did. This accords with the findings of other researchers using the multisystemic treatment, in the Missouri Project (Borduin *et al.*, 1995) & (Schoenwald *et al.*, 1998); and in the Simpsonville Project (Brondino *et al.*, 1997) & (Borduin *et al.*, 1990). These researchers also found that the multisystemic treatment had long-term impact in reducing the antisocial behaviour of the young offenders. For instance, in the Missouri project, the young offenders who received multisystemic treatment had long-term lower recidivism rates during a 4-year follow up (Henggeler *et al.*, 1996).

8.2.2. Family-relations

Research suggests that when a young person has a strong relationship with his family, he will have less involvement with delinquent behaviour. Rankin & Wells (1990) found that a strong relationship with parents is associated with less involvement with delinquency. In addition, Reed & Sollie (1992) indicated that behaviour with conduct disorder leads to negative parent-child communications and interaction that may lead the child to feel that there is an excessive psychological distance between him and his family.

The Family-Adolescent Checklist was used to find out the quality of the relationship between the juveniles and their families in both experimental and control groups during the treatment programme and the first and second follow up. Direct observation and interviews with family members of the young offenders from the experimental group, the Imam of their local mosque, teachers, and young offenders indicated that young offenders showed improvement in respecting their parents, accepting their advice and apologising for their misbehaviour. In addition, they had a change in their thoughts and behaved in an acceptable manner.

The result of the analysis indicated that the young offenders of the experimental group showed a significantly greater improvement in their relationship with their families than those in the control group in association with the intervention programme. There was no significant difference between the two groups at the beginning of the treatment programme in their relationships with their family members, whereas by the end of the treatment programme, there was a significant difference between the young offenders in the two groups in terms of their relationship with their family.

The gain scores over the whole treatment and first follow up period showed a statistically significant difference between the two groups. The mean gain scores for the whole period were 43.35 for the experimental group, and 14.4 for the control group.

This indicated that the young offenders of the experimental group made greater improvement in their relationship with their family members than the young offenders in the control group did. These changes over the duration of the treatment programme and the first follow up were considered a result of the multisystemic treatment. In contrast, the young offenders from the control group showed slight or no improvement. The improvement in the experimental group in young offenders' relationship with their family members was greater than the improvement of the young offenders of the control group. This suggests that multisystemic treatment was effective in improving the relationship between young offenders and their families. Moreover, this suggests that the young offenders in the experimental group had stronger relationships with their families and showed a positive change.

The difference between the two groups was evident in the extent to which gains were sustained over the long term. During the second period, there was significant difference between the two groups at the beginning and the end of the second follow up in their relationships with their family members. In addition, further gains were observed. The means of the gain scores for the subjects of the experimental group was 9.50, and 4.20 for the control group. Even within the second follow up, seven months after the first follow up had finished, most of the young offenders from the experimental group maintained their good relationship with their family members, and were continuing to show a greater gain on this measure than the control group.

In addition, in terms of the difference between the mean scores, there was no significant difference between the mean scores of the first follow up and the second follow up for the subjects of the experimental group, suggesting that they maintained the improved relations found after treatment. In contrast, there was significant difference between the mean scores of the first follow up and the second follow up for the subjects of the control group, some of whom showed deterioration in family

relations. Although, there was no significant difference between the two groups in the differences of means subjects of the experimental group showed a slight decrease -2.96 which was less than the control group -7.06 . It can be suggested that most of the subjects of the experimental group maintained good relationships with their family members throughout the follow up, whereas the young offenders in the control group showed less improvement, and in some cases deterioration in family relations.

For instance, case No. 2 from the experimental group established a good relationship with his parents during the treatment, which he sustained in the first follow up. The multisystemic treatment helped the young offender to build a good relationship with his father and family members through his older brother. During the second follow up, he continued to have good relationships with his family members, because his problems with his father and his stepmother were solved and increased his father discipline strategies. In contrast, case No. 2 from the control group did not succeed in establishing a good relationship during the same period. In addition, during the second follow up, he still could not establish good relationships with his family members. In fact, he continued to have family conflict, especially with his father. Therefore, he relapsed into delinquency, because of his family conflict was not resolved. It was noticeable that most of the young offenders in the experimental group maintained better relationships with their family members during the second follow up, whereas the young offenders in the control group relations deteriorated.

The findings showed that most of the young offenders in the experimental group maintained long-term better relationships with their family members during the treatment programme and the two follow up studies, than the young offenders in the control group, in association with the intervention. This provides evidence for the long-term effectiveness of the multisystemic treatment on the relationship between the young

offenders and their family members. Furthermore, it suggests that the multisystemic treatment can be used effectively in dealing with family problems in the Saudi context.

The findings of immediate gain from multisystemic treatment are consistent with previous studies that used multisystemic treatment vs. individual therapy for treating juveniles with delinquent behaviour. For instance, Borduin *et al.* (1995) in the Missouri Project, Henggeler *et al.* (1992) & Schoenwald *et al.* (1998) in the Simpsonville Project and Sutphen's study (1993) all found that multisystemic treatment brought a significant improvement in the family interaction. For instance, the Missouri Project found that families who received the multisystemic treatment increased their cohesion and adaptability, whereas families who received individual therapy decreased their cohesion and adaptability.

However, although the Missouri Project conducted a four-year follow up (Borduin *et al.*, 1995) and the Simpsonville Project a 59 weeks follow-up (Henggeler *et al.*, 1992), these studies did not use any measure of family relations during the follow up period, but focused only on records for offences and delinquency. The evidence from the current study that improvements in family relations in association with multisystemic treatment are sustained long-term, is an important finding that may help to explain why fewer recipients of multisystemic than traditional treatment relapsed into delinquency.

8.2.3. Peer-relations

Thornberry *et al.* (1994) indicated that involvement with delinquent peers leads a young person to increase his delinquent behaviour through the reinforcement of these peers. In addition, Neumeyer (1949) suggested that young offenders seldom commit criminal acts alone, but usually engage in such behaviours in groups.

When we see a young offender involved with good peers, it seems more likely that he will become and behave as a normal young person. In the current study, peer relations could not be used as an indicator during the treatment programme, because the treatment programme was taking place inside the Social Observation Home, i.e. the only peers available were other offenders. It is important to find out the relationship of the young offender with new peers in his real life when he moves out of the Home. When the young offenders were released from the Home, the therapist visited them in order to find out if they could form new relationships with non-delinquent peers.

The analysis of the findings of the first follow up indicated that the young offenders of the experimental group showed greater improvement in their relationship with their peers than those in the control group, in association with the effect of the intervention programme. In addition, the analysis of the findings of the second follow up indicated that subjects of the experimental group continued to maintained their good relations with their peers, whereas those of the control group deteriorated.

The mean gain scores by the end of the first follow up period were 26.80 for the experimental group, and 20.65 for the control group. During the second follow up, the gain scores showed a significant difference between the two groups in their relationships with peers. The mean gain scores for the experimental group were 9.55, and 3.40 for the control group. Therefore, the net of gain scores of the subjects of the experimental group were higher than the gain scores of the subjects of the control group during the two periods, which indicated that the young offenders from the experimental group continued to maintain better relationships with their peers.

In addition, there was significant difference between the experimental and control groups in terms of the gain score differences. It indicated that the young offenders of the control group experienced a change for the worse in their relationship

with their peers -12.17, whereas the experimental group showed good improvement in their relation with their peers 6.70.

This indicated that the young offenders of the experimental group made more improvement in their relationship with their peers than the young offenders in the control group did. Therefore, it can be argued that the offenders from the experimental group showed greater positive change in peer relationships than did offenders in the control group, because the experimental group received multisystemic treatment.

The difference in the long-term maintenance of improved peer relations can be seen from the case studies. For instance, case No. 1 from the experimental group showed an improvement in his relationship with non-delinquent peers during the first follow up, because the multisystemic treatment helped him to establish relationships with new peers and resist the pressure from delinquent peers. Case No. 1 from the control group continued to have a poor relationship with non-delinquent peers because he resumed his involvement with delinquent peers.

During the second follow up, case No. 1 from the experimental group continued to have good relationships with his peers, whereas case No. 1 from the control group continued to be involved in delinquent activities. Between the first and second follow up periods, he became involved with delinquent peers and was arrested for using and selling drugs and sent to the Home for eight months.

Therefore, it can be argued that most of the young offenders in the experimental group maintained good relationships with their peers over the long term, whereas the young offenders in the control group showed less or no improvement in their relationship with their peers. This difference in association with the intervention suggests that the multisystemic treatment had a better long-term effect on the relationship between the young offenders and their peers. Furthermore, it shows that

the multisystemic treatment can be used effectively in helping the young offenders to deal with their peers in the Saudi context.

These findings were in accord with the findings of studies by Henggeler *et al.* (1992) & Schoenwald *et al.* (1998) in the Simpsonville Project and Sutphen (1993) which indicated that there was a meaningful reduction in involvement with delinquent peers. For instance, the Simpsonville Project found that juveniles who received the multisystemic treatment showed a decrease in adolescent aggression with peers, whereas juveniles who received the individual therapy remained the same (Henggeler *et al.*, 1996). In contrast, Borduin *et al.* (1995) in the Missouri Project, found that the relationship between young offenders and their peers did not show any significant interaction effects. Researchers suggested that the reason for this, was that delinquent behaviour was influenced by strengthening the family, so that the harmful impact of relationship with delinquent peers was buffered (Borduin *et al.*, 1995). Therefore, most of these studies suggested the benefit of using multisystemic treatment in dealing with peers' problems, whereas the last study did not support the current study.

