



Investigating The Benefits Of Pre- And Post-Training Of Behavioral Treatment Among Juvenile Delinquency In Case Youth Correction Center, Woliata, Ethiopia.

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ABSTRACT

In the modern world, adolescent offenders are becoming more and more common in all nations, developed, or developing. Ethiopia is among the less developed nations in the world and in Africa, and it has undoubtedly experienced serious issues related to young people. This study aims to assess the efficacy of pre and post training of cognitive behavioral treatment in lowering juvenile offenders' recidivism rates in the context of the Wolaita Ethiopia Youth Correction Center. 150 young people were used as a sample for this study, which was conducted in the youth punishment center in Wolaita, Ethiopia. Descriptive and mixed research methodologies were used in this study's design, and multiple regression analyses and t-tests were used for analysis. According to the t-test result, there is a significant difference between the pre-treatment and control groups when assessing the efficacy of CBT for young people in juvenile detention facilities. Additionally, the results of the multiple regression analysis show that the effectiveness of pre and post training of CBT is positively correlated with family, the economy, culture, communication, substance use, mortality, access to education, and school attendance. Conversely, peer pressure, broken families, and parenting style are negatively correlated. We draw the conclusion that, to assess the efficacy of CBT in pre and post training the research area, all relevant bodies ought to pay close attention to the primary variables that have been discovered.

Keywords: pre- training, post-training, behavioral treatment, Juvenile, Delinquency

Introduction

One of the most important issues that both developed and developing nations need to solve is juvenile delinquency (Ehiemua, 2014). According to SisayZegeye Tesfay Advisor: Mosisa Kejela, M'(2016), juvenile delinquency is defined as any criminal activity involving minors who are younger than the statutory age of majority. It is also referred to as juvenile offending or youth crime. Since most young people in the world are living in developing nations, where resources for health care, education and training, and more opportunities for socioeconomic development are scarce, these youths face additional challenges as a result of development restrictions (Greenberg et al., no date). The World Youth Report (Wangmo, 2017) states that young people nowadays face unique risks irrespective of their gender, place of origin, or nationality. Juveniles are more likely to commit crimes like drug addiction and aggressive acts against others because of the variety of opportunities they are given, some of which are good and some of which are bad. Juvenile delinquency's effects At the local and personal levels, youth arrests, referrals, petitions, and detentions result in large financial expenses for society. According to 27037 (2013), there are costs that criminals bear, costs that society bears in order to prevent or manage crime, and costs that offenders themselves bear.

Juvenile offenders, victims, families, and communities all bear social, psychological, and bodily consequences as a result of juvenile delinquency. Juvenile offenders are more likely to experience recurrent social, professional, and academic setbacks. These setbacks also increase the likelihood that they will drop out of school, experience mental illness, and face unemployment. These outcomes may result in weakening ties to the labor market, engaging in adult criminal activity, and entering the adult criminal justice system (Kosanke, 2019).

One of the major issues that practically every society in the world is dealing with is juvenile delinquency, and developing Ethiopia is no exception. The goal of the current research project in Ethiopia is to investigate the factors that influence young people to commit crimes and how we, as a society, may work to prevent juvenile offenses from occurring.

The issue of juvenile offenders exists in nearly every state, whether it is developed or not. Ethiopia is among the less developed nations in the world and in Africa, and it has undoubtedly experienced serious issues related to young people. One of the social issues that plague society as a whole, but particularly in rural, semi-urban, and metropolitan areas, is delinquencies. These days, the issues are seen throughout the nation's rural, semi-urban, and urbanized areas. Wolaita Ethiopia is a region in southern Ethiopia that combines rural, semi-urban, and completely urbanized areas. It is characterized by a high rate of adolescent delinquency, particularly in industrial and trade route communities (Radda, 1996). Adolescents in developing nations are committing violent and serious crimes at a startling rate these days.

