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Research Article

Perceived Interparental Conflicts Irrational Beliefs and Mental Health among Juvenile Offenders

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Abstract: The present study examines a sample of 140 juveniles. Study aimed to explore the relationship between interparental conflicts, irrational beliefs and mental health. Sample of the study was taken from borstal jail Faisalabad and district jail Lahore. Perceived interparental conflicts scale (CPIC), Irrational beliefs inventory (IBI) and mental health inventory (MHI) was use Results indicated that psychological distress has significant positive relationship with interparental conflicts and mental health. Furthermore, it was found that interparental conflicts significantly predict irrational beliefs. The study will give insights into as what type of interparental conflicts predicts irrational beliefs and different mental health problems in juveniles. It may help clinical psychologists/mental health practitioners to develop appropriate ways to manage interparental conflicts, irrational beliefs and mental health problems. Findings of the study may help mental health practitioners to develop appropriate assessment and treatment programs.

Keywords: Interparental Conflicts; Irrational Beliefs; Mental Health; Juvenile Offenders

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1. Introduction

The child is neither good nor bad by nature, and it is up to his parents to support him. The world accepts the theory that criminals are not born but are shaped by the society in which they live. Children are said to be a nation's future cream of the crop. However, the rate of juvenile delinquency in Pakistan has been steadily rising in recent years. According to [1], behavioural issues impede adolescents' academic, social, moral, and physical development. It has been discovered that the majority of adolescent problems stem from family issues.

Juvenile delinquency is a difficult occurrence in our society that continues from generation to generation. Interparental conflict has been identified as a major predictor of irrational beliefs among children, which leads to poor mental health. Parents are expected to provide an adequate diet, shelter, clothing, medical care, education, and supervision. Interparental conflict has been identified as a factor in children's behavioural and social maladjustment [2]. Underlying the emotional disruption was a chain of irrational thoughts that people have about themselves, others, and the world in which they live [1].

Adolescence is a critical period, and it is implicit that when a child acts antisocially, the parents are legally responsible for their children's actions. According to Davis and Jordan, juvenile delinquency has a negative impact on children's education (1995). Children's nonconforming behaviours pose academic and social challenges in US schools, according to the researchers. They also point out that delinquent adolescents have an unusually high number of deferrals and expulsions, as well as poor academic performance. [26] acknowledged in their report on Chicago adolescents that delinquency is one of the causes of grade retention and lower educational achievement. [2], family organisation successfully predicts the occurrence of delinquent acts in nontraditional

families. That is, conflicted families are more likely to fail to meet their children's needs. Poor adolescent modification has been linked to high levels of parental conflict and the associated inclination for them to be more hostile, aggressive, with-drawn, disconnectedly controlling and disciplining, as well as having a poor relationship with their adolescent, according to [2].

The study's goal was to investigate the relationship between interparental conflicts, irrational beliefs, and mental health. Irrational beliefs are distorting the connections between interparental conflicts and mental health. The study also discovered a link between socio-demographics and interparental conflicts and irrational beliefs.

Previous research has found that the prevalence of violence in Pakistan is very high based on daily observations. According to the 1998 Pakistani census, 23% of the population is between the ages of 20 and 34. Pakistan's remaining 54 percent of the population is under the age of 19. This demonstrates that children and youth are heavily represented in the Pakistani population. Youth are the most important group of people to assess and target any event because they are always the most receptive to various types of social change. This age group is also regarded as the most effective source of long-term behavioral change in society as a whole. If properly guided, young people can easily transition away from prevalent unacceptable behaviors.

The high number of juvenile offenders in Pakistani prisons reflects the high juvenile crime rate in the country. This area necessitates a great deal of thought and effort. Using an interview schedule technique, this paper investigates the causes of juvenile crime. The backgrounds of juvenile prisoners were investigated, with a particular focus on the presence of criminal behaviour or im-prisonment in their friends or families. This survey-based study was conducted on juvenile prisoners at Pakistan's Central Prison Rawalpindi in the summer of 2009 [3].

Lahore is 2nd largest city of Pakistan and provincial capital of Punjab [1-3,8]. Factors such as illiteracy, scarcity, water theft, factions and feuds, land disputes, terrorism, child trafficking, extortion, and money grabbing all contribute to rural juvenile delinquency in Pakistan. In Karachi, Lahore, Rawalpindi, Islamabad, Peshawar, and Quetta, juvenile delinquency includes trials for murder, attempted murder, bodily harm, dacoity, robbery, burglary, drugs, and motor vehicle theft [4-9].

Delinquency has become a worldwide scourge, spreading in both developing and developed societies in both planned and unplanned ways. Any civilised society's criminal justice system is the best because it ensures the rule of law and fair play for its citizens. In fact, monetary growth is unthinkable in a country where people are afraid for their lives and property due to civil war [10].

The main factors causing an increase in juvenile crime in Pakistan are money, land, sexual assault, illiteracy, honour killings, old enmity, and drug addiction. Militancy has recently emerged in "deeni madrisas" (religious education institutions), exacerbating the situation. These organisations educate children under the age of eighteen about militancy and sectarianism [11].

Indigenous researches had shown that the phenomenon of irrational beliefs had little attention with this context although interparental conflicts had a relationship with mental health in juveniles. Crime rate is also increasing according to that research which was causing mental health problems. There are some foreign researches which are showing the relationships of interparental beliefs and mental health. According to research, aggressive offences accounted for approximately 4.6 percent of all juvenile arrests in 2010, with the number of sadistic crimes remaining at the highest level since at least 1980 [12].