In terms of the length of the programme, the current study indicated that the multisystemic treatment had a long-term prevention effect on discouraging young offenders from involvement with delinquent peers. It was consistent with other studies such as the Simpsonville Project, although there, the long-term effectiveness was measured over a longer period of 59-weeks follow up (Henggeler *et al.*, 1993), whereas, in the current study there were two intensive periods of follow-up, each of two months, with a seven-month gap between them.

8.2.4. School attendance and school marks

Research has found a relationship between delinquency and school performance. In their study about the role of psychosocial factors in predicting engagement in

delinquency, Sankey & Huon (1999) found that a negative experience of school relationships and poor academic performance can lead the young person to a high level of delinquent behaviour. As indicated, school attendance for the young offenders could not be monitored because the two follow up periods were conducted during the summer vacation.

The result of the analysis of the first follow up concluded that there was a significant difference between the two groups in terms of school grades. The young offenders of the experimental group performed better than those from the control group. They had good school performance during the first follow up and some of them maintained their good performance at the second follow up. One young offender received an excellent grade, 12 young offenders received a good grade, six young offenders received a weak grade and one offender failed during the first follow up. During the second follow up, one young offender received an excellent grade, 9 young offenders received a good grade, seven young offenders received a weak grade and three offenders failed. It can be seen that there was a decrease in the number receiving a good grade (from 12-9), an increase in the number receiving a weak grades (from 6-7) and an increase in the number of offenders who failed (from 1-3). It can be argued that even though there was a slight negative change in school performance among a few offenders of the experimental group, the majority maintained a good school performance in association with the intervention.

In terms of the control group, the young offenders performed poorly during the two follow up periods. Immediately after the treatment programme, nobody received an excellent grade, 6 young offenders received a good grade, eight young offenders received a weak grade and six offenders failed. During the second follow up period, seven months later, nobody received an excellent grade, one young offender received a good grade, nine young offenders received a weak grade and ten offenders failed. It can

be seen that there was a decrease in the number receiving a good grade (from 6-1), an increase in the numbers receiving a weak grade (from 8-9) and an increase in the number of the offenders who failed (from 6-10).

For instance, case No. 1 from the experimental group improved his school performance and attendance because of the multisystemic treatment. Some seven months later, during the second follow up, he was keeping up these improvements. The reason is that the multisystemic treatment helped him to improve his school performance by solving other factors of his delinquency, his personal problem, family problems, peer problems, and school problems.

In addition, the unsatisfactory school performance of many offenders in the control group can be illustrated by case study No.1. During the second follow up, this young offender failed in school because he dropped out after resuming his delinquent activities with delinquent peers. It seems that the intervention had not dealt with all aspects of his problem such as family problems, peer problems and school problems.

Therefore, it can be argued that the offenders from the experimental group performed better in association with the multisystemic treatment, while the performance of the offenders from the control group was poor. This suggests that individual therapy did not meet the offender's needs, in relation to factors affecting school performance. In contrast, the multisystemic treatment allowed the therapist to identify factors affecting the young offender's academic achievement, and to open communication channels between parents and teachers in order to bring them together in order to support the young offender to achieve desired goals (Boruin & Henggeler, 1990). This would explain why the current study, like Sutphen's (1993), found that multisystemic treatment brought about a significant improvement in school function.

8.2.5. Religious Practice

Religious practice was considered a very important sign for the effectiveness of the treatment. Schumaker (1992) indicated that religion is helpful to mental health for dealing with anxiety by giving a sense of hope, meaning and purpose of life. In an Arabic cultural context, Alromaih (1993) indicated that the more the young offender practices religious rituals, the less likely he is to become delinquent. Performing prayer is the most essential of all the Islamic obligations, and religious practice plays the most important role in the life of people in the Saudi context. A young person's religious observance may be a sign of his acceptance of societal norms and values and may also be a source of social support for his efforts to reform.

Analysis of the first follow up data revealed that there was significant difference between the two groups in terms of religious practice. The offenders of the experimental group were more involved with the mosque and performing the prayers, while offenders from the control group were more lax in their religious observance. This difference was maintained into the second follow up data, so that there was a significant difference between the two groups in terms of performing prayers during the whole of the post-treatment period.

The young offenders of the experimental group had good involvement with the mosque and performed the prayers regularly during the first follow up, and some of them maintained their good involvement with the mosque during the second follow up. Five young offenders prayed occasionally, nine young offenders prayed most prayers, and six young offenders prayed every time during the first follow up. During the second follow up, eight young offenders prayed occasionally, eight young offenders prayed most prayers, and four young offenders prayed every time. It can be seen that there was a decrease in the number praying every time (from 6-4), a decrease in the

number praying most the prayers (from 9-8) and an increase in the number of offenders who prayed occasionally (from 5-8).

Furthermore, in the control group, the young offenders were more lax in their religious observance during the first follow up and maintained this poor religious performance during the second follow up. In the first follow up, 15 young offenders prayed occasionally, five young offenders prayed most prayers, and nobody prayed every time. In the second follow up, 16 young offenders prayed occasionally, four young offenders prayed most prayers, and nobody prayed every time. It can be seen that there was a decrease in the number praying most of the prayers (from 5-4) and an increase in the number of offenders who prayed only occasionally (from 15-16).

The effectiveness of the treatment programme on the subjects of the study in their religious practice can be illustrated by case studies. Case No. 1 from the experimental group, for instance, performed prayers regularly in the mosque and improved his religious awareness immediately after the treatment. Some seven months later, he was continuing to perform prayers regularly. The reason is that the multisystemic treatment helped him to improve his religious observance by solving his personal problems, family problems, peer problems, and school problems.

Immediately after the intervention, case No.1 from the control group performed prayers only occasionally. The second follow up revealed that there was no sign of improvement regarding his religious practice, because the individual therapy did not help him to solve other problems of his delinquency, such as family problems, peer problems and school problems.

Most of the offenders in the experimental group who received multisystemic treatment continued to be involved with the mosque and to perform the prayers, while most of the offenders from the control group who received individual therapy continued to be lax in their religious observance. Therefore, it can be argued that these findings

provided strong support for the view that multisystemic treatment can improve the religious practice of young offenders. The results show long-term positive effects on religious practice. This is a new finding that is especially significant in the Saudi context as it suggests that multisystemic treatment can be used to reinforce the society's religious values and that this may strengthen the effectiveness of the treatment in helping young offenders to turn away from delinquency.

To sum up, the findings of the direct and indirect measures of official acts of misconduct, family-adolescent relations, peer-adolescent relations, school attendance, school grade and religious ritual practice provided clear evidence that multisystemic treatment reduced serious delinquent behaviour of the young offenders of the experimental group. The multisystemic treatment had a greater long term effect than the individual therapy. It decreased the number of acts of misconduct of many of the young offenders of the experimental group, improved their relationship with their family members, improved their relationship with their peers, and improved their school performance and religious practice.

The results of this study indicated that the multisystemic treatment can reduce serious delinquent behaviour of the young offenders in Saudi Arabia. These findings are consistent with several studies that attempted to test the impact of the multisystemic treatment in reducing delinquent behaviour. For instance, in the Missouri Project, Borduin *et al.* (1995) & Schoenwald *et al.* (1998) found that recidivists in the multisystemic group were arrested less often, for less serious crime. Furthermore, in the Simpsonville Project, Schoenwald *et al.* (1998) & Henggeler *et al.* (1996) found that young offenders who received the multisystemic treatment showed a significantly greater reduction in criminal activities than did young offenders who received the usual services. Borduin *et al.* (1990) also found that fewer young offenders who received the multisystemic treatment were rearrested for committing sexual crimes, than offenders

who received individual therapy. In addition, Sutphen (1993) who did not use a control group, found that three cases showed a low level of delinquent activities after multisystemic treatment, whereas the remaining five of the sample of the study showed 60% to 100% decreases in delinquent activities. The present study supports these findings, regarding the efficacy of the multisystemic treatment and suggest that the answer to the first research question is positive.

Furthermore, this study showed that prevention of delinquent activities was sustained over the long term. Again, this finding is in accordance with previous research. For instance, in the Missouri Project, the multisystemic treatment had a long-term preventive effect during 4 years follow up. The young offenders who received the multisystemic treatment were arrested less often for less serious offences than the offenders who received individual therapy (Henggeler *et al.*, 1996).

8.3. The impact of the treatment programme on the level of self-esteem

The second question of the study is “ does multisystemic treatment increase the level of self-esteem of the young person with delinquency?” It was important to investigate self-esteem because research suggests that there is a relationship between low self- esteem and delinquency. Rosenberg *et al.* (1989) argue that low self-esteem may lead to delinquency. This study tried to find out the impact of the multisystemic treatment on the self-esteem of young offenders in the Saudi Arabian context. Self-esteem was evaluated through a self-report measure, CSEI, taken before and immediately after the intervention, but not at long-term follow up, as it was very difficult to apply the CSEI on the young offenders in their own environment after their release from the Home.

The results of comparison of the pre- and post-test scores of the two groups indicated that multisystemic treatment was more effective than individual therapy in

improving the self-esteem of the young offenders. There was significant difference between pre- and post-test of the subjects of the experimental group, which indicated that there was substantial improvement in the mean self-esteem scores (over time). In terms of the subjects of the control group, there was no significant difference between pre- and post-test of the CSEI. Furthermore, there was a significant difference between the two groups in the gain scores, with higher gain scores for the experimental group.