Juveniles are increasingly engaging in violent person and property crime, as well as offenses related to alcohol, drugs, or narcotics. Poverty and economic decline have unquestionably made the issue worse. Ethiopia, one of the least developed nations on earth, has undoubtedly had to deal with a significant issue with juvenile offenders. One of the societal issues that plague all civilizations, particularly those in cities, is delinquencies. These days, the issues are visible in a nation that is becoming more urbanized. One of the most urbanized cities in the nation is Wolaita Sodo, where industrial and trade route villages have a high incidence of juvenile misbehavior.

A variety of environmental circumstances can have an impact on how juveniles develop both acceptable and unacceptable behavior. These variables could include the family's composition, size, and degree of education as well as the parents' jobs and occupations. The researcher was driven, among other reasons, to evaluate the primary causes of juvenile delinquency in order to lower the juvenile delinquents' recidivism rate by implementing cognitive behavioral therapy (CBT) at the youth punishment institution located in Wolaita, Ethiopia. Therefore, in the instance of the Wolaita Ethiopia youth detention center, this study was carried out to assess the efficacy of cognitive behavioral treatment in reducing recidivism among juvenile offenders.

Materials and Methods

Study data

The study was conducted in wolaita zone which is located in south Ethiopia region. The zone has a capital city of wolaita sodo and consists of one youth correctional center. For study purpose, our target population were prisoner at wolaita Sodo prison administration and correction center taking a sample of 150 prisoners with 98 male and 52 female adopting Yemane Taro (1967) sample size determination method from total population of 500, among 325 are male while 175 of are female using stratified random sampling technique. For source of data, both primary and secondary sources were used. In order to gather data and measure the effectiveness of CBT of juvenile delinquency among prisoner, standardized scales were adapted and used.

Statistical methods

For analysis, descriptive statistics such mean, standard deviation, multiple linear regressions, and t-test were employed to compare the mean difference between the treatment and control groups of youth.

Result and discussion

Socio-demographic Profile of respondents

The next figure, which shows the gender distribution of respondents, shows that 84% of respondents were male juvenile offenders, and the remaining 16% were female offenders. The majority of responders were female, according to the findings, compared to female juvenile delinquents at the correctional facility. The age categories of participants at the Wolaita sodo Correction Center's youth correction center are listed in the following table: 43.3% of participants were between the ages of 9 and 12; 27.3% were between the ages of 13 and 15; 24.0% were under the age of 8; and the remaining 2.7% were under the age of 18 years.

The results show that respondents' age range was primarily between 9 and 18 years old. It suggests that the

young people in correctional facilities were more adolescent and valued as useful members of society. The following figure shows the respondents' level of education. 34% of the young people residing in Wolaita sodo town's correction center had diplomas; 28% had attended elementary school; 22.67% were illiterate or had no educational background; 14% had finished high school; and the remaining 1.33% had finished their degrees in Ethiopian contexts.

The results show that most participants in the survey completed elementary school through diploma-level instruction. On the other hand, some young people lack formal schooling, which could result in juvenile cases. It's feasible to draw the conclusion that some of the young people in the correctional facility had only completed elementary school or were illiterate. When the participants were asked, "The residences/dwellings you were living in the past 5 years," 44% of them said they had lived in an urban center prior to entering the youth correction center, and 36% said they had lived in a semi-urban area that was close to a town but wasn't officially designated as one, where the majority of the youths were playing and staying. Twenty percent of the respondents did not live in a city. According to the research shown in the figure below, the majority of the juveniles or responders who are currently housed in correctional facilities are from urban and semi-urban areas. As a result, the researcher might draw the conclusion that metropolitan and semi-urban areas were home to the majority of juvenile offenders.

