

Psychosocial Factors Between Malaysian and Indonesian Juvenile Delinquents

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Abstract: Juvenile delinquency has been a major social problem to some Asian countries particularly Malaysia and Indonesia and few studies have looked at the ethnicity differences within juvenile delinquents. Psychosocial factors in terms of family functioning, self esteem, cognitive distortion and depression were examined in a sample of Malay (N=189) and Indonesian (N=131) juvenile delinquents. The instruments used were: Family Adaptability and Cohesion Scale (FACES III), Rosenberg Self-Esteem Scale (RSES), Reynolds Adolescent Depression Scale (RADS) and Cognitive Distortion Scale (CDS). Results indicated that: the Malay juvenile delinquents were significantly more depressed than the Indonesian juvenile delinquents; there were significant interaction effects of family functioning, self-esteem and cognitive distortion on depression in both groups; no significant effect of family functioning on depression was observed and finally a significant effect of self-esteem and cognitive distortion on depression was obtained. Findings argued that an enhancement of adolescents' rational thought should be emphasized in counseling, albeit the differences found in Malay and Indonesian delinquents.

Key words: Cognitive distortion • Depression • Family functioning • Juvenile delinquents • Self-esteem

INTRODUCTION

Juvenile delinquency has been a major social problem to some Asian countries particularly Malaysia and Indonesia and few studies have looked at the ethnicity differences within juvenile delinquents. Juvenile delinquency is becoming a global problem [1, 2]. In the United States, every five minutes, an adolescent is arrested for committing violent criminal acts and every two hours, a child is shot and killed [3]. The escalating number of juvenile delinquents also occurs in both Malaysia, (although it is within control) [4] and Indonesia [5, 6]. Therefore, it can be expected that the number of adolescents placed in rehabilitation and correctional centres in both countries has risen as well.

Researchers found that delinquent behavior develops and is maintained within the family social context [7]. A study in Korea [8] which was consistent with findings of those reported in other countries, indicated that delinquent adolescents showed more dysfunctional parental partner dynamics, poorer family

functioning and higher levels of family violence compared to student/non-delinquent adolescents.

It is likely that family functioning and self-concept work in conjunction with one another to predict adolescent externalizing behaviour [9]. Further, there is a relationship between positive daily parent-child interactions and juvenile delinquents' self-worth, which is an aspect of self-concept [10]. Rosenberg's finding has suggested that low self-esteem weakens ties with society and consequently promotes social maladaptation and delinquency [11].

Adolescents at correctional centres have various problems, namely sexual harassment, neglect, broken home and many more. Some of them also experience mood disorders such as depression [12-14]. The study by Chiles, *et al.* [13] revealed that 23% of 120 adolescent delinquents being studied suffered major depressive disorder.

Depressive symptoms are closely related to juvenile delinquents [15]. Adolescents in the correction centres are more depressed than those from the community based

samples [15]. Further, major depression is also found to be more prevalent among juvenile offenders particularly girls than in the general adolescent population [16]. In relation to depression, self-esteem has been conceptualized as both cause [17] and effect [18] of depression. Numerous studies have supported the association between negative self-views and vulnerability to depression [19, 20].

It is well known that cognitive distortion is a symptom commonly observed among depressed adults. That having been said, adolescents who are depressed also have a tendency to experience cognitive distortion. Depressed adolescents had significantly greater cognitive distortion than non-depressed adolescents [21]. Research on several different populations indicated a relationship between cognitive distortion and depression [21, 22]. Juvenile delinquents showed more depression [16], cognitive distortions and problem behaviour than non-delinquents [23].

Delinquent adolescents are generally at increased risk of committing future crimes [24, 25] and they are also at risk of not becoming healthy and productive adults [26]. Unruh, *et al.* also believed that an adolescent's continued criminality jeopardizes stable employment, career and living options as adults. As such, it is crucial that a study is conducted to help understand the problems.