According to another study, violent crimes include murder and no negligent unlawful death, aggressive rape, robbery, and provoked assault. Since the early 1990s, violent crime has gradually declined after reaching a peak between 2004 and 2006. In the case of forcible rape, for example, the number of juvenile arrests in 2010 was the lowest since 1980, accounting for nearly one-third of the high reached in 1991.

Several studies have been conducted to investigate the relationship between parental conflict and youth delinquency. [13] studied the relationship between broken families and delinquency and discovered that family conflicts predicted a high rate of criminal behavior in boys from broken families. Boys who stayed with their mothers but had fewer clashes had lower delinquency rates than those from conflicted families, according to a fictitious study conducted in Switzerland.

1.1. Rationale of study

The study will give insights into as what type of interparental conflicts predict irrational beliefs and different mental health problems in juveniles like anxiety, depression and low behavioral and emotional control. It may help clinical psychologists/mental health practitioners to develop appropriate ways to manage interparental conflicts, irrational beliefs and mental health problems. The present study will investigate as how different interparental conflicts are related with development of different irrational beliefs and its impact on mental health among juvenile offenders.

1.2. Objectives of study

- To study the relationship between socio-demographics, interparental conflict, irrational beliefs and mental health among juvenile offenders.
- To investigate socio-demographics and interparental conflicts as predictors of irrational beliefs and mental health among juvenile offenders.
- To explore irrational beliefs as mediator between the relationships of interparental conflict and mental health.
- To investigate the relationship between juvenile offenders' demographics, irrational beliefs, and mental health.

1.3. Hypotheses

1. There is a significant relationship between inter parental conflicts, irrational beliefs and mental health
    a) There is a significant positive relationship between inter parental conflicts and irrational beliefs.
    b) There is positive relationship between irrational beliefs and psychological distress.
    c) There is a negative relationship between interparental conflict and psychological wellbeing.
    d) There is likely to be significant positive relationship between Inter parental conflicts and psychological distress.
2. There is a negative relationship between irrational beliefs and psychological wellbeing of juvenile offenders.
3. Interparental conflicts will significantly predict irrational beliefs and mental health after controlling different socio-demographics.
4. Irrational beliefs will significantly mediate the relationship between inter parental conflicts and mental health
5. There is likely to be a significant relationship between demographics, irrational beliefs and mental health of juvenile offenders.

2. Materials and Methods

The purpose of this study was to investigate the relationship between interparental conflicts, irrational beliefs, and mental health. The research was divided into two sections. Phase I involved translating the questionnaire into Urdu to make it more understandable to the general public. The scale's psychometric properties were also established. The scales

of perceived inter-personal conflicts and irrational beliefs were translated from English into Urdu. Phase II was dedicated to the main study.

2.1. Translation of scale

In phase I of the study, translation of Perceived interparental conflicts and irrational beliefs was done. The translation was done by professional psychologist, having two years' experience in academic field of psychology. Research supervisor examined the Urdu translations completed by experts. Each item was discussed in detail to make it more understandable after receiving the same rating. Pilot testing and cognitive interviews were carried out. The respondents were asked about their understanding of the instructions, response options, and items. The pilot testing included 100 respondents. Difficult terms, problems encountered, and questions were all documented. These issues were addressed, and changes were made.

2.2. Sample

A cross-sectional, quantitative survey was conducted to investigate the relationships between perceived interparental conflicts, irrational beliefs, and juvenile mental health. The following inclusion and exclusion criteria were used to select 140 respondents using non-probability, purposive sampling. Juvenile offenders were recruited and are being held under supervision at the district jail in Lahore and the borstal jail in Faisalabad.

2.3. Samping Strategy

Purposive selection of juvenile offenders was used. Only those participants who met the exclusion and inclusion criteria were approached. The following are the inclusion and exclusion criteria for participants.

2.3.1. Inclusion Criteria

140 male juveniles under age of 19 years will be included form bosrtal jail Faisalabad and district jail Lahore.

2.3.2. Exclusion criteria

Juvenile offenders who are more violent and destructive.

2.3.3. Demographic sheet

The following domains were included in the demographic sheet to collect biographic and personal information: age, education, family monthly income, father presence and occupation, mother presence and occupation, and number of siblings. Demographic characteristics of sample were given below which shows the %, frequency, mean and standard deviation of demographics.

Table 1 described the mean and standard deviation of age. It also showed the frequencies and percentages of socio demographics. There were different categories of age, the average age of participants was 1.8 years (SD= 0.32). Moreover, education was divided into four categories and Table 1 showed that (4%) of sample was illiterate (52%) are middle pass and (43%) of the sample had clear matric. Furthermore, Table 1 showed that (59.6%) of the sample had income above 10000 while (35.8 %) participant's parents had income below 25000. Next, it showed that (79%) belongs to nuclear family system. While (21%) belongs to joint family system.

Table 1 also showed that presence of father, which includes that (54%) participant's father was alive and (46%) had no more. Similarly, (55%) participants had alive mothers and (45%) had lose their mothers. As the profession is considered (36 %) participant's father was labor, (41%) was shopkeeper and (21%) had own business whereas, (30%) participants mother was working women and (51%) was homemakers. Moreover, number

of siblings had also diverse percentage in participants (73%) had siblings in the range of 0 to 5 and (27%) was from 6 to 10 in numbers.