The case studies throw further light on this association between multisystemic treatment and enhanced self-esteem. Case No. 1 from the experimental group showed great improvement in self-esteem. He scored 13 in the pre-test and 16 in the post-test. In contrast, case No. 1 from the control group scored 15 in the pre-test and 12 in the post-test; in other words, his self-esteem had declined by the end of the intervention period.

The current findings indicated that multisystemic treatment might provide positive improvement on the level of self-esteem of young offenders, which did not accord with Sutphen's (1993) study, which did not find improvement on the level of self-esteem between pre-post tests. There are three possible reasons for the different findings in the two studies. First, the sample of Sutphen's (1993) study was eight clients, whereas in the current study, there were twenty in the experimental group and twenty in the control group, giving greater opportunity for positive findings to emerge in the current study. Second, Sutphen (1993) used the Rosenberg Self-Esteem Scale to assess the effect of multisystemic treatment on the young offenders in his study. As it was indicated in Chapter 7, the Coopersmith Self-Esteem Inventory has twenty-five items, whereas the Rosenberg Self-Esteem Scale has only 10 items, which allows the Coopersmith Self-Esteem Inventory to give a better discrimination of general self-worth. The third reason is that Sutphen (1993) did not use a control group as was done in the current study, therefore not allowing for a comparative difference to be studied.

Other studies have not looked at self-esteem, making this an important finding internationally. From this evidence, it can be argued that the multisystemic treatment can be used to improve the level of self-esteem of the young offenders in the Saudi Arabian context. It will be the first study to suggest the value of this type of technique for enhancing the level of self-esteem in that context.

8.4. The effectiveness of the treatment programme on religious behaviour

The third question of the study is, “does multisystemic treatment increase the level of religious sense of the young offender with delinquency?” Religious belief and behaviour was investigated because in the Saudi context, religious belief and practice are social values, and research in that context has found a relationship between less involvement in religious practice and delinquency. Young people who are involved in religious practice and religious belief are said to be less inclined to delinquency (Alromaih, 1993). Therefore, the current study tried to use the multisystemic treatment to increase their religious practice of the young offenders in order to bring about a positive change in their behaviour.

Religious belief and behaviour was measured by self-report on the Level of Religious Measurement LRM. The findings of the study indicated that there was no significant difference between the two groups in the pre-test. Comparison between the pre- and post-test scores of the two groups indicated that there was an improvement in the religious behaviour of the young offenders in the experimental group, while the control group showed a decrease in the level of religious behaviour over time. There was a statistically significant difference in the young offenders in the experimental group in the pre and post-test, which showed that young offenders increased their level of religious practice over time. In terms of the control group, there was a significant

difference between the pre and post-test. Thus, there was a significant change for the worse in the control group's behaviour.

A clear picture about the difference between the two groups in the LRM can be obtained from the gain scores. There was a significant difference between the two groups in the gain scores. In other words, the gain scores between the two groups differed significantly, with higher scores for the experimental group.

The case studies give further evidence of the role of reported religious practice. For instance, case No. 1 from the experimental group showed great improvement in his religious practice. He scored 112 in the pre-test and 149 in the post-test. In contrast, case No. 1 from the control group scored 134 in the pre-test and 133 in the post-test; in other words, his religious practice had slightly declined by the end of the treatment programme.

These findings indicated that multisystemic treatment had a strong impact on the religious behaviour of the young offenders. No previous study has examined the impact of the multisystemic treatment on religious values. According to the findings of this study, it can be argued that the current study provided new evidence for the effectiveness of using the multisystemic treatment for dealing with young offenders in the Saudi context, where religious belief and practice are important social values. In addition, it provided a new evidence that enhanced religion practice in association with multisystemic treatment may be an important factor in reduction in delinquent behaviour, which may suggest a new avenue for treatment that would be worth exploring internationally.

In this study, the researcher used two types of religious measures, self-report and observation, first, because religious practice plays such an important role in the personal and social life of Muslims, and second, because each measure had advantages and disadvantages in a particular context. Self-report was a useful measure while the young

offenders were in the Home where it could be conveniently administered. Observation would have been less useful during this period, as the subjects' actual behaviour was constrained by the routine and rules of the Home. In contrast, during the follow up periods, it was less easy to ensure the appropriate time and privacy for conducting a self-report measure, and observation had the advantage of revealing what the subjects actually did when they had more freedom of choice, e.g. whether or not to attend the mosque.

8.5. Summary

The results of this study were generally consistent with those of other studies and supported the importance of the multisystemic treatment in helping young offenders. In terms of the key findings in relation to delinquent behaviour, the multisystemic treatment had a greater long-term positive impact on the young offenders than the individual therapy. The multisystemic treatment reduced the number of re-arrests and misconducts of young offenders. It helped young offenders to improve their relationship with their family members. It also improved young offenders' relationship with their peers. In addition, it helped young offenders to improve their school performance. Furthermore, the multisystemic treatment improved the young offenders' religious practice. The study also found important benefits of the multisystemic treatment on the two factors important in relation to delinquency in the Saudi context, self-esteem and religious practice.

The results of measurement of self-esteem on the Coopersmith Self-Esteem Inventory indicated that the multisystemic treatment was more effective than individual therapy for improving the self-esteem of the young offenders than individual therapy. In addition, the results of reported measures of religious practice on the Level of Religious Measurement indicated that the multisystemic treatment improved the religious practice of the young offenders in the experimental group, while individual therapy denoted a decrease in the level of religious behaviour over time.

This was the first time the multisystemic treatment was applied in the Saudi context. This not only widens international research information on the effectiveness of this approach through rigorous experimental evaluation, but also shows that it is able to be used in the current Saudi context, provided appropriate resources are involved with the application and that it can be adapted to meet the unique cultural concerns of that context, which will be discussed in the next chapter.

CHAPTER NINE:
CONCLUSION AND
RECOMMENDATIONS

CHAPTER NINE

CONCLUSION AND RECOMMENDATIONS

9.1. Introduction

This study attempted to determine the impact of the multisystemic therapy on reducing the delinquent behaviour and in increasing the level of self-esteem and religious behaviour of juvenile with delinquency in the Social Observation Home in Riyadh City. It used this therapy technique with a particular interest in its value within the Saudi Arabian context.

This chapter gives a brief summary of the research. Recommendations are made for developing approaches to the treatment of young offenders in Saudi Arabia, and suggestions are made for further research.

9.2. Summary of the Study

Two groups of juveniles with delinquency were compared; the experimental group were exposed to multisystemic treatment and the control group were subjected to individual therapy.

The treatment of delinquent behaviour requires addressing the various systems of the young offenders' environment. Treating a problem in one system requires treating other systems in order to remove the problem. Multisystemic therapy views young offenders as living within a complex of interconnected systems that contain the young offender, family, peers, school, and neighbourhood. It is an approach that seeks to treat a young offender in the multiple systems in which he lives, which contribute in different degrees to his problem. Multisystemic treatment contains four main types of

interventions, individual, family, peer, and school, each of which deals with one system where problematic behaviours occur.

The sample of the study was divided into the experimental group and control group. All the juveniles in these groups were similar in the level of self-esteem and the seriousness of their delinquency (committed a serious offences such as: murder, kidnapping, escaping, theft, antisocial behaviour, quarrel, fraud, forging making, drinking and selling alcohol, using and selling drugs and glue sniff). Their age ranged from 14 to 18 years.

Over a period of three months, multisystemic treatment was given to the experimental group while the individual therapy was given to the control group. The young offenders in the experimental group received four sessions per-week, one each for individual, family, peer and school interventions. In the control group, the participants received four sessions of individual intervention per-week. Each session ranged between half an hour and one hour. Each therapist provided six sessions per-day.

In this section, the main findings are summarised as follows:

1. Can multisystemic treatment bring important changes in behaviour associated with delinquency among young people?

The findings of the measures of official acts of misconduct, family-adolescent relations, peer-adolescent relations, school attendance, school grade and religious ritual practice provided clear evidence that multisystemic treatment can reduce serious delinquent behaviour of the young offenders of the experimental group.

The findings of acts of misconduct indicated that multisystemic treatment reduced the criminal behaviour of the young offenders in the experimental group more than individual therapy (traditional treatment) did for the young offenders in the control group.

The findings of family-adolescent relations indicated that the improvement in relationships with family members of the young offenders in the experimental group was greater than the improvement of the young offenders of the control group. The differential improvement was associated with the different types of treatment, so multisystemic treatment had more impact for improving the relationship between the young offenders of the experiment group with their families.

Findings of peer-adolescent relations indicated that the young offenders in the experimental group had stronger relationships with new peers, because they received multisystemic treatment, than those in the control group who received individual therapy. Offenders from the experimental group showed more positive change than offenders in the control group.

The results of school attendance and school grade suggested that most of the young offenders from the experimental group performed better as a result of the impact of multisystemic treatment, while the performance of the young offenders from the control group was poor because of the type of treatment (individual therapy) that they received.

The findings of religious ritual practice indicated the young offenders in the experimental group who received multisystemic treatment were more involved with the mosque and performing the prayers, while the young offenders from the control group who received individual therapy were more lax in their religious observance.