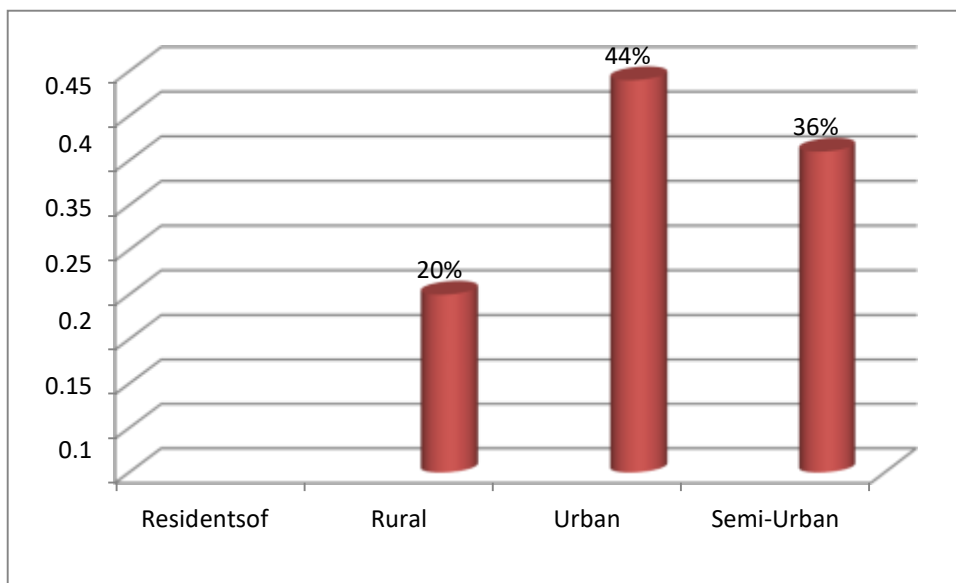


Figure1: Residents of respondents

The majority of respondents, as shown in the table below, were married in 31.33% of cases, divorced in 2.67% of cases, and widowed in 7.33% of cases. According to the data's outcome, the majority of responders were single. It indicates that all of the young people who entered Wolaita's youth punishment center were unmarried.

The following graph shows that, of the young people who visited the correctional facilities, 43.33% spent between three and five years there, 24% spent less than a year there, 18.67% spent more than five years there, and 14% spent between one and two years there. Based on the findings above, we may conclude that most respondents stayed

Table 1. Stay in prison of youth in the study area

Variables	Category	Frequency	Percentage
TimeinPrison	First time	88	58.67
	Once previously	28	18.67
	3-5times	18	12.00
	6-9times	11	7.33
	Above 9	5	3.33
	Total	150	100.0

According to their answers, we discovered that 88 (58.67%) of the respondents had never been behind bars, 28 (18.67%) had been once, 18 (12.00%) had been there three to five times, 11 (7.33%) had been there six to nine times, and just a small percentage (5.33%) had been there more than nine times. As seen in the above table, the majority of respondents stated that this was their first experience being incarcerated. The remaining respondents' incarceration histories varied.

Effectiveness of Cognitive Behavioral Therapy (CBT)

The ability of cognitive behavioral therapy (CBT) to lower recidivism Adolescent delinquency rate in Wolaita Ethiopian youth and correctional facility The cognitive method emphasizes how attitudes and feelings influence behavior, in contrast to previous behavior therapies that had nearly only concentrated on associations, rewards, and penalties to change behavior. These days, cognitive-behavioral therapy is among the most researched types of care. Numerous mental illnesses, including as anxiety, depression, eating disorders, insomnia, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and drug use disorder, have been demonstrated to respond well to it.

There is a lot of scientific evidence to support the use of cognitive-behavioral therapy in treating adolescent offenders. It will be wiser to assist those who are dealing with these delinquents in developing self-control, abstaining from their behavior, and creating coping mechanisms for daily life.

Legal and social service authorities around the world have made it a top priority to provide young violent offenders with effective cognitive behavioral therapy interventions, frequently in residential care. Placement of antisocial youth in specialized residential treatment centers, however, may have unfavorable effects, such as impaired adult physical and mental health (Barnert ES, Dudovitz R, Nelson BB, Coker TR, Biely C, Li N, et al., 2017) and increased reoffending risk (Aizer A, Doyle JJ. Juvenile incarceration, human capital, and future crime: evidence from randomly assigned judges .QJEcon., 2015).