The present study aims to assess: (1) the effects of family functioning and self-esteem on cognitive distortion, (2) difference in family functioning, self-esteem, cognitive distortion and depression between Malaysian and Indonesian juvenile delinquents and (3) the effects of family functioning, self-esteem and cognitive distortion on depression among Malaysian and Indonesian juvenile delinquents.

MATERIAL AND METHOD

Participants and Procedures: Two independent samples of Malaysian (N=189) and Indonesian (N=131) juvenile delinquents participated in this research. They were from several juvenile delinquents correctional/rehabilitation centres in Malaysia (Malay participants) and Indonesia (Indonesian participants). Permissions from the respective correctional/rehabilitation centres were obtained prior to the research.

Instruments: The research instrument consisted of a five-part questionnaire and they were:

- *Demographic questionnaire* was used to obtain background information of the subjects, which includes age, gender, academic background, ethnicity, family income and place of residence.
- *Rosenberg Self-Esteem Scale* (RSES) was used to measure self-esteem. The scale contains 10-items. Responses were evaluated on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). The reliability of the RSES for Malay version was $\alpha = .66$.
- *Cognitive Distortion Scale* (CDS) [27] assesses five dimensions of cognitive distortions: self-criticism (SC), self-blame (SB), helplessness (HLP), hopelessness (HOP) and preoccupation with danger (PWD). This scale contains 40 items and each dimension contains eight items. Each item is rated on a 5-point Likert scale, from 1 (*never*) to 5 (*very often*). The total score for the CDS is between 40 and 200 and for each dimension the total score is between 8 and 40. High scores indicate high cognitive distortion. The reliability of CDS for the Malay version was $\alpha = .97$.
- *Family Adaptability and Cohesion Evaluation Scales Third Edition (FACES III)* [28] contains 20 items for assessing real family condition and ideal/imaginary family condition. Each item is rated on a 5-point Likert scale ranging from 1 (*almost never*) to 5 (*almost always*). The reliability of FACES III for the Malay version was $\alpha = .80$.
- *The Reynolds Adolescent Depression Scale* (RADS) [29] was developed to evaluate the severity of depressive symptoms in adolescent ages 12 through 18 years. The RADS consists 30 items with 4-point Likert scale. Responses were evaluated on a 4-point scale ranging from 1 (*never*) to 4 (*always*). Possible total scores ranged from 30 to 120. Scores from 30 to 60 indicate that someone was in mid depression, scores from 61 to 90 represent moderate depression and scores from 91 to 120 indicate severe depression. The reliability of RADS for the Malay version was $\alpha = .90$.

All instruments were translated into the Malay and Indonesian languages using Brislin, *et al.* [30] back translation technique.

Analysis: T-test was used to ascertain the differences in the research variables (depressive symptoms, cognitive distortion, family functioning and self-esteem) of each sub-group. Multiple regression analysis was performed

to determine whether the interaction between family functioning and self-esteem was associated with an increase in cognitive distortion and to determine whether family functioning, self-esteem and cognitive distortion interactions were associated with an increase in depressive symptoms.

RESULTS AND DISCUSSION

Descriptive Analysis: The participants' ages ranged from 12 to 19 ($M = 14.12$, $SD = 2.50$) and most of them were at lower educational level (less than 12 years of school). Details of the demographic characteristics of both groups of participants are presented in Table 1.

Mean Differences in the Variables: In reference to Table 2, t-test analysis showed that Malay delinquents experienced more depression than Indonesian delinquents ($t=2.45$, $p<.05$). A significant difference was found in family functioning variable ($t=-6.59$, $p<.001$), family functioning of Indonesian delinquents was higher than those of the Malays. Furthermore, Indonesian adolescents had higher self-esteem compared to Malays ($t=-2.82$, $p<.01$). However, both samples did not show significant difference in cognitive distortion ($t=1.75$, $p>.05$).