Table 1. Mean, Standard Deviation, Frequencies and Percentages of Socio-Demographics of Juvenile offenders (N=140)

Variables	M (SD) f (%)
Age categories	1.8(0.32)
9-13	17(12.1)
14-18	123(87.9)
Education	1.3(0.46)
Illiterate	10(3.4)
Primary	35(25.2)
Middle	52(42.3)
Matric	43(30.7)
Family Monthly income	1.4(0.65)
10000-15000	83(59.3)
16000-20000	49(35.7)
21000-25000	8(5.7)
Family System	1.2(.40)
Nuclear	111(79.3)
Joint	29(20.7)
Father Presence	1.0(.21)
Alive	134(95.7)
Died	6(4.3)
Father occupation	1.8(.77)
Labor	51(36.6)
Shopkeeper	58(41.5)
Business	30(21.1)
Mother Presence	1.0(.20)
Alive	134(95.7)
Died	6(4.3)
Mother Occupation	1.2(.44)
Working Lady	38(28.1)
Housewife	102(72.5)
No. Of Siblings	3.7(2.2)
0-5	106(73.8)
6-10	34(27.4)

Note: M= mean, SD= standard deviation, f= frequency, %=Percentage

2.3.4. Children's Perception of Interparental Conflict Scale

Fin-cham was the first to investigate children's perceptions of interparental conflict (2013). It is employed in order to ascertain the child's perception of interparental conflict. It is made up of 51 items divided into four sub-scales: threat, conflict properties, triangulation, and self-blame. Internal consistency (alpha coefficient) was assessed at the scale and subscale levels in two samples, and test-retest reliability was assessed for the three superior scales. The scale's validity is supported by significant correlations with parental reports of marital conflict and significant associations with children's reports of their reactions to specific episodes of conflict. Threat.83, Self-Blame.78, Intensity.82,

Resolution.83, Coping Effectiveness.69, Triangulation.71 The test-retest reliability scale is 0.76.

2.3.5. Irrational belief Inventory (IBI)

An irrational belief inventory of 50 items with the following subscales will be used to assess children's irrational beliefs: Worrying, rigidity, problem avoidance, approval seeking, emotional irresponsibility. The higher the score, the more irrational the beliefs and the lower the belief level. Items are scored using Likert scales ranging from 1 to 5. The Alpha Coefficient for the entire irrational beliefs inventory was 89.

2.3.6. Mental Health Inventory

The Mental Health Inventory was developed by viet and ware in 1983 to assess mental health. The translator is Mahwesh Arooj Naaz. It is made up of 38 items in total, which are further subdivided into six subscales: anxiety, depression, behavioural emotional control, general positive effect, emotional ties, and life satisfaction. It's a 6-point Likert scale, with 1 representing "always" and 6 representing "never." The current sample's total MHI alpha coefficient is.90. With the exception of two items, all are scored on a six-point scale. Item 9 and 28 are exceptions and are scored on a five-point scale (5-1). A higher MHI total index score indicates positive mental health, while a lower score indicates negative mental health.

2.4. Procedure

At the first, permission of the research tools was taken from their authors. Juvenile offenders were selected for the present study through purposive sampling technique. As a screening tool for children's interparental conflict, the Children's Perception of Interparental Conflict Scale (CPIC), mental health inventory (MHI), and irrational belief inventory (IBI) scale were administered. Participants were informed about the purpose of the study, and their written consent was obtained. Mental health inventory and irrational belief inventory was administered to participants within 20 minutes. After completion of data collection student thanks, the juveniles of their cooperation. Generally, ethical consideration like confidentiality, privacy and written informed consent will be assured. The researcher administered a demographic questionnaire to each participant. After obtaining written informed consent from all participants, the researcher administered all other research questionnaires individually and orally. All participant data was entered into SPSS-21 after data collection (Statistical Package for Social Sciences-21). The analysis results were used to draw conclusions.

2.5. Ethical Considerations

During research, procedure following ethics is kept under consideration:

- Permission for using all the scales in current study was obtained from authors.
- Individual consent form was taken from participants for their willingness
- Confidentiality was also insured to participants, were allowed for their comfort to provide only their initials
- Clients were given the option to withdraw from the study at any time without penalty.

3. Results

The results chapter included both descriptive and inferential analysis. To begin, descriptive analysis was used to determine the frequencies, percentages, means, and standard deviations of each demographic variable. The reliability analysis was performed to determine the Alpha coefficient of the study's measures, which was significantly high

to acceptable. The Pearson product moment correlation was used. Multiple Hierarchical Regression analysis was also Regression and mediation analysis was also carried out.

3.1. Reliability Analysis

The analysis was done for the Urdu translated version of survey of perceived interparental conflicts and irrational beliefs and mental health inventory.

Table 2 indicated that the translated version of perceived interparental Conflicts, irrational beliefs and mental health was found to be strongly reliable. Results show high internal consistency of subscales of perceived interparental conflicts which includes Threat has strong reliability (α=.89). Similarly, Self-blame has (α=.78), Intensity has (α=.70), resolution alpha value is (α=.82), Coping Efficacy has value of alpha is (α=.65) which is moderate, whereas, frequency has the alpha coefficient value (α=.71) and, triangulation which has Cranach's alpha is (α=.71) which is reliable. Moreover, as subscales of irrational beliefs are concerned it includes, worrying with alpha coefficient (α=.68), Rigidity has (α=.73), Problem avoidance subscale of irrational beliefs has (α=.75) then, Demand For Approval has alpha value is (α=.58) which has low reliability. Mental Health scale has mainly two subscales Psychological Distress total alpha coefficient is (α=.63) and Psychological Wellbeing with alpha coffeiecnt value is (α=.89) which shows strong reliablelity.