The results of this study are generally consistent with those of other studies and support the value of the multisystemic treatment in reducing serious delinquent behaviour. The multisystemic treatment had a strong impact on the behaviour of the offenders of the experimental group, whereas the individual therapy that was provided to the offenders of control group produced little change in their criminal behaviour

2. Does multisystemic treatment increase the level of self-esteem of the young person with delinquency?

The findings of the Coopersmith Self-Esteem Inventory indicated that multisystemic treatment helped the young offenders from the experimental group to improve their self-esteem, whereas the individual therapy (traditional treatment) did not improve the self-esteem of the young offenders from the control group. Therefore, we can argue that multisystemic treatment is more effective than individual therapy for improving the self-esteem of the young offenders.

3. Does multisystemic treatment increase the level of religious sense of the young offender with delinquency?

The results of the Level of Religious Measurement indicated that multisystemic treatment improved the religious behaviour of the young offenders from the experimental group, whereas the individual therapy (traditional treatment) did not improve the religious behaviour of the young offenders from the control group.

Finally, the case studies show why multisystemic therapy was more effective, a lot of boys' problems had a broad social context, e.g. family problems, which traditional therapy did not address, as discussed in depth in the previous chapter.

9.3. Conclusions

The conclusions are based on the findings of the study.

9.3.1. Conclusions based on the review of the situation in one Saudi Social

Observation Home

1. The treatment which the Home used for dealing the young offenders inside the Home and prior to this multisystemic intervention was not based on treatment of

the factors causing the delinquency, but therapists attempted to help the young delinquents to refrain from committing the offences again. It is very important to focus on both the treatment and prevention in order to provide effective help for juveniles with delinquent behaviour. Since young offenders' problems have a broad base of causes, a broadly-based treatment is needed.

2. The Home's lack of facilities and staff's lack of experience led to a lack of effective activities to help the young offenders to rehabilitate their behaviour, facilitate their adjustment to the Home's environment and prepare them to live normally in society outside the Home.
3. There was a need for co-operation between the Ministry and the Home in terms of the provision of the Home with the trained staff, equipment and premises they needed to offer the proper services.
4. The centralisation system of the Ministry of Labour and Social Affairs hinders the effective and easy flow of communication between such Homes and the local directorates and the central division at the Ministry.

9.3.2. Conclusions based on the research objectives

1. Multisystemic treatment was a very effective approach, because it dealt with the whole factors that are associated with delinquency.
2. Multisystemic treatment had more positive influence for reducing delinquent behaviour than individual therapy did.
3. Multisystemic treatment had a more positive influence for increasing the level of self-esteem and the religious behaviour of the young offenders than individual therapy did.

9.4. Difficulties

- 1) A few parents or family members were not co-operative with the treatment programme because they were not aware of the importance of their contribution to the success of the treatment. This may be due to their background and prior ideas about social work and delinquency.
- 2) Some of the therapists at the Home (not those therapists who participated in either of the treatment programmes) were not motivated to work co-operatively with the researcher in applying the programmes.
- 3) Multisystemic treatment was used only inside the Social Observation Homes; it was difficult to apply it outside these Homes, because the researcher faced the problem of the community's limited awareness of the programme.

9.5. Recommendations

On the basis of the findings of this study, the researcher has made some recommendations and some suggestions for future research.

9.5.1. General Recommendations

- 1) The Ministry should apply the multisystemic treatment in order to reduce the number of young offenders like the multisystemic treatment.
- 2) The Ministry should provide the Homes with trained staff.
- 3) In order to improve the role of therapists in the Homes, the therapists should exchange their ideas with others. The Ministry should organise professional development programmes for the staff such as:
 - a) Establishing a professional journal for therapy and counselling of young offenders in Saudi Arabia.
 - b) Publications, seminars, training courses.

- c) Establishment of professional association for the therapists (psychologists and social workers).
- d) The Ministry should actively involving therapists in developing the treatment programmes to meet the needs of the young offenders. Therefore, the authority in the Ministry should open the door for the therapists to work according to the need of the young offenders, not according to strict procedures.
- e) The Ministry should encourage therapists to keep up to date on new ideas in order to refresh their knowledge.
- f) The Ministry should provide appropriate equipment for the Homes to facilitate the work of therapists.
- g) The Ministry should coordinate with other authorities to improve the situation of the Homes.
- h) The Ministry should develop non-centralised system of management to be flexible in adopting proper modern treatment programmes.

9.5.2. Specific Recommendations

- 1) In order to reduce the number of the young offenders, Ministry should revise the type of the treatment been used in the Homes for several years in order to get modern appropriate alternatives. Therefore, the Ministry should adopt a treatment programme that considers all factors associated with delinquency like the Multisystemic treatment.
- 2) Along with applying such programme, the Ministry should organise awareness campaigns for the community through multi-mass media.
- 3) Applying such a programme requires that the Ministry should organise training courses for the therapists and control the quality of application.

9.6. Implications and Requirements

To implement these recommendations happen, the following steps could be carried out:

- 1) The Ministry could adopt multisystemic treatment and organise training programme for the concerned staff.
- 2) The Ministry could increase the awareness of the Homes' staff of the importance of this type of the treatment by using lectures, videotapes, brochures and journals.
- 3) The Ministry could use the media, schools and mosques to raise people's awareness of the seriousness of young offenders' problems and the importance of the cooperation between the families the Homes' therapists for treating their children.
- 4) The Ministry could delegate some of its authorities to local management of the Homes.

9.7. Suggestions for Further Research

Although the answers to the study's questions indicated a significant role for multisystemic treatment in the Saudi context, that does not mean that there are no questions raised regarding this study. Several issues regarding the study's design, sample, measurements, follow up study, case study and interviews, merit further consideration in future research.

- 1) The researcher suggests that further research is needed in order to cover the rapid social and economic changes that are likely to take place in all institutions in Saudi Arabia.
- 2) This study was designed to shed light on the problem of young offenders in Saudi Arabia. It attempted to use a new technique for treating the young offenders. The multisystemic programme was implemented in the Social Observation Home, Riyadh. In many western studies, the Simpsonville Project and the Missouri Project,

for instance, however, this technique has been used primarily in the family environment. If this study had been implemented primarily in the offenders' homes, the results might have been different. It can be suggested that future research should explore the feasibility and impact of implementing the multisystemic treatment primarily in the offender's home in the Saudi context.

- 3) Since this study dealt with males only, for cultural reasons, further research is needed to use this technique with delinquent girls in Saudi Arabia. This would enable comparison with previous studies in other contexts, which have included girls.
- 4) The sample of the study was twenty offenders in the experimental group and twenty in the control group. This small number may limit the generalization of the findings, although it provided useful first indications of the relevance and impact of this technique within the Saudi context. Other studies have used large numbers such as Simpsonville Projects, which included 84 young offenders. It would be interesting, therefore, to carry out a large-scale study in Saudi Arabia.
- 5) Several measures were used in the study to answer the research questions. To answer the first question, the researcher used official acts of misconduct, family-adolescent relations, peer-adolescent relations, school attendance, school grades and religious ritual practice as measurements. In terms of the second and third questions, this study used the Coopersmith Self-Esteem Inventory and Religious Level Measurement respectively, to determine the impact of the multisystemic treatment on self-esteem and religious behaviour of the young offenders as self-reports. Although these measures provided good indications regarding the impact of the multisystemic treatment on the young offenders, it would be of value to explore measures of personality, as well as other measures of change in the young offenders over time, such as the Moral Development Measurement for Adolescents and

Youths (Abdulrahman & Mohammad, 1991). Given the importance attached to morality within the Saudi culture, this would be a dimension worthy of investigation.

- 6) The treatment programme was limited to three months for each group. This is a relatively short period, especially when only a few therapists (four therapists) are available. Even so, it yielded positive findings, which were accord with studies having long intervention times. For instance, in the Missouri Project, the average hours of the treatment were 23.9 and the follow up was over 4 years (Schoenwald et al., 1998). It would be valuable to see if a long-term, more intensive treatment brought greater gains, especially for serious offenders.
- 7) In this study, follow up was carried out over two periods of two months each, the first one immediately after the treatment programme immediately and the second after seven months after the first follow up (11 months duration of the full follow up period). Although these follow up periods provide good indications about the efficacy of the multisystemic treatment, they may not have captured fluctuations in attitudes and behaviour. Therefore, in any future research, long-term continuous follow up is recommended to give the therapists an opportunity to explore in more depth subjects' progress towards long-term goals.
- 8) The case studies in the study provide intensive information regarding the treatment steps and procedures. They were very helpful for illustrating how the multisystemic treatment was implemented and how the individual therapy was implemented too. Adding two extra case studies from each group could have allowed researchers to look at important aspects in some detail, internal variables, e.g. one with very low self-esteem, one with high self-esteem
- 9) The interviews in this study were based on a single, broad question. The Home's staff (include the therapists who participated in the study), parents or family

members of all the young offenders of the experimental group and the young offenders themselves were interviewed in order to obtain their views on the effectiveness of the treatment programme. Although these interviews provide good indications about the better impact of the multisystemic treatment, four issues need to be addressed with the interviews for future research. First, teachers need to be interviewed in order to get their opinions about the impact of the multisystemic treatment on their students. Second, since Imams of the mosques play a central role in Saudi culture, they should be interviewed in order to get their reactions about the multisystemic treatment. These two types of people would provide more detailed information about the impact of the multisystemic treatment on young offenders' behaviour in different social contexts. Third, the young offenders from the control group should be interviewed in order to get their opinions about the type of the treatment they received. Finally, interviews should include several questions, to provide more specific information about the impact of multisystemic treatment.