When displaying oppositional or aggressive behaviors toward staff, for example, peers can provide support and encouragement. These negative influences or contagion effects point to the need for individualized interventions to supplement the more typical group-based interventions in juvenile forensic facilities. Systematic evaluations have identified promising treatments to lower criminal recidivism, despite the fact that treatment results are typically modest. Armelius and Andreassen conducted a systematic evaluation of 12 randomized controlled trials (RCTs) and non-randomized controlled trials of cognitive behavioral therapy (CBT)-based therapies for young offenders aged 12 to 22 who were incarcerated.

When compared to controls, interventions based on cognitive behavioral therapy were linked to a minor recidivism risk reduction (10% on average) in any new crimes at the 12-month follow-up. On the other hand, data did not indicate any differences between various CBT methods, nor were there any noteworthy treatment effects after 6 or 24 months. A systematic analysis of 31 randomized or quasi-experimental studies involving 12 to 21-year-old offenders confined for serious, repeatable, or non-violent acts was carried out by Morales et al. According to their findings, cognitive behavioral and multimodal therapies may have a marginally positive impact on reducing general recidivism and violence (odds ratio = 1.27, $p = 0.005$). In a systematic study of treatment programs for criminals in Europe, Koehler et al found that CBT therapies were more successful (mean reduction of 13% in reducing reoffending) compared to control groups.

Therefore, modern CBT combines the essential elements of cognitive and behavioral treatment. It's usual to think of social skills training as the behavioral aspect of cognitive behavioral therapy (CBT) and cognitive restructuring as its cognitive component.

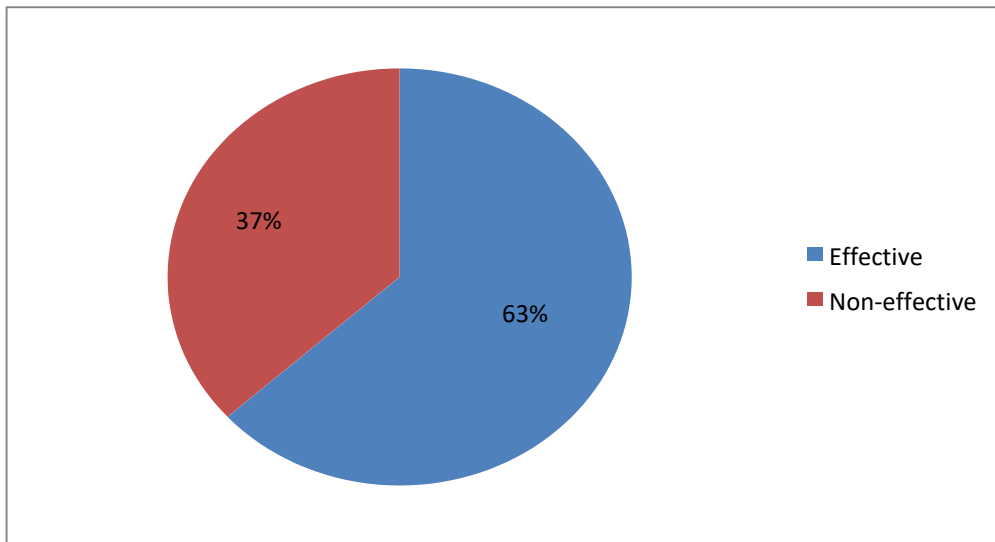
There is a compelling case for using cognitive behavior therapy (CBT), a goal-oriented, structured therapy, with young patients (Knell, 2009). CBT focuses on thinking deficiencies or distortions that are thought to obstruct the development of adequate social skills.