3.2. Reliability Analysis

Hypotheses # 1: There will be a significant relationship between interparental conflicts, irrational beliefs and mental health.

Hypotheses # a: There will be a significant positive relationship between interparental conflicts and irrational beliefs.

Hypotheses # b: There will be a negative relationship between interparental conflict and psychological wellbeing.

Table 3 indicated inter-correlation between interparental conflicts, irrational beliefs and mental health. It shows significant relationship among inter parental conflicts, irrational beliefs and mental health of juvenile's offenders. There was significant positive relationship between irrational beliefs and mental health, which will further lead to psychological distress. If irrational beliefs go on increases, then psychological distress will also increase as results shows positive relationship. Table 3 also indicated inter-correlation between interparental conflicts and irrational beliefs. Interparental conflict has positive relationship, which shows that irrational beliefs significantly positively related with interparental conflicts when interparental conflicts increase. Results are indicated that conflict will further leads to irrational beliefs. Whereas, interparental conflicts had negative relationship with psychological wellbeing which shows that as interparental conflicts increases psychological wellbeing of juvenile offenders decreases. It directly affects the mental health (psychological wellbeing). Conflicts in a family will disturb the wellbeing.

Hypotheses # c: There is positive relationship between irrational beliefs and psychological distress.

Hypotheses # d: There is likely to be significant positive relationship between Interparental conflicts and psychological distress.

Table 4 shows that irrational beliefs have positive relationship with psychological distress as irrational beliefs leads to psychological distress. Similarly, there is a positive relationship between interparental conflicts and psychological distress (mental health). Interparental conflicts have significant relationship with psychological distress. Psychological distress in juveniles inter correlate positively with interparental parental conflicts.

Table 2. Psychometric properties of Subscales of perceived Interparental Conflicts, Irrational Beliefs Inventor (IBI) and Mental Health Inventory (MHI). (N=140)

Measures	n	M	SD	α	Range		Skew
					Potential	Actual	
Threat	12	10.24	1.16	.89	0-24	7-13	-.18
Self-blame	9	14.47	4.43	.78	0-18	10-17	-.44
Intensity	7	12.24	4.35	.70	0-14	8-14	-.97
Resolution	6	11.47	5.08	.82	0-12	8-12	-.67
Coping efficacy	6	11.10	3.44	.65	0-12	7-12	-.68
Frequency	6	11.00	2.76	.68	0-12	7-12	-.12
Triangulation	8	15.81	3.00	.71	0-16	10-16	-.14
Worrying	12	47.92	2.67	.68	12-60	40-53	-.30
Rigidity	14	56.12	4.38	.73	14-70	50-63	.10
Problem Avoidance	5	39.25	7.32	.75	10-50	33-49	7.75
Demand for approval	3	24.27	3.29	.58	7-35	19-29	.124
Emotional regulation	23	26.64	5.15	.70	7-35	20-34	3.27
Psychological wellbeing	46	79.09	4.34	.63	16-85	59-75	-.47
Psychological distress	6	37.67	3.70	.89	22-110	29-50	-.36

Note. n= Number of Items, M= Mean, SD= Standard Deviation, α= Cronbach's Alpha

3.3. Regression Analysis

Hypothesis # 6: Interparental conflicts will significantly predict irrational beliefs and mental health after controlling different socio-demographics i.e., age, father/s presence, mother's presence.

Table 5 shows multiple hierarchal regression analysis to explore various demographics, Interparental conflicts (frequency, threat, self-blame, triangulation, coping efficacy resolution, intensity) me as predictors of Irrational beliefs (Worrying, rigidity, Problem Avoidance, demand for approval, emotional irresponsibility) and mental health (psychological distress, psychological wellbeing). In step I, demographics (age, father's presence, mother's presence) were entered and statistically controlled. In step II, (frequency, threat, self-blame, triangulation, coping efficacy, resolution, intensity)

Model I was significant for worrying (F (3, 136) =1.51, p=0.21) and explained only 3% of variance, rigidity (F (3,136) = 1.90, p=0.12) with variance of 4% it was non-significant for problem avoidance (F (3,136) = 0.40, p=0.75), explained only 0.9% variance. Model 1 was significant for demand for approval (F (3,136) = 0.38, p=0.47) explained only 2% of variance in sample. Model I was significant for emotional irresponsibility (F (3, 136) = 3.2, p=0.02) and explained 5% of variance which indicated that age, father presence and mother's presence are significant predictors of emotional irresponsibility. Model 1 was non-significant for psychological wellbeing (F (3,136) = 1.05, p=0.95), explained 3% of variance in sample and significant for psychological distress (F (3,136) = 1.3 p=0.24) and explained only 3% of variance in sample.