9.8. Concluding Remarks

Multisystemic treatment addresses behaviour problems as multidetermined by individual, family, school, peers, and community systems that are interconnected and reciprocally influential. The evidence from the current study suggests that this technique had greater impact than individual therapy where the problem involves delinquent behaviour.

The findings of this study indicated that multisystemic treatment (as a new treatment programme) had a positive impact on the behaviour of young offenders in the Saudi context, and would be worth future exploration in the future.

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APPENDICES

APPENDIX ONE

**Family-Adolescent Relations Checklist
and
Peer-Adolescent Relations Checklist**

APPENDIX TWO

Coopersmith Self-Esteem Inventory

APPENDIX THREE

The level of Religious Measurement

APPENDIX FOUR

Parental or Guardian Agreement Form

The Young Offender Agreement Form

APPENDIX ONE

FAMILY-ADOLESCENT RELATIONS CHECKLIST

AND

PEER-ADOLESCENT RELATIONS CHECKLIST

قائمة علاقة الحدث بالديه

عزيزي المعالج/

ارجوا استخدام هذه القائمة لملاحظة مدى التقدم في حالة

الحدث /

و ذلك خلال البرنامج العلاجي.

مسلل	الفقرات	أبدا (١)	بين حين و آخر (٢)	أحيانا (٣)	بشكل متكرر (٤)	دائما (٥)
١	يحترم أمه					
٢	يحترم أباه					
٣	منسجم مع أنظمة و مطالب والديه					
٤	يحب والديه					
٥	يتقبله والديه كما هو					
٦	والديه يقدران مشاعره					
٧	والديه يساعده على أن يكون مستقلا					
٨	تكون هناك مداعبه بينه و بين والديه					
٩	يتقبل نصائح والديه					
١٠	والديه ينصحانه عادة					
١١	يعتذر لوالديه					
١٢	الحدث ووالديه يتقبلون مساعدة المعالج					
١٣	ازدياد حصيلة والديه الشرعية					
١٤	يتبادل هو و والديه الأفكار وجهات النظر					
١٥	والديه يؤدي الصلاة في المسجد					
١٦	يتناقش مع والديه توبته عن المعاصي					

Family-Adolescent Relations Checklist

Dear the therapist please use the following scale:

1 = Almost never

2 = Once in a while

3 = Sometimes

4 = Frequently

5 = Almost always

- 1.)He respects his mother
- 2.)He respects his father
- 3.)He goes along with his parents' rules and requests
- 4.)He loves his parents
- 5.)His parents accept him as he is
- 6.)His parents respect his feelings
- 7.)His parents assist him to be independent
- 8.)He and his parents have a lot of fun together
- 9.)He accepts his parents' advice
- 10).....His parents usually give him advice
- 11).....He apologises to his parents
- 12)..... He and his parents accept the therapists' assistance
- 13)His parents increase their religious knowledge
- 14)He and his parents exchange their ideas
- 15).....His father prays in the mosque
- 16).....He discusses repenting with his parents

Name of the offender:

Date:

Name of the therapist:

قائمة علاقة الحدث بأقرانه

عزيري المعالج/

ارجوا استخدام هذه القائمة لملاحظة مدى التقدم في حالة
الحدث /.....

و ذلك خلال البرنامج العلاجي.

مسلسل	الفقرات	ابدا (١)	بين حين و آخر (٢)	أحيانا (٣)	يشكل متكرر (٤)	دائما (٥)
١	يلاحظ عليه الانسجام التام مع أقرانه					
٢	يحترم أقرانه					
٣	يستطيع تكوين أصدقاء بسهولة					
٤	يتعاون مع أقرانه					
٥	يكره الاقران المنحرفين					
٦	يستطيع التمييز بين الأقران السبئيين و الصالحين					
٧	أقرانه يشجعونه على الأداء الجيد					
٨	يشعر بأسى على سلوكياته السيئة مع أقرانه					
٩	أقرانه يحترمونه و يقدرونه					
١٠	يثق بأقرانه					
١١	يثق بنفسه أكثر من ثقة أقرانه بأنفسهم					
١٢	أقرانه يتقبلون آرائه و أفكاره					
١٣	يؤدي أقرانه الصلاة في المسجد					
١٤	يتناقش عادة مع أقرانه أموراً شرعية					
١٥	يحضر مع أقرانه الدروس و المحاضرات الشرعية					
١٦	يشعر بالأسى للمعاصي التي يرتكبها أقرانه					

Peers-Adolescent Relations Checklist

Dear the therapist please use the following scale:

- 1 = Almost never
- 2 = Once in a while
- 3 = Sometimes
- 4 = Frequently
- 5 = Almost always

- 1.)..... He gets along well with his peers
- 2.)..... He respects his peers
- 3.)..... He makes friends easily
- 4.)..... He co-operates with his peer
- 5.)..... He does not like his bad peers
- 6.)..... He can distinguish between good and bad peers
- 7.)..... His peers encourage him to do good things
- 8.)..... He feels upset about his misbehaviour with his peers
- 9.)..... His peers respect him
- 10.)..... He trusts his peers
- 11.).....He has more confidence in himself than most of his peers
- 12.).....His peers accept his good ideas and opinions
- 13.)..... His peers pray in the Mosque
- 14.)..... He usually discusses religious issues with his peers
- 15.)..... He and his peers attend religious activities
- 16.)..... He feels upset about his peers' religious behaviour

Name of the offender:

Date:

Name of the therapist:

APPENDIX TWO

COOPERSMITH SELF-ESTEEM INVENTORY

اختبار تقدير الذات
Coopersmith Self-Esteem Inventory

دكتور محمد محروس الشناوي

إعداد: دكتور عبد الغفار عبد الحكيم الدمياطي

الاسم: العمر:

تعليمات القائمة:

فيما يلي مجموعة من العبارات التي تصف كيف يشعر بعض الناس تجاه أنفسهم. اقرأ كل عبارة منها ثم حدد ما إذا كانت تنطبق عليك أو لا تنطبق.

مثال:
إني أعمل بجد
تنطبق () لا تنطبق ()

إذا كانت هذه العبارة تنطبق عليك فضع علامة تحت كلمة تنطبق. أما إذا كانت العبارة لا تنطبق عليك فضع علامة تحت كلمة لا تنطبق.

لا تنطبق	تنطبق	العبارات
		١- في كثير من الأحيان أتمنى لو كنت شخصا آخر
		٢- أجد من الصعب علي أن أتحدث أمام زملائي في الفصل
		٣- أتمنى لو استطعت تغيير كثير من الأشياء التي تخصني شخصيا
		٤- أستطيع تقرير الأمور دون أن أعاني كثيرا
		٥- أغضب بسرعة في البيت
		٦- يجد الآخرون سعادة في صحبتي
		٧- أحتاج إلى وقت طويل للتعود على أي شيء جديد
		٨- أكون ودودا ألوفيا مع الناس الذين هم في مثل سني
		٩- يحترم والداي شعوري عادة
		١٠- استسلم بسهولة شديدة للمشكلات التي تواجهني
		١١- يتوقع والداي مني أشياء كثيرة فوق طاقتي
		١٢- من الصعب علي أن أكون كما أود في قرارة نفسي
		١٣- كل أمور حياتي مختلطة مضطربة
		١٤- أصدقائي في المدرسة يتبعون آرائني
		١٥- إن رأيي في نفسي أقل مما أنا في الواقع
		١٦- تمر علي أوقات كثيرة أود أن أترك فيها البيت
		١٧- غالبا ما أشعر بالغضب في المدرسة
		١٨- مظهري ليس حسنا مثل معظم الناس
		١٩- إذا كان لدي شيء يقال فإني عادة أقوله
		٢٠- والداي يفهماني
		٢١- معظم الناس محبوبون أكثر مني
		٢٢- عادة ما أشعر بان والداي يمارسان ضغطا علي في كثير من الأمور
		٢٣- أصاب في كثير من الاحوال بخيبة أمل في المدرسة
		٢٤- عادة لا أهتم بأي أمر
		٢٥- لا يمكن الوثوق بي

COOPERSMITH SELF-ESTEEM INVENTORY

Read the twenty-five statements below carefully.

Put a tick in the 'box' marked *LIKE ME* if the statement describes how you usually feel.

Put a tick in the 'box' marked *UNLIKE ME* if the statement does not describe how you usually feel.

Be sure to put a tick in one or other box for each of the twenty-five statements.

Remember, there are NO RIGHT OR WRONG ANSWERS.

Name:

Age:

No.	ITEMS	LIKE ME	UNLIKE ME
1	I often wish I were someone else.		
2	I find it very hard to talk in front of the class.		
3	There are lots of things about myself I'd change if I could.		
4	I can make up my mind without too much trouble.		
5	I get upset easily at home.		
6	I'm a lot of fun to be with.		
7	It takes me a long time to get used to anything new.		
8	I'm popular with kids my own age.		
9	My parents usually consider my feelings.		
10	I give in very easily.		
11	My parents expect too much of me.		
12	It's pretty tough to be me.		
13	Things are all mixed up in my life.		
14	Kids usually follow my ideas.		
15	I have a low opinion of myself.		
16	There are many times when I'd like to leave home.		
17	I often feel upset in school.		
18	I'm not as nice looking as most people.		
19	If I have something to say, I usually say it.		
20	My parents understand me.		
21	Most people are better liked than I am.		
22	I usually feel as if my parents are pushing me.		
23	I often get discouraged in school.		
24	Things usually do bother me.		
25	I can't be dependent on.		