A growing number of CBT therapies are being modified for use with groups of kids and teenagers in educational settings (Flanagan, Allen, & Henry, 2010). When applied to children and adolescents in a group context, cognitive behavioral therapy (CBT) can yield positive outcomes like peer modeling, interpersonal learning, and increased group cohesion (Yalom, 2005). When it comes to social skills, CBT therapies have a number of global objectives. According to Kottman (2011), these objectives could include helping students communicate their emotions more effectively, reducing unhelpful ideas and views, improving adaptable and realistic relationship assessments, encouraging positive self-talk, and using problem-solving techniques more appropriately.

CBPT incorporates cognitive and behavioral interventions within a play therapy pattern. CBPT integrates ideas from behavior therapy, cognitive therapy, and cognitive behavioral therapy, which was the impetus for formulating the concepts and theoretical basis for CBT play activities, and verbal and nonverbal forms of communication are used to resolve problems. The general goal for the youth is to increase their ability to cope with problem situations and stressors, master difficult tasks, decrease faulty thinking patterns, and/or assist in achieving developmental milestones that have been delayed for some reason. CBPT places a very strong emphasis on youth's involvement in the process of developing appropriate social skills.

Cognitive behavior therapy means using thoughts, feelings, and behaviors to target emotion. There is a mountain of evidence to suggest that cognitive-behavioral therapy works very well for people in many situations.

Patients who receive cognitive behavioral therapy are able to identify and alter weak or risky thought and behavior models, then follow them up with more in-depth observations and useful behaviors. Helping patients is often involved, as it involves learning new techniques for interpersonal therapy in the actual world. Cognitive-behavioral therapy is still a psychotherapy technique that can teach patients how to change the way they think and behave in order to better manage the challenges they face in life. According to the hypothesis, altering your thoughts and actions will likewise alter how other people think and act. Thus, in light of the questions posed to the participants, how did you assess the efficacy of cognitive behavioral treatment for your minor suspect? The young people who made this claim in the Wolaita Sodo Town correctional facility retorted that throughout their previous two to five years there, the CBT therapy had been successful. The following figure presents the results of the descriptive statistics, showing that 63.30% of respondents thought the therapy was effective and 36.70% thought it was ineffective see below figure.



The respondents' varying answer frequencies and percentages on their satisfaction with the professional services offered at their correction centers were shown in the below table. Based on the responses of the youngsters, they provided varying answers during relevant and post-training sessions. Pre-training session replies revealed that 45 (or 30%) of the respondents strongly disagreed, however post-training session responses showed that 5 (or 3.33%) of the respondents came to reduce their disagreement and expressed more satisfaction as a result of the training they had received. Similarly, 5 (33.3%) disagreed after the post training session that their level of pleasure has increased as a result of the training they have received in their rectification facilities, whereas 55 (36.66%) disagreed during the pre-training period. After completing training in the post-training session, the number of respondents who were neutral in their response during the pre-training session dropped to 5 (3.34%). Conversely, throughout the relevant period, there were only 15 (10%) respondents who agreed; however, following the training, this number increased to 60 (40%) respondents, which was a very high percentage.

Table 2 Question on effectiveness for cognitive behavioral therapy

Variables	Response	Mean range	Pre-training		Post-training	
			Frequency	Percentage	Frequency	Percentage
You are satisfied with your counseling service given from Professionals in your correction centers	Strongly disagree	1to1.80	45	30	5	3.33
	Disagree	1.8to2.6	55	36.66	5	3.33
	Neutral	2.6to3.4	25	16.67	5	3.34
	Agreed	3.4 to4.20	15	10	60	40
	Strongly agreed	4.20 to5.00	10	6.67	75	50
	Total		150	100	150	100

Similarly, after obtaining professional training to address their pre-existing juvenile delinquent problems, the number of respondents who strongly agreed with the pre-training to post-training sessions climbed from 10 (6.67%) to 75 (50%). Additionally, their satisfaction levels increased. In conclusion, based on the two different categories of responses that have been given thus far, it has been observed that adolescents' juvenile

delinquency changes and they are helped to bring about a change in behavior when professionals are assigned to give the required training to children in correctional centers. Initially, they could profit from small adjustments rather than committing to activities both at home and outside. In their previous responses, they made reference to this situation.