Effects of Family Functioning, Self-esteem and Cognitive Distortion on Depression: Based on multiple regression analysis in Table 3, it was obvious that the interaction of family functioning and self-esteem significantly affected cognitive distortion ($F=30.48$,

$p<.001$, coefficient $R^2 = 16.2\%$). Independently, these two variables affected cognitive distortion ($t=-3.46$, $p<.001$; $t=-6.32$, $p<.001$). Results showed that the interaction of family functioning, self-esteem, cognitive distortion significantly affected depressive symptoms ($F=39.48$, $p<.001$, coefficient $R^2 = 27.6\%$). It was also proven that cognitive distortion and self-esteem affected depression significantly ($t=8.19$, $p<.001$ for cognitive distortion; $t=-3.13$, $p<.05$ for self-esteem). In contrast, family functioning did not affect depression ($t=-.39$, $p>.05$).

Results of multiple regression analysis on Malay juvenile sample to assess the interaction and individual effects of family functioning and self-esteem on cognitive distortion showed that the interaction of family functioning and self-esteem had a significant effect on cognitive distortion ($F=16.27$, $p<.001$, coefficient $R^2 = 15.3\%$). The two variables, family functioning and self-esteem had a significant effect on cognitive distortion (family functioning, self esteem; $t = -2.77$, $p<.05$, $t = -4.50$, $p<.001$, respectively).

In addition, multiple regression analysis conducted on family functioning, self-esteem and cognitive distortion on depressive symptoms among Malay delinquents. The result of the analysis showed that the interaction effect of these variables had significantly affected depressive symptoms ($F=17.2$, $p<.001$, coefficient $R^2 = 22.6\%$). The result also revealed that self-esteem and cognitive distortion had a significant effect on depressive symptoms ($t=-2.04$, $p<.05$; $t=5.46$, $p<.001$). However, family functioning did not have an effect on depressive symptoms ($t=-.25$, $p>.05$).

Table 1: Demographic characteristics of the sample

Variables	Malays N (%)	Indonesians N (%)
Gender		
Male	101 (53.4%)	84 (64.1%)
Female	88 (46.6%)	47 (35.9%)
Age: mean (SD)	16.32 (1.2)	16.82 (1.6)
Education		
High (>12 years)	57 (30.2%)	29 (22.1%)
Low (< 12 years)	132 (69.8%)	109 (77.9%)
Family income		
Low (< 1000 RM/IRD*)	98 (51.8%)	123 (93.9%)
Middle (1000 – 1500 RM/IRD)	48 (25.4%)	8 (6.1%)
High (>1500 RM/IRD)	43 (22.8%)	-
Place of residence		
Urban	62 (31.7%)	36 (27.5%)
Rural	127 (68.3%)	96 (72.5%)
Total	189 (59.1%)	131 (40.9%)

Note: *1000 IRD means IRD 1,000,000.00

Table 2: Differences in depression, cognitive distortion, family functioning and self-esteem among Malay and Indonesian juvenile delinquents.

Indicator	Malays N=189	Indonesians N=131	t
Depression			
M	79.36	75.66	
SD	14.02	11.9	2.45*
Cognitive distortion			
M	99.42	93.63	
SD	30.1	27.62	1.75
Family functioning			
M	63.7	71.05	
SD	10.34	9.01	-6.59***
Self-esteem			
M	25.69	26.78	
SD	3.37	3.37	-2.82**

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

Table 3: Multiple regression analysis between family functioning, self-esteem, cognitive distortion and depression

Total				Malaysian				Indonesian			
Model	R ²	F	t	Model	R ²	F	t	Model	R ²	F	t
C.Dist.	16.2%	30.48**		C.Dist.	15.3%	16.27**		C.Dist.	16.1%	11.98**	
F.Func.			-3.46**	F.Func.			-2.77*	F.Func.			-1.36
S.Est.			-6.32**	S.Est.			-4.50**	S.Est.			-4.55**
Dep.	27.6%	39.48**		Dep.	22.6%	17.18**		Dep.	36.8%	23.90**	
F.Func.			-0.39	F.Func.			-0.25	F.Func.			0.22
S.Est.			-3.13*	S.Est.			2.04*	S.Est.			-2.43*
C.Dist.			8.19**	C.Dist.			5.46**	C.Dist.			6.53**

* p < .05 ** p < .00

Among Indonesian juvenile delinquents, there was no significant correlation between family functioning and self-esteem ($r=.09, p>.05$). Multiple regression analysis found that the interaction between family functioning and self-esteem had a significant effect on cognitive distortion ($F=11.98, p<.001$), coefficient $R^2=16.1\%$. On its own, family functioning did not have a significant effect on cognitive distortion ($t=-1.36, p>.05$); while self-esteem had a significant effect on cognitive distortion ($t=-4.55, p<.001$).