APPENDIX THREE
THE LEVEL OF RELIGIOUS MEASUREMENT

بسم الله الرحمن الرحيم

مقياس «م. ت»

إعداد:

صالح بن إبراهيم الصنيع

قسم علم النفس – كلية العلوم الإجتماعية بالرياض

العمر:

الحالة الاجتماعية:

الرقم :

المستوى التعليمي :

تعليمات المقياس

يتكون هذا المقياس من عدة عبارات، حول موضوعات مختلفة، وقد أعطى لكل عبارة ثلاثة اختيارات. المطلوب منك أن تقرأ كل عبارة واختياراتها ومن ثم تختار واحداً فقط من الاختيارات الثلاثة وتضع إشارة (م) داخل المربع المقابل لذلك الاختيار.

- تُرك أسفل كل عبارة واختياراتها فراغ لكتابة أي ملاحظات ترغب في ذكرها حول العبارة أو أحد اختياراتها.
- إحرص على أن تكون جميع اجاباتك صريحة، وأعلم أنه لا يوجد خطأ أو صواب في الاختيار، وإنما المطلوب هو أن تُعبر عما تفكر فيه وتعمله في الواقع حيال الموضوعات الواردة في عبارات المقياس.
- يرجى الإجابة عن جميع عبارات المقياس دون أن تترك شيئاً منها.
- المعلومات ستبقى سرية وتستخدم لأغراض البحث العلمي فقط.

١	<p>إيماني بالله:</p> <p><input type="checkbox"/> مماثل لإيمان أكثر الناس تديناً <input type="checkbox"/> مماثل لإيمان أوسط الناس تديناً</p> <p><input type="checkbox"/> مماثل لإيمان أقل الناس تديناً.</p> <p>ملاحظات تود ذكرها :</p>
٢	<p>الملائكة وعبادتهم لله :</p> <p><input type="checkbox"/> يدفعونني للاستزادة من العبادة كثيراً <input type="checkbox"/> يدفعونني للاستزادة من العبادة</p> <p><input type="checkbox"/> لا يغيرون في عبادتي.</p> <p>ملاحظات تود ذكرها :</p>
٣	<p>الكتب السماوية المنزلة:</p> <p><input type="checkbox"/> متفقة فيما بينها في الأصول <input type="checkbox"/> متفقة فيما بينها في الأصول والفروع <input type="checkbox"/> يخالف بعضها بعضاً</p> <p>ملاحظات تود ذكرها :</p>
٤	<p>أعرف من الرسل :</p> <p><input type="checkbox"/> معظمهم <input type="checkbox"/> بعضهم <input type="checkbox"/> محمداً ﷺ.</p> <p>ملاحظات تود ذكرها :</p>
٥	<p>يوم القيامة:</p> <p><input type="checkbox"/> أهتم به كثيراً <input type="checkbox"/> أهتم به بعض الشيء <input type="checkbox"/> أنساه لكثرة مشاغل الحياة</p> <p>ملاحظات تود ذكرها :</p>
٦	<p>القدر:</p> <p><input type="checkbox"/> قسمة الله العادلة لخلقه <input type="checkbox"/> يُسلم به الانسان <input type="checkbox"/> مفروض على الانسان رضى أم لم يرضَ</p> <p>ملاحظات تود ذكرها :</p>
٧	<p>محبي محمد ﷺ</p> <p><input type="checkbox"/> أكثر من محبي نفسي <input type="checkbox"/> مثل محبي نفسي <input type="checkbox"/> أكثر من محبي لأقرب أقاربي.</p> <p>ملاحظات تود ذكرها :</p>
٨	<p>صلاة الفريضة:</p> <p><input type="checkbox"/> أؤديها دائماً في أوقاتها <input type="checkbox"/> أؤديها غالباً في أوقاتها <input type="checkbox"/> أؤديها أحياناً في أوقاتها.</p> <p>ملاحظات تود ذكرها :</p>

٩	<p>أؤدي الصلاة في جماعة: <input type="checkbox"/> دائماً <input type="checkbox"/> غالباً <input type="checkbox"/> أحياناً. ملاحظات تود ذكرها :</p>
١٠	<p>المكان الذي أصلي فيه: <input type="checkbox"/> المسجد في كل الأوقات <input type="checkbox"/> المسجد في معظم الأوقات <input type="checkbox"/> المسجد أحياناً ملاحظات تود ذكرها :</p>
١١	<p>صلاة النافلة: <input type="checkbox"/> أكفي بصلاة الفريضة <input type="checkbox"/> أحرص عليها أحياناً <input type="checkbox"/> أحرص عليها دائماً. ملاحظات تود ذكرها :</p>
١٢	<p>زكاة الفريضة : <input type="checkbox"/> أخرجها إذا طلب مني إخراجها <input type="checkbox"/> أخرجها في الوقت المناسب لظروفي المالية <input type="checkbox"/> أخرجها في وقتها. ملاحظات تود ذكرها :</p>
١٣	<p>الصدقة : <input type="checkbox"/> نادراً ما أتصدق <input type="checkbox"/> أتصدق أحياناً <input type="checkbox"/> أتصدق دائماً. ملاحظات تود ذكرها :</p>
١٤	<p>في رمضان: <input type="checkbox"/> يبقى أسلوب حياتي كما هو عليه في غيره <input type="checkbox"/> أزيد فيه عبادات التطوع قليلاً <input type="checkbox"/> أزيد فيه عبادات التطوع كثيراً. ملاحظات تود ذكرها :</p>
١٥	<p>صيام التطوع: <input type="checkbox"/> أكفي بصيام رمضان <input type="checkbox"/> أقوم به أحياناً <input type="checkbox"/> أحرص عليه كثيراً. ملاحظات تود ذكرها :</p>
١٦	<p>الحج : <input type="checkbox"/> لا أفكر فيه الآن <input type="checkbox"/> أفكر في أدائه في أول فرصة <input type="checkbox"/> أدتيه. ملاحظات تود ذكرها :</p>

١٧	<p>العمرة:</p> <p><input type="checkbox"/> لا أفكر فيها الآن <input type="checkbox"/> أؤديها أحياناً <input type="checkbox"/> أحرص عليها كثيراً.</p> <p>ملاحظات تود ذكرها :</p>
١٨	<p>الأمر بالمعروف والنهي عن المنكر:</p> <p><input type="checkbox"/> نادراً ما أقوم به <input type="checkbox"/> أقوم به أحياناً <input type="checkbox"/> أقوم به دائماً.</p> <p>ملاحظات تود ذكرها :</p>
١٩	<p>طاعة الوالدين:</p> <p><input type="checkbox"/> نادراً ما أقوم بها لكثرة مشاغلي <input type="checkbox"/> أقوم بها أحياناً <input type="checkbox"/> أقوم بها دائماً.</p> <p>ملاحظات تود ذكرها :</p>
٢٠	<p>صلة الأرحام :</p> <p><input type="checkbox"/> أتكاسل عنها كثيراً <input type="checkbox"/> أقوم بها أحياناً رغم متاعبها <input type="checkbox"/> أقوم بها في جميع الأحوال.</p> <p>ملاحظات تود ذكرها :</p>
٢١	<p>الزواج:</p> <p><input type="checkbox"/> يحميني وزوجتي والمجتمع <input type="checkbox"/> يحميني من الوقوع في الإثم <input type="checkbox"/> يُضَيِّقُ مجال متعتي</p> <p>ملاحظات تود ذكرها :</p>
٢٢	<p>الاختلاط بالمرأة الأجنبية:</p> <p><input type="checkbox"/> أقوم به عند الضرورة فقط <input type="checkbox"/> أقوم به في المناسبات الاجتماعية</p> <p><input type="checkbox"/> أقوم به تمشياً مع الحياة العصرية.</p> <p>ملاحظات تود ذكرها :</p>
٢٣	<p>أخذ الربح على المال من البنوك:</p> <p><input type="checkbox"/> أتجنبه <input type="checkbox"/> أجد فيه بعض الفائدة <input type="checkbox"/> أجده مناسباً للحياة العصرية.</p> <p>ملاحظات تود ذكرها :</p>