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Table 3. Summary of Inter-Correlation between subscales of Perceived Inter parental Conflicts, Irrational Beliefs and Mental Health among juvenile offenders.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.CPIC	1	.25**	.51**	.253**	.522**	.379**	0.133	.227**	.228**	0.054	.190*	0.035	.172*	.226**	.328**	.292**	-0.15
2. THR		1	0.018	0.042	-0.028	.230**	-.170*	0.088	-0.108	0.019	-.244**	-0.002	-0.114	-0.013	-0.163	-0.019	-0.16
3. SB			1	.191*	0.089	0.072	- 0.059	.269**	0.089	.207	0.13	-0.05	.170*	0.019	0.156	.217**	-0.151
4.INT				1	-0.015	.314**	0.025	.243**	-0.145	-0.153	-0.017	-0.143	0.081	-0.138	-0.034	-.168*	-.204*
5. RS					1	0.121	-0.13	-.199*	.441**	0.034	.348**	.216*	.256**	.334**	.334**	.175*	0.056
6. CE						1	.186*	0.076	.205*	.294**	0.05	0.072	-0.008	.214*	.220**	.313**	0.019
7. FRE							1	-0.002	-.200*	-0.121	0.023	-.203*	-.281**	0.008	-0.042	.193*	-.213*
8. TRI								1	-0.058	0.111	-0.022	0.061	-0.14	-0.125	0.011	0.131	-.274**
9. IBI									1	.457**	.555**	.635**	.444**	.647**	.458**	0.135	.185*
10. WOR										1	.284**	0.064	0.146	0.126	.232**	.189*	0.026
11. RIG											1	0.07	0.138	.299**	.313**	0.061	0.074
12. PA												1	0.109	0.127	0.06	0.015	-0.046
13. DFA													1	.204*	.291**	0.053	.213*
14.ER														1	.445**	0.142	.272**
15. MHI															1	.597**	.521**
16. PSYD																1	-0.056
17.PSYWB																	1
M	80.7	10.24	14.4	12.2	11.4	11.1	11.0	15.8	196.8	47.9	56.1	39.2	24.2	26.6	119.0	79.00	37.6
SD	4.54	1.16	1.42	1.30	1.5	1.5	1.5	1.6	9.77	3.0	3.00	5.15	1.93	3.6	7.42	5.8	3.70

Note. CPIC=Children Interparental Conflict, THR=Threat, SB=Self Blame, INT=Intensity, RS= resolution, CE=coping Efficacy, FRE=Frequency, TRI=triangulation, IBI=Irrational beliefs, WOR=Worrying, RIG=rigidity, PA=Problem Avoidance, DFA=Demand for approval, ER=Emotional Irresponsibility, MHI=Mental health, PSYD=Psychological Distress, PSYWB=Psychological wellbeing. *p<.05, **p<.01, ***p< .001

Table 4. Summary of Inter-Correlation between socio-demographics, Subscales of Irrational Beliefs Inventory (IBI), and Mental Health Inventory (MHI) on Total Sample (N=140)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.Age	-	.471**	.196*	.066	.002	.114	.096	.090	-.093	-.017	.036	.168*	.075	.089	-.002	.019
2.EDU		-	.241**	.178*	.023	.141	-.111	.027	-.073	-.104	.091	.006	.107	.161	.016	.117
3.FP			-	.175*	.109	.045	.044	-.046	-.021	.132	.009	-.030	.016	-.010	-.122	.236**
4.FO				-	.039	.037	-.082	.152	-.047	.053	-.063	-.023	.023	.110	.117	.088
5.MO					-	.129	-.026	-.097	-.035	-.006	.027	-.151	-.005	-.105	-.030	.056
6.MP						-	-.050	.071	.066	-.103	.028	-.018	-.196*	-.010	-.049	-.106
7.NOS							-	.208*	-.089	.097	-.068	.017	-.115	-.145	-.160	-.081
8.FMI								-	-.160	.127	-.010	-.045	.030	-.028	-.013	-.068
9. FS									-	.060	.159	.130	-.117	-.070	.091	.026
10.PSYD										-	-.056	.189*	.061	.015	.053	.142
11. PSYW											-	.026	.074	-.046	.213*	.272**
12.WOR												-	.284**	.064	.146	.126
13.RIG													-	.070	.138	.299**
14. PA														-	.109	.127
15. DFA															-	.204*
16. EIR																-
M	15.5	1.3	1.04	1.86	1.27	1.04	3.7	1.46	1.21	79.0	37.67	47.92	56.12	39.25	24.27	26.64
SD	1.7	0.47	0.20	0.77	0.44	0.20	2.25	0.60	0.40	5.87	3.70	3.00	2.73	5.15	1.93	3.62

EDU=Education, FP=Father Presence, FO= Father Occupation, MO= Mother Occupation, NOS=No of Siblings, FMI=Family Monthly Income, FS=Family Status, PSYD=Psychological Distress, PSYWB=Psychological wellbeing. WOR=Worrying, RIG=rigidity, PA=Problem Avoidance, DFA=Demand for approval, ER=Emotional Regulation, Note. *p<.05, **p<.01, ***p< .001

Table 5. Hierarchal Multiple Regression Analysis Predicting age, Fathers presence, Mother Presence, Frequency, Triangulation, Threat, Self-Blame, Intensity, coping Efficacy and Resolution, Irrational Beliefs Total, psychological Distress and Psychological Wellbeing (N=140)