Table 3 question on effectiveness for cognitive behavioral therapy

Variables	Response	Response meanrange	Pre-training		Post-training	
			Frequency	Percentage	Frequency	Percentage
The cognitive Behavioral therapy provided for your correction in last 2years were changed your way of thinking behaving compared With your last behavior	Strongly disagree	1to1.80	50	33.33	5	3.33
	Disagree	1.8to2.6	55	36.67	10	6.67
	Neutral	2.6to3.4	20	13.33	5	3.33
	Agreed	3.4 to4.20	15	10	55	36.67
	Strongly agreed	4.20 to5.00	10	6.67	75	50
	Total			150	100	150

The above table displays the CBT that was administered to those who ended up in jail throughout the past two years at the Sodo Correction Center. Of the respondents, 50 (33.33%) strongly disagreed prior to the training that their mentality had not altered from their previous behavior while incarcerated. By contrast, following the training (at the post-training session), 5 (3.33%) of the respondents strongly disagreed. In a similar vein, during the post-training period, the number of respondents who disagreed decreased from 55 (26.67%) to 5 (3.33%).

Prior to getting training to modify their previous conduct, five respondents (3.33%) were neutral, whereas twenty respondents (13.33%) were neutral before training. On the other hand, following training, the proportion of respondents who agreed that the cognitive behavioral treatment they got had changed their behavior increased from 15 (10%) to 55 (36.67%). Likewise, the proportion of participants who strongly agreed decreased from 10 (6.67%) before training to 75 (50%) after it. In contrast to the improvement in the behavior of the youngsters in their correctional institution over the preceding two years, their reaction to the sum indicated that there was a difference in the behavior of the individuals both before and after the training.

Table 4 question on effectiveness for cognitive behavioral therapy

Variables	Response	Mean range	Pre-training		Post-training	
			Frequency	Percentage	Frequency	Percentage
You have get more than 10 session of psycho-social counseling from both legal and counsel or professions in your correction centers	Strongly disagree	1 to1.80	50	33.33	5	3.33
	Disagree	1.8 to 2.6	55	36.67	5	3.33
	Neutral	2.6 to 3.4	20	13.33	5	3.34
	Agreed	3.4 to 4.20	15	10	60	40
	Strongly agreed	4.20 to 5.00	10	6.67	75	50
	Total			150	100	150

In the above table, the respondents responses revealed that there were ten sessions of psychological counseling, both from legal and professional counselors in the correction centers. Based on the respondents responses above, before training was given, 50 (33.33%) of them strongly disagreed, whereas 5 (3.33%) strongly disagreed after they took training. This showed that the increase in counseling services, either by legal or professional means, improved the behavior of juvenile youth in the correctional centers. Those who replied as disagree also decreased from 55 (36.67%) to 5 (3.33%), which was similar to those who strongly disagree. On the other hand, the respondents who were neutral in their responses constituted 20 (13.33%) before training and 5 (3.34%) after training. Regardless, there was a change in situations with the consecutive provision of psychosocial counseling from both the legal and counselor professions.

Table5 question on effectiveness for Cognitive Behavioral Therapy

Variables	Response	meanrange	Pretraining		Posttraining	
			Frequency	Percentage	Frequency	Percentage
You are well equipped	Strongly disagree	1to1.80	35	23.33	5	3.33
	Disagree	1.8to2.6	65	43.33	10	6.67

									Lower	Upper
Effectiveness	Equal variances assumed	3.1	.08	-.856	148	.393	-.04553	.05319	-.15063	.05958
	Equal variances not assumed			-.911	123	.364	-.04553	.05000	-.14450	.05344

Based on table 8, the result of t-test of pre-training and post-training shows that there is mean significance difference at 10%. Further, the results of the multiple regression analysis show that the effectiveness of CBT is positively correlated with family, the economy, culture, communication, substance use, mortality, access to education, and school attendance. Conversely, peer pressure, broken families, and parenting style are negatively correlated (see table 9).