A multiple regression analysis was conducted to determine the influence of family functioning, self-esteem and cognitive distortion on depressive symptoms among Indonesian juvenile delinquents. The results showed that the three variables had a significant effect on depressive symptoms ($F=23.90, p<.001$, coefficient $R^2=36.8\%$). Self-esteem and cognitive distortion had a significant effect on depressive symptoms ($t=-2.43, p<.05$; $t=6.53, p<.001$); while family functioning had no significant effect on the symptoms ($t=.22, p>.05$).

The result of the analysis showed a pattern of relationships among different variables, in particular, the effect of family functioning on cognitive distortion. Family functioning had a negative significant relationship with cognitive distortion among Malay delinquents. This means that when family functioning is high, cognitive distortion is low, vice versa. However, in the case of Indonesian delinquents, family functioning had no significant effect on cognitive distortion. In addition, there was no correlation between family functioning and self-esteem among Indonesian delinquents.

The findings of the present study suggest that self-esteem and cognitive distortion influenced depressive symptoms experienced by both Malay and Indonesian juvenile delinquents. The findings were in line with some other researches [21, 22] emphasizing on the significance of relationship between cognitive distortion and depression: the more one experiences cognitive distortion, the more depressive symptoms he or she will possess.

However this study's result was inconsistent with some other researches that indicated low effect of family functioning on the psychological health of adolescents [31, 32, 33]. The absence of the family functioning effects can be attributed to socio-cultural factors. In communal societies such as those practiced in Malaysia and Indonesia, relatives or neighbours could possibly nurture the adolescents in the absence of the natural parents. Moreover, extended families are still practiced in most families in both Indonesia and Malaysia. Consequently, family functioning did not play a role as a determinant factor leading to depression.

Results of the present study showed that cognitive distortion had a significant effect on depression. An individual with cognitive distortion experienced less effective emotional states and the inability to consider the consequences of his or her behavior [34]. Depression results from irrational thoughts or distorted thinking of individuals [21, 22].

The findings that self-esteem was had a significant effect on depression is consistent with findings of previous studies [17-20]. Individuals with low self-esteem experienced feelings of being worthlessness and meaningless.

The influence of family functioning on cognitive distortion prevails only among Malay delinquents but not among Indonesian ones. This could be due to the gender distribution in the sample of the study. There were more female respondents in the Malay samples (46.6%) than there were in the Indonesian samples (35.9%). The assumption is that family functioning must have been more important for the Malays that it affected cognitive distortion for the fact that females are more dependent on the well functioning of the family. This is supported by the fact, the facets in the FACES III (i.e. measurements for family functioning) involves aspects like emotional bonding, supportiveness, time and friends which are assumed to be essential components for females.

CONCLUSION

The study has a direct implication on the understanding of depression among juvenile delinquents. In order to reduce depressive symptoms in juvenile delinquents for both cultures, counselling should focus on the enhancement of adolescents' rational thought because cognitive distortion as indicated in the study is associated strongly with depression. Family cohesion is very important especially for the Malay juvenile delinquents' cognitive recovery. Among the Malay delinquents family functioning was low compared to the Indonesians. Since the family functioning was low it can be assumed that the family did not have a positive influence on the children. Therefore, the family could not nurture a sound and positive cognition.

A difference in pattern of interactions among psychological variables for the Malay and Indonesian juvenile delinquents was also found. This was probably caused more by different sample sizes between the two groups rather than the socio-cultural factors. It could also be due to the gender proportions which were imbalanced. Nevertheless, the study gives some insight into the psychological states of the delinquents in both groups. It is no doubt that this study contributes to the field of knowledge in this area of studies.

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