Predictors	worrying		Rigidity		Problem Avoidance		Demand For Approval		Emotional Irresponsibility		Psychological Wellbeing_		Psychological Distress	
	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β	ΔR^2	β
Step 1	.03*		.04*		.009		.018*		.046*		.03		.02*	
Age		.18*		.05		.095		.01		-.03		-.56		03
Father's Presence		-.06		-.03		.038		-.12		.23**		.13		.00
Mother's Presence		-.00		-.19*		.001		-.05		-.10		-.10		.03
Step 2	.16***		.17***		.12*		.030*		.145**		.22***		.24***	
Frequency		-.16*		.01		-.18		-.31***		-.027		.08		-.11
Triangulation		.06		.03		.10*		-.17*		-.085		.15		-.26***
Threat		.82		-.25**		-.04		-.18*		-.85		-.01**		-.25***
Self Blame		.16*		.06		-.11		.14*		-.47		.19*		-0.6
Intensity		.08		.00		.13		.10*		.015		-.21*		-.04
Coping Efficacy		.32**		.04		.04		.10		-.070		.15		.17*
Resolution		-.04*		.33***		.22*		.17*		.17*		.17*		-.05
Total R^2	.18***		.21***		.129*		.038*		.191***		.25***		.23***	
N	140		140		140		140		140		140		140	

Note. *p<.05, **p<.01, ***p< .001. Father's presence. Alive= 1, Died= 2. Mother's presence. Alive= 1, Died= 2.

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Model II was significant for worrying (F (10, 128) =3.07, p=0.02) and explained only 16% of variance, rigidity (F (10,128) = 3.57, p=0.00) with variance of 17%. It was significant for problem avoidance (F (10,128) = 1.93, p=0.46), explained only 0.1% variance. Model II was significant for demand for approval (F (10,129) = 3.8, p=0.00) explained only 3% of variance in sample. Model II was significant for emotional irresponsibility (F (10, 129) = 3.3, p=0.01) and explained 14% of variance. Model II was significant for psychological wellbeing (F (11,128) = 3.60, p=0.00), explained 22% of variance in sample and significant for psychological distress (F (11,128) = 3.90 p=0.00) and explained only 24% of variance in sample Overall predictive value of both models I and II were significant as both models explained 18%, 21%, 12%, 3%, 19%, 25% and 23% of variance for Worrying, rigidity, Problem Avoidance, demand for approval, emotional irresponsibility, psychological wellbeing, psychological distress respectively.

Hypotheses # 7: There is likely to be a significant relationship between demographics, irrational beliefs and mental health of juvenile offenders.

Table 6. Mediate interparental conflicts and mental health. (N=140)

	R	R^2	ΔR^2	β
Analysis one:				
MHI on CPIC	.32	1.08***		.32***
PSYD on CPIC	.29	.08***		.29***
PSYWB on CPIC	.15	.02		.15
Analysis Two:				
IBI on CPIC	.22	.52**		.22**
WOR on CPIC	.05	.03		.05
RIG on CPIC	.19	.03*		.19*
PA on CPIC	.03	.01		.03
DFA on CPIC	.17	.02*		.17*
EI on CPIC	.22	.05**		.22*
Analysis three:				
Step 1: MHI on IBI	.53	.28***		.53***
MHI on WOR				
MHI on RIG				
MHI on PA				
MHI on DFA				
MHI on EI				
MHI on IBI				
Step 2: MHI on CPIC	.56	.32***	.035	.56***

PSYD=Psychological Distress, PSYWB=Psychological wellbeing. WOR=Worrying, RIG=rigidity, PA=Problem Avoidance, DFA=Demand for approval, ER=Emotional Regulation, , Note. *p<.05, **p<.01, ***p< .001

Table 6 indicated inter-correlation between socio-demographics including age, education, father's presence, father's occupation, mother's presence, mother's occupation, family monthly income, number of siblings and family system. Table 6 shows significant positive relationship among age, education (0.47, ϱ<01), fathers' presence (0.19, ϱ<.05). Socio-demographics i.e., education, father's occupation, mother's occupation, family monthly income, number of siblings and family system all have non-significant correlation with Irrational beliefs (Worrying, rigidity, problem avoidance, demand for approval and emotional irresponsibility. Age had significant positive correlation (0.168, ϱ<.05) with irrational belief (worrying) as the increase in age leads to worrying. Table also shows significant positive relationship (0.18, ϱ<.05) between father's presence and emotional irresponsibility. There was significant negative relationship (-0.19, ϱ<.01)

between mother's presence and rigidity, which shows that presence of mother, will decrease the rigidity. There was significant positive relationship between (0.18, ϱ<.05) worrying and psychological distress, which indicated that more worrying would lead to more psychological distress. Rigidity had significant positive correlation with worrying (0.28, ϱ<.05) and emotional irresponsibility (0.29, ϱ<.01), which indicated that more rigidity would leads to high level of worrying and emotional irresponsibility. There was a significant positive relationship (.21, ϱ<.05) between demand for approval and emotional irresponsibility, which indicated that more demand for approval would leads to be high in the level of emotional irresponsibility. There is a positive relationship (0.21, ϱ<.05) between psychological wellbeing and demand for approval.

3.4. Mediation Analysis

Hypotheses # 8: Irrational beliefs will significantly mediate the relationship between inter parental conflicts and mental health.

In order to determine those irrational beliefs would mediate the relationship between perceived Interparental conflicts and mental health. The mediation analysis was done through regression analysis. The guideless of mediation analysis was taken by Baron and Kenny (1986). According to Baron and Kenny, mental health was regressed against perceived interparental conflicts. Mental health was taken as outcome variable and perceived interparental conflict as predictor. In second step, predictor perceived interparental conflicts predicted the irrational as mediator. In third step, the mediator irrational beliefs were analyzed with outcome variable mental health for juvenile offenders. In final step mediator (irrational beliefs) and predictor (Perceived interparental conflicts) was significant when mediator was controlled.