Table 9 Regression analysis result

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.600	.496		3.229	.002
	Family Economy	.087	.062	.107	1.406	.022
	Peer	-.116	.093	-.098	-1.255	.012
	Culture	.133	.082	.140	1.629	.006
	Broken Family	-.076	.074	-.090	-1.034	.003
	Parenting	-.020	.084	-.022	-.243	.008
	Communication	.105	.046	.185	2.296	.023
	Substance	.035	.088	.034	.399	.041
	Morality	.177	.076	.201	2.316	.022
	Education Access	.198	.088	.195	2.247	.026
School attendance	.092	.035	.196	2.645	.009	

Conclusion and Recommendation

According to certain studies, cognitive behavioral therapy (CBT) significantly enhances functioning and quality of life. CBT has been shown in numerous trials to be just as effective as or even more effective than psychiatric drugs or other types of psychological therapy. We conclude that all relevant agencies should closely monitor the key variables that have been identified in order to evaluate the effectiveness of CBT in the research field.

Recommendation

By taking on the intervention on each issue, the relevant bodies should give the primary causes of juvenile delinquency the attention they deserve. The causes include culture, family practices, education, and school attendance; therefore, schools, parents, and community organizations need to receive more focus. In order to help families comprehend how parenting practices and family dynamics affect delinquency, education must be encouraged. Large-family parents or guardians should pay close attention to and keep an eye on their kids' activities. In doing so, they can minimize the likelihood that their children will engage in delinquent behavior by staying in close contact with them and keeping an eye on their behavior.

Concerned parties (such as public psychology departments at universities, rehabilitation facilities, parents, teachers, religious leaders, the media, policies, courts, the government, and non-governmental organizations) must support family education about parenting techniques both at home and in the community. By using a large number of samples and extending the youth center to outreach, another study ought to be carried out. With the necessary equipment, the youth center building should enlarge and be situated apart from the jail facilities. The Youth Correction Center needs the advice of psychologists, attorneys, and community health professionals in addition to hiring counselors. The correctional centers should implement routine training and life skills instruction. Technology ought to facilitate learning and the change or adaptation of necessary behaviors.

Conflicts of Interest Declaration

As an author's we have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication.

An **Author Agreement** is a statement to certify that all authors have seen and approved the final version of the manuscript being submitted. They warrant that the article is the authors' original work, has not received prior publication and isn't under consideration for publication elsewhere.

Ethical issues

The data was collected after obtaining the consent of the participants. And the confidentiality of their response was maintained throughout the study process. Participants were participating only voluntarily. Personal privacy and cultural norms were respected. Finally, the results would be disseminated to the place where the study was conducted and to the department of psychology in werabe University.

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Ethical Consideration

During this study, first official letter was obtained from Parul University, Gujarat India that signifies the legality of the study and asks the research participants to cooperate during data collection. Secondly, the Wolaita Ethiopia youth correction centers administration and correction center write a letter of support for the researcher and data collectors to collect the necessary information from the target population. Thirdly, the sample juvenile delinquency youths was informed before responding to the questions, their responses would be kept secret and used only for the objectives of the study. They are also informed that they have full right not to participate in the study at all or not respond to any question. Thus, selected voluntary prisoners have been participated in the study and the questionnaire was asked by enumerators based on their verbal consent.

Acronym

APA-----American Psychological Association
 CBPT-----Cognitive Behavioral Play Therapy
 CBT-----Cognitive Behavioral Therapy
 CBT-----Cognitive Behavioral Therapy
 CRC-----Convention Rights of the Child
 CYD-----Community Youth Development
 FFT-----Functional Family Therapy
 RCT-----rehabilitation center therapy
 FGD-----Focus Group Discussion
 SPSS-----Statistical Package for the Social Sciences
 REBT-----Rational Emotive Behavior Therapy
 ANOVA-----Analysis of Variance

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