٢٤	<p>الخمر:</p> <p><input type="checkbox"/> لا أشربها <input type="checkbox"/> أشربها أحياناً. <input type="checkbox"/> أشربها غالباً لأشعر بالنشوة.</p> <p>ملاحظات تود ذكرها :</p>
٢٥	<p>أداء الشهادة:</p> <p><input type="checkbox"/> أؤديها في جميع الأحوال <input type="checkbox"/> أؤديها إذا سمحت لي الظروف.</p> <p><input type="checkbox"/> لا أؤديها لأتجنب الوقوع في المشكلات.</p> <p>ملاحظات تود ذكرها :</p>
٢٦	<p>دفع المال للحصول على ما لا يستحقه الانسان:</p> <p><input type="checkbox"/> أحذره <input type="checkbox"/> الجأ إليه عند الحاجة <input type="checkbox"/> يسهل لي كثيراً من المصالح.</p> <p>ملاحظات تود ذكرها :</p>
٢٧	<p>أخذ ممتلكات الآخرين بغير علمهم:</p> <p><input type="checkbox"/> لا أتساع فيه <input type="checkbox"/> أتساع فيه إذا كان الآخذ مضطراً <input type="checkbox"/> لا بأس به إذا كان المأخوذ قليلاً</p> <p>ملاحظات تود ذكرها :</p>
٢٨	<p>الحلف على أمر غير صحيح:</p> <p><input type="checkbox"/> سهل علي تجنبه <input type="checkbox"/> أمارسه أحياناً <input type="checkbox"/> أمارسه كثيراً.</p> <p>ملاحظات تود ذكرها :</p>
٢٩	<p>قول الكلام على غير حقيقته:</p> <p><input type="checkbox"/> نادراً ما أمارسه <input type="checkbox"/> أمارسه أحياناً <input type="checkbox"/> أمارسه كثيراً.</p> <p>ملاحظات تود ذكرها :</p>
٣٠	<p>التجني على الآخرين:</p> <p><input type="checkbox"/> يصعب علي عمله <input type="checkbox"/> أعمله في بعض الظروف <input type="checkbox"/> أعمله لأستطيع العيش مع الناس اليوم.</p> <p>ملاحظات تود ذكرها :</p>
٣١	<p>المكاسب التي أحصل عليها من طريق فيه شبهة:</p> <p><input type="checkbox"/> أخذها لزيادة دخلي <input type="checkbox"/> أخذها إذا كنت محتاجاً إليها. <input type="checkbox"/> أتخاشى أخذها.</p> <p>ملاحظات تود ذكرها :</p>

٣٢	<p>تقليد غير المسلمين:</p> <p><input type="checkbox"/> لا بأس به لظروف العصر الحالي <input type="checkbox"/> لا بأس به في ديارهم <input type="checkbox"/> لا يأتي منه إلا الضرر.</p> <p>ملاحظات تود ذكرها :</p>
٣٣	<p>تقليد الرجل للمرأة:</p> <p><input type="checkbox"/> لا بأس فيه <input type="checkbox"/> لا بأس فيه في بعض الظروف <input type="checkbox"/> فيه أضرار.</p> <p>ملاحظات تود ذكرها :</p>
٣٤	<p>إهدار حقوق الآخرين:</p> <p><input type="checkbox"/> أجدأ إليه أحياناً <input type="checkbox"/> أجدأ إليه في قليل من الأحيان <input type="checkbox"/> أجدأ إلى تركه</p> <p>ملاحظات تود ذكرها :</p>
٣٥	<p>التظاهر بإتقان العمل أمام الناس:</p> <p><input type="checkbox"/> أقوم به لتسهيل مصالحه <input type="checkbox"/> أقوم به في بعض الأوقات <input type="checkbox"/> أبتعد عنه.</p> <p>ملاحظات تود ذكرها :</p>
٣٦	<p>نقل الكلام بين الناس للايقاع بينهم:</p> <p><input type="checkbox"/> أعمله مع الناس الذين يعادونني <input type="checkbox"/> أتجنب عمله مع الأصدقاء <input type="checkbox"/> أتجنبه.</p> <p>ملاحظات تود ذكرها :</p>
٣٧	<p>أستخدم الشتائم في كلامي:</p> <p><input type="checkbox"/> غالباً <input type="checkbox"/> أحياناً <input type="checkbox"/> نادراً.</p> <p>ملاحظات تود ذكرها :</p>
٣٨	<p>إذا واعدت أنساناً:</p> <p><input type="checkbox"/> أتركه وأعتذر بالمشاغل والنسيان <input type="checkbox"/> أذهب إليه إذا كان عزيزاً عليّ</p> <p><input type="checkbox"/> أذهب إليه في الموعد بلا تأخر.</p> <p>ملاحظات تود ذكرها :</p>
٣٩	<p>الشَّخْر:</p> <p><input type="checkbox"/> يعجبني كلما شاهدته <input type="checkbox"/> يلفت نظري إذا كان الساحر بارعاً <input type="checkbox"/> أتجنبه.</p> <p>ملاحظات تود ذكرها :</p>

٤٠	<p>معاملتي للجار: <input type="checkbox"/> غير حسنة <input type="checkbox"/> حسنة <input type="checkbox"/> جيدة. ملاحظات تود ذكرها :</p>
٤١	<p>معاملتي للناس: <input type="checkbox"/> جيدة في الغالب <input type="checkbox"/> جيدة مع من أعرف <input type="checkbox"/> جيدة مع من لي معه مصالح. ملاحظات تود ذكرها :</p>
٤٢	<p>تقصير اللباس الى الكعبين: <input type="checkbox"/> ألتزم بذلك في كل ملابسي <input type="checkbox"/> أتغاضى عن ذلك في بعض المناسبات <input type="checkbox"/> أتجنب ذلك حتى أبدو أنيقاً. ملاحظات تود ذكرها :</p>
٤٣	<p>لبس الذهب والحرير: <input type="checkbox"/> أتخاشى لبسهما <input type="checkbox"/> ألبسهما في المناسبات <input type="checkbox"/> ألبسهما حتى أكون متميزاً عن الآخرين. ملاحظات تود ذكرها :</p>
٤٤	<p>إذا كان عندي محل واستخدمت الميزان: <input type="checkbox"/> أعادل الكفتين <input type="checkbox"/> أرجح الكفة التي لي إذا كان المشتري أجنبياً. <input type="checkbox"/> أرجح الكفة التي لي لزيادة أرباحي. ملاحظات تود ذكرها :</p>
٤٥	<p>تصوير الكائنات الحية: <input type="checkbox"/> أمتنع عنه <input type="checkbox"/> أمتنع عنه بالنسبة لصور الانسان <input type="checkbox"/> أمارسه بوصفه هواية. ملاحظات تود ذكرها :</p>
٤٦	<p>إذا قدمت خدمة لإنسان: <input type="checkbox"/> أتناسها <input type="checkbox"/> أتناسها إلا إذا كنت محتاحاً إليه <input type="checkbox"/> أذكره بها حتى لا ينساها. ملاحظات تود ذكرها :</p>
٤٧	<p>الاستماع لكلام الآخرين دون علمهم: <input type="checkbox"/> أتتركه <input type="checkbox"/> أتسلى به أحياناً <input type="checkbox"/> أمارسه لمعرفة ما يدور بين الناس. ملاحظات تود ذكرها :</p>

٤٨ الاشتراك في الجهاد:

- أشارك بكل ما أملك أشارك بالمال لمساعدة المجاهدين
 أشارك بالنصح والمشورة للمجاهدين.

ملاحظات تود ذكرها :

٤٩ شعر اللحية:

- أتركه ولا أخذ منه شيئاً أحلق بعضه أحلقه كله.

ملاحظات تود ذكرها :

٥٠ إذا كنت ولي يتيم:

- أعمل على تنمية ماله أعمل على تنمية ماله وآخذ منه ما أستحق.
 أعمل على استفادتي من ماله بقدر الامكان.

ملاحظات تود ذكرها :

٥١ الأطعمة الواردة من البلاد غير الإسلامية:

- اشتريها إذا اعجبتني اشتريها بعد استشارة البائع
 اشتريها بعد استشارة من أثق بمعرفته بها.

ملاحظات تود ذكرها :

٥٢ الصبر:

- نادراً ما أصبر أصبر أحيانا أصبر دائما.

ملاحظات تود ذكرها :

٥٣ النظر إلى المرأة الأجنبية:

- أنظر إليها لأرى مدى جمالها أنظر إليها إذا كانت شابة أصرف النظر عنها.

ملاحظات تود ذكرها :

٥٤ إذا رأيت نعمة على إنسان:

- أتمنى نحوها منه إلى أتمنى حصولي على مثلها أتمنى له المزيد.

ملاحظات تود ذكرها :

٥٥ اقرأ ما تيسر من القرآن:

- في أوقات متباعدة في كل أسبوع في كل يوم.

ملاحظات تود ذكرها :

٥٦	<p>أررد ذكر الله.</p> <p><input type="checkbox"/> في قليل من الأوقات لكثرة مشاغي <input type="checkbox"/> في بعض الأوقات <input type="checkbox"/> في كل الأوقات.</p> <p>ملاحظات تود ذكرها :</p>
٥٧	<p>إذا رأيت شخصا يسخر من آخر ملتزم بالدين:</p> <p><input type="checkbox"/> لا أتدخل في الأمر <input type="checkbox"/> أتدخل بما لا يغضب الطرفين <input type="checkbox"/> أتدخل قدر استطاعتي لمنع الساخر.</p> <p>ملاحظات تود ذكرها :</p>
٥٨	<p>الموسيقى والأغاني:</p> <p><input type="checkbox"/> أسمعها كثيراً <input type="checkbox"/> أسمعها أحيانا <input type="checkbox"/> أبتعد عن سماعها.</p> <p>ملاحظات تود ذكرها :</p>
٥٩	<p>عندما يتحدث شخص عن أمور الدين:</p> <p><input type="checkbox"/> أنصرف عنه. <input type="checkbox"/> أستمع إليه قليلا ثم أنصرف <input type="checkbox"/> أستمع إليه حتى ينتهي.</p> <p>ملاحظات تود ذكرها :</p>
٦٠	<p>إذا التحقت بالدراسة، يكون ذلك من أجل:</p> <p><input type="checkbox"/> تحسين مستوى دخلي <input type="checkbox"/> تحسين مكاتي الاجتماعية <input type="checkbox"/> تحسين نفسي والناس الآخرين.</p> <p>ملاحظات تود ذكرها :</p>
٦١	<p>مستوى تديني بشكل عام:</p> <p><input type="checkbox"/> مرتفع <input type="checkbox"/> متوسط <input type="checkbox"/> منخفض.</p> <p>ملاحظات تود ذكرها :</p>

THE LEVEL OF RELIGIOUS MEASUREMENT

Prepared by
Saleh Alsunie

Name:
Level of education:
Social Status:
Number:

Instructions of the measurement

This measurement consists of many items, covering different subjects. Three choices are given after each heading. You are required to read each heading and its choices and then put a tick in the box against your chosen answer.