The analysis was conducted using mental health as outcome variable, perceived interparental conflicts as predictor and irrational beliefs (worrying, rigidity, problem avoidance, demand for approval and emotional irresponsibility) as mediator. Results indicated that predicted variable (perceived interparental conflicts) significantly predicting the outcome variable mental health (ϱ < .001), as psychological distress was also significantly predicted by predictor (ϱ < .001) but psychological wellbeing was not predicted by perceived interparental conflicts. On the second step, predictor significantly predicts irrational beliefs but worrying and problem avoidance are non-significant with perceived interparental conflicts. On third step, outcome variable was predicted significantly by irrational beliefs (F=(5,134), 10.60, (ϱ < .001)). At fourth step, mental health was significantly predicted by perceived interparental conflicts (F, (6,133) 10.43, (ϱ < .001)). Hence, according to Baron and Kenny, model it had been proved that full mediation was existed between as perceived interparental conflicts and mental health. Irrational beliefs (Worrying, problem avoidance) are not significantly predicted by predictor interparental conflicts. Sobel test provided significant value (ϱ< .05) which shows mediation between perceived interparental conflicts and metal health.

4. Discussion

The present research was conducted to explore the dimension of interparental conflicts, irrational beliefs that formed after conflicts and their effect on mental health of juvenile

It was hypothesized that there is a significant relationship between perceived interparental conflicts, irrational beliefs and mental health (see Figure 1 and Figure 2). Results indicated significant positive relationship of variables (threat, self-blame, intensity, resolution, coping efficacy, frequency, triangulation, worrying, rigidity, problem avoidance, demand for approval, emotional regulation, psychological wellbeing and psychological distress) , as all variable are inter correlated significantly. It was also hypothesized that interparental conflicts and irrational beliefs have a significant positive

relationship. It was indicated in results that if interparental conflicts had significant positive relationship with irrational beliefs, which can lead to delinquency. Studies have been conducted to found parental conflict and young people delinquency. It had investigated the relationship between conflicted families and delinquency, and it was discovered through these studies that family conflicts predicted a high delinquency rate among boys [15].

It was also hypothesized that there is a significant relationship between interparental conflicts and juvenile irrational beliefs, as research had shown that deliberate youth perceptions of interparental conflict and their difficulties. Their findings revealed that interparental conflicts were significantly related to youth belief problems in both European-American and African-American samples. As a result, interparental conflict was linked to youth externalizing behavioral and cognitive problems [26].

Furthermore, a positive relationship between irrational beliefs and psychological distress was hypothesised. Irrational beliefs were found to have a positive relationship with psychological distress. Irrational beliefs were also investigated in relation to negative psychological health behaviours. [16]. Dysfunctional mental distress is associated with stress and irrational beliefs. [17].

Then, it is hypothesised that there is a negative relationship between irrational beliefs and juvenile offenders' psychological well-being. Irrational beliefs are negatively correlated with psychological well-being, indicating that they have a negative impact on psychological well-being. Previous studies have also shown that irrational thinking can influence health behaviours. Some research has linked irrational health beliefs to a lack of devotion to well-being [18].

After controlling for age, father's presence, and mother's presence, it was hypothesised that interparental conflicts would significantly predict irrational beliefs and mental health. According to studies, inconsistent, psychologically disturbing parenting is associated with distress, depression, removal, delinquency, and other psychological issues [19,20]. It is understandable that new irrational beliefs may emerge in the negative environment created by individuals' experiences, in addition to the negative events that occur.

It was hypothesised that interparental conflicts and psychological distress have a positive relationship. There is also a direct link between parental conflict and psychological problems in adolescents, according to research. Furthermore, [21] examined the relationship between parental problems and adolescent psychological health in a sample of 452 youths in early adolescence and their families. Parental conflict was found to predict adolescent psychological problems or distress. As a result of the research, it was discovered that the psychological distress of juvenile offenders had a positive relationship with interparental conflicts.

Irrational beliefs were also hypothesised to significantly mediate the relationship between interparental conflicts and mental health. It could be irrational beliefs or cognitive thinking. The findings also demonstrated that the relationship between interparental conflicts and mental health had some effect, with irrational beliefs acting as a mediator. As previously stated, children's cognition, beliefs, and emotions play an important role in this process and may serve to mediate the relationship between aggressive interparental conflict and maladaptive behaviour and adjustment [22,23].

Finally, it was hypothesised that there is a significant relationship between juvenile offenders' demographics, irrational beliefs, and mental health. The findings demonstrated that demographics such as age, father's presence, and mother's presence are significantly related to irrational beliefs and mental health. A series of irrational thoughts that people have about themselves, others, and the world they live in underpin the emotional disturbance that is experienced, and these thoughts can change at different ages ([24,25].