- A space is provided after each item for your comments.
- There are no right or wrong answers; you are required to choose the answer most appropriate to yourself.
- Make sure to answer all questions.
- The information provided is strictly confidential, and will only be used for the purpose of scientific research.

1. My belief in Allah:

- Like the most religious of people
- Like the modestly religious of people
- Like the least religious of people

Comments:.....

2. The Angels and their worship of Allah:

- Encourage me to increase my worship very much
- Encourage me to increase my worship
- Do not change my worship

Comments:.....

3. The revealed Scriptures:

- There is agreement among them in fundamentals
- There is agreement among them in fundamentals and details
- Different from one another.

Comments:.....

4. Among Allah's messengers, I know:

- Most of them
- Some of them
- Only Mohammed peace be upon him.

Comments:.....

5. The day of Judgement:

- I care about it a lot
- I care about it a little
- I forget it as I am too busy

Comments:.....

6. Destiny:

- Allah's just decision for his creation
- One has to submit to it
- Forced onto the individual.

Comments:.....

7. I love Mohammed peace be upon him:

- More than myself
- As much as myself
- More than my close relatives

Comments:.....

8. I perform my obligatory prayers:

- Always in time
- Mostly in time
- Occasionally in time.

Comments:.....

9. I perform prayers in congregation:

- Always
- Some times
- Occasionally.

Comments:.....

10. I perform my prayers in the mosque:

- All the time
- Most of the time
- Occasionally.

Comments:.....

11. Optional prayers:

- I do not perform it at all
- I perform it occasionally
- I always perform it

Comments:.....

12. Obligatory poor due (zakat):

- I pay it if am asked to
- I pay it when my finances permit
- I pay it when its due.

Comments:.....

13. Charity:

- I seldom give to charity
- I occasionally give to charity
- I always give to charity.

Comments:.....

14. During Ramadan:

- My life style remain unchanged
- I increase my acts of non-obligatory worship slightly
- I increase my acts of non-obligatory worship a lot.

Comments:.....

15. Optional fasting:

- I do not perform it at all
- I perform it occasionally
- I always perform it.

Comments:.....

16. Pilgrimage:

- I am not thinking about performing it now
- I will perform it at the earliest opportunity
- I have already performed it.

Comments:.....

17. The lesser pilgrimage (umrah):

- I am not thinking about performing it now
- I will perform it at the earliest opportunity
- I have already performed it.

Comments:.....

18. Enjoining good and forbidding evil:

- I rarely do it
- I do it occasionally
- I always do it.

Comments:.....

19. I obey my parents:

- Rarely, as I am too busy
- Occasionally
- Always.

Comments:.....

20. I keep in touch with my blood relatives:

- Rarely
- Occasionally
- Always.

Comments:.....

21. Marriage:

- Protects me, my wife and society
- Protects me from sin
- Limits my desires.

Comments:.....

22. I mix with other women:

- Only when absolutely necessary
- During social occasions
- As necessary.

Comments:.....

23. Receiving interest payments from the bank

- I avoid it
- I find it has some benefits
- I find it necessary in a modern society.

Comments:.....

24. Alcohol:

- I do not drink it
- I drink it some times
- I always drink it.

Comments:.....

25. Standing in the witness box:

- I will do it in all occasions
- I will do it my circumstances permitting
- I avoid getting in trouble, so I do not do it.

Comments:.....

26. Bribery:

- I avoid it
- I do it when necessary
- It facilitates a lot of my affairs.

Comments:.....

27. Taking other peoples items without their prior knowledge:

- I do not allow it
- I allow it if the taker is in need
- I allow it in relation to minor items.

Comments:.....

28. False oath:

- I can avoid it easily
- I do it some times
- I do it a lot.

Comments:.....

29. Not saying the truth:

- I rarely do it
- I do it some times
- I do it a lot.

Comments:.....

30. Falsely accusing people:

- I find it difficult to do
- I do it under certain circumstances
- I do it so I can get by nowadays.

Comments:.....

31. Dubious financial gain:

- I take it to improve my income
- I take it if I need it
- I avoid it.

Comments:.....

32. Simulating non-Muslims:

- Is a reality in modern world
- Is permissible when living in non-Muslim countries
- Is only harmful

Comments:.....

33. Men simulating women:

- Does not bother me
- Is permissible under certain circumstances
- Is only harmful.

Comments:.....

34. Transgressing over the rights of others:

- I do it some times
- I do it very occasionally
- I avoid it.

Comments:.....

35. I pretend to perfect my work in front of others:

- I do it to facilitate my affairs
- I do it some times
- I avoid it.

Comments:.....

36. Going about with calumnies:

- I do it with my enemies
- I avoid it with friends
- I avoid it.

Comments:.....

37. I use swear words:

- Most of the times
- Some times
- Rarely.

Comments:.....

38. If I had an appointment with some one:

- I do not keep it
- I keep it if he/ she is a close friend
- I keep the appointment

Comments:.....

39. Witchcraft

- I enjoy watching it
- It catches my eye if the magician was professional
- I avoid it.

Comments:.....

40. My relation with my neighbour:

- Is not good
- Is fair
- Is good.

Comments:.....

41. My manners with other people:

- Is mostly good
- Good with those known to me
- Good with whom I have mutual interests with.

Comments:.....

42. Shortening my clothes to my knuckles:

- I do it with all my clothes
- I omit it in some occasions
- I avoid it in order to look smart.

Comment:

43. Wearing gold and silk:

- I avoid wearing them
- I wear it in social occasions
- I wear it to be distinguished.

Comments:.....

44. If I was a shop keeper, when weighing items:

- I am fair
- I shift the balance in my favour when dealing with strangers
- I shift the balance in my favour to maximize my gains.

Comments:.....

45. Taking pictures of living beings:

- I do not do it
- I do not take pictures of humans
- It is my hobby.

Comments:.....

46. After I have done a service to some body:

- I forget it
- I forget it unless I was in need
- I keep reminding him/ her of it least they forget.

Comments:.....

47. Over hearing people:

- I avoid it
- I miss about with it at times
- I do it to know what goes on between people.

Comments:.....

48. Taking part in jihad:

- I take part with all I have
- I give my money to help mujahedeen
- I give advice to mujahedeen.

Comments:.....

49. My beard:

- I do not shave it at all
- I shorten it at times
- I do not grow a beard

Comments:.....

50. If I was the guardian of an orphan:

- I endeavour to develop his/her assets
- I endeavour to develop his/her assets and charge for my services
- I endeavour to personally benefit from his/her assets as much as possible.

Comments:.....

51. With regard to food items imported from non-Muslim countries:

- I buy it if I like it
- I buy it after consulting with the seller
- I buy it after consulting with experts I trust.

Comments:.....

52. I am patient

- Rarely
- Some times
- Always.

Comments:.....

53. Unrelated women:

- I look at them to see how beautiful they are
- I look at the young ones
- I avoid looking at them.

Comments:.....

54. When I see a bounty in the hands of others:

- I wish it was taken from them and given to me
- I wish I had like it
- I wish them more.

Comments:.....

55. I read the Quran:

- Every so often
- Every week
- Every day.

Comments:.....

56. I remember Allah:

- Very occasionally as I am busy
- Some times
- All the time.

Comments:.....

57. If I see a religious person being ridiculed:

- I do not interfere
- I intervene with out upsetting either side
- I intervene as much as possible to stop it.

Comments:.....

58. I listen to music:

- A lot
- Some times
- I do not listen to music.

Comments:.....

59. When I hear some body talking about Islamic affairs:

- I walk off
- I listen for a shor while and walk off
- I listen till the end.

Comments:

60. I study to:

- Improve my income
- Improve my social status
- Improve myself and the state of those around me.

Comments:

61. My religiousity is:

- High
- Modest
- Low.

Comments:.....

APPENDIX FOUR

PARENTAL OR GAURDIAN AGREEMENT FORM

THE YOUNG OFFENDER AGREEMENT FORM

PARENTAL OR GAURDIAN AGREEMENT FORM

Parent's or Guardian's Name:.....

The researcher would like to inform you that there will be a treatment programme taking place inside the Social Observation Home, in Riyadh. This programme consists of two parts, one for experimental group, which will receive multisystemic treatment and the other for the control group, which will receive individual therapy. The researcher hopes that you will take this opportunity to have your boy become involved in this programme. If you are interested in having your boy participate, please sign this form as indicated.

Parent's or Guardian's Signature:.....

Date:.....

THE YOUNG OFFENDER AGREEMENT FORM

I..... agree to be counseled by the researcher as one participants of his treatment programme which will take place inside the Social Observation Home, in Riyadh. I understand that this programme consists of two parts, one for experimental group, which will receive multisystemic treatment and the other for the control group, which will receive individual therapy. I further understand that I will participate in this programme. If I have any question, I will not hesitate to ask the researcher.

The young offender's Signature:.....

Date:.....