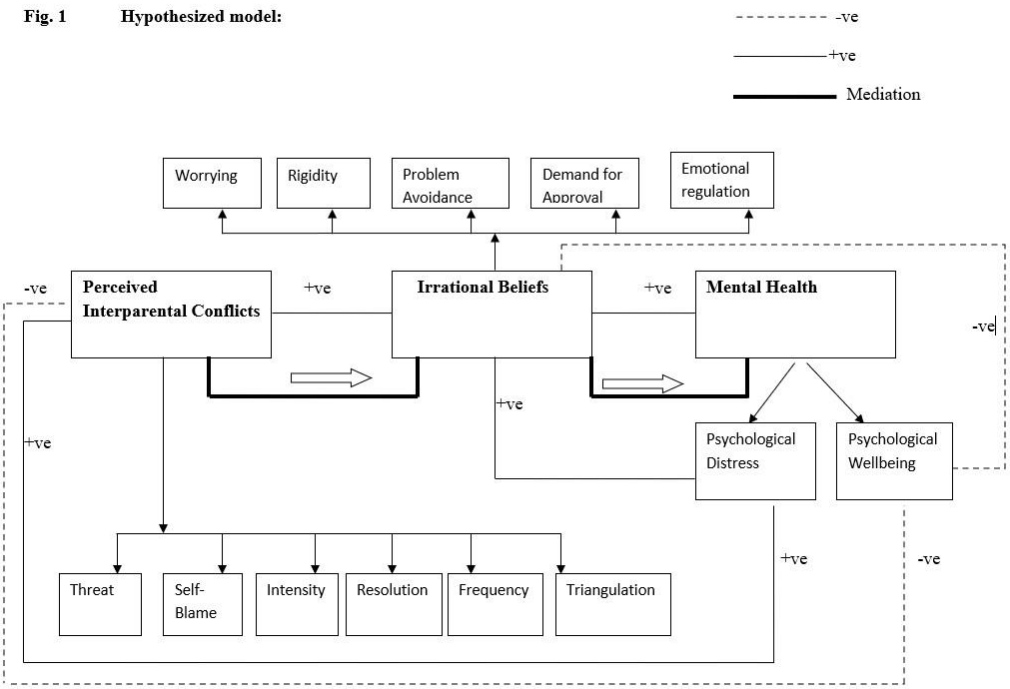

Figure 1. Hypothesized model.

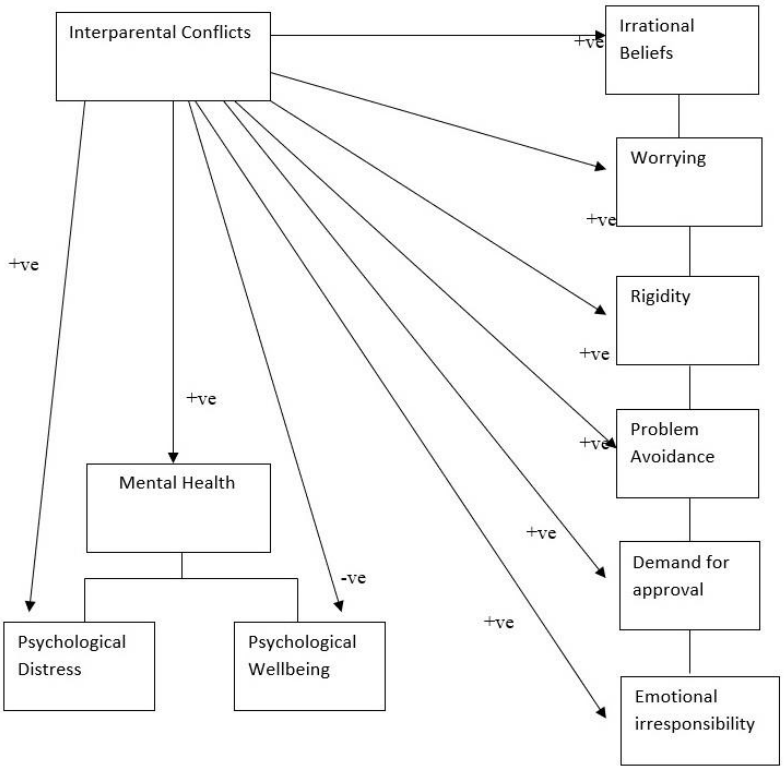

Figure 2. Irrational beliefs as mediator between perceived interparental conflicts and mental health.

5. Conclusions

It is concluded that there is a significant relationship between interparental conflicts, irrational beliefs and mental health. There is a significant positive relationship between inter parental conflicts, and irrational beliefs. Irrational beliefs and psychological distress had significant positive relationship. There is a negative relationship between interparental conflict and psychological wellbeing. There is a negative relationship between irrational beliefs and psychological wellbeing of juvenile offenders. Interparental conflicts will significantly predict irrational beliefs and mental health after controlling different socio-demographics. Irrational beliefs will significantly mediate the relationship between inter parental conflicts and mental health. There is likely to be a significant relationship between demographics, irrational beliefs and mental health of juvenile offenders.

5.1. Limitation and suggestions:

- A recognized limitation of this study is small sample size and reason, which can explain the small sample size, is for collecting large sample, there was limited resources and limited possibility.
- Longitudinal research must be conducted in future to further study or explore the variables on this population.
- Qualitative analysis must be done on juvenile according with these variables or other dimensions.

5.2. Implications of the study:

The first and foremost implication will be counseling services must be provided to the juvenile offenders. The present study conducted to find out the relationship between perceived interparental conflicts, irrational beliefs and mental health among juvenile offenders. The findings of study can be helpful for psychologists, parents and social workers to control the crime rate and develop prevention services to juvenile offenders. Strategies for juvenile offenders on school level and in jails different strategies must be introduced to children for the mental health. Counseling must be provided to family to resolve the interparental issues of family, which further leads to delinquency and mental health problem.

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