Psycho-Social Factors of Children in Conflict with Law at Care Institutions in Indian Context

Susheel kumar V. Ronad1*, Ashok kori2, Srinivas kosagi2, Obanaik P4, R.M. Timmapur3, Kiran Kumar T6 and Sushma C7
1Lecturer Department of Psychiatric Nursing, DIMHANS DHARWAD
2Psychiatric Social worker, DIMHANS DHARWAD
3Associate Professor Department of Psychiatry, DIMHANS DHARWAD
4Psychiatric Social Worker, DIMHANS DHARWAD
5Psychiatric Social Worker, DIMHANS DHARWAD
6Assistant Professor, Department of Management Studies, KCD, DHARWAD
7Clinical Psychologist, DIMHANS DHARWAD

*Corresponding author: Susheel kumar V Ronad, Department of Psychiatric Nursing, Dharwad Institute of Mental Health and Neurosciences, India, Email: susheelronad@gmail.com

Introduction

A child is born with purity and innocence. Nurturing a child is crucial in every child’s life if proper care and attention given in right way the child grows in constructive manner. Children show good performance when children’s surrounding environment is positive and supportive towards them. Child’s physical, psychological, moral and spiritual development builds them competent of become conscious to understand their capabilities. On the other side, detrimental environment, lack of basic needs, poor parenting supervision, other factors may turn a child to a delinquent i.e. a juvenile delinquent. In India, juvenile delinquency is one of social problems affecting not only on children with conflict with law but families, communities, and society. Child’s criminal behavior makes family suffer and face problems in the society.

Children represent about 38 to 40% of India’s total population and India has highest children in the world (Ministry of Statistics and program implementation, Govt of India, 2012). National Policy for Children in India proclaims children to be a national asset. Yet, India’s children continue to be in difficult circumstances.

According to National Crimes Records Bureau report of 2015, a rate of crime under cases of juveniles in conflict with law has been increased from 1.7 to 2.5% since 2005 to 2015. There has been 0.8% increase in cases registered under Indian Penal Code (IPC) against Juveniles in conflict with law during 2015. In 2015 cases registered against
Juveniles in conflict with law were 33,526. In 2005, the number of cases was 18,939 (NCRB, 2015). These figures draw the attention to focus on psychosocial issues of children with conflict with law in India.


Section 2 (1) of the Juvenile Justice Act, 2000 has defined “juvenile in conflict with law” as a juvenile who is alleged to have committed an offence and has not completed the eighteenth year of age as on the date of commission of such offence.


Section 2 (12) “child” means a person who has not completed the eighteenth year of age.

Section 2 (13) “child in conflict with law” means a child who is alleged or found to have committed an offence and who has not completed the eighteenth year of age on the date of commission of such offence.

Section 2 (21) “child care institution” means Children Home, open shelter, observation home, special home, place of safety, Specialized Adoption Agency and a fit facility recognized under this Act for providing care and protection to children, who are in need of such services.

Section 2 (35) “juvenile” means a child below the age of eighteen years.

Aim and objectives of the study

To study children in conflict with law
To study various causes of juvenile delinquents
To study psycho-social issues of children in conflict with law at the child care institutions in India
To know factors associated with juvenile delinquents

Methodology

The study followed web-based literature survey (secondary data) using Pubmed, Ebsco, Psyinfo, Government websites, etc by using key words such as children, Juvenile Delinquency, psychosocial issues, intervention like on. The researcher found about 80 studies which discussed on various aspects of children with conflict with law. The reviewer had chosen important studies for the review purpose.

Types of Juvenile Delinquency

3 major categories of juvenile delinquency

Violent crimes which result in bodily injury, such as assault, rape, murder; property crimes are committed when a juvenile uses force or threat of force to obtain the property of others and drug-related crimes involve the possession or sale of illegal narcotics.

Other categories

i) Minor violations which include minor traffic violation,
ii) Property violations,
iii) Major traffic violations which include automobile theft,
iv) Human addiction which include alcohol and drug addiction
v) Bodily harm which include homicide offences.

Recent issues of crimes by children in India

A lot of debate happened at Government, NGO’s, media and public level regarding crimes done by children under 18 years. Few major incidents were October, 2012: A 16 year old Delhi boy killed a 4 year old boy. December, 2012: A 23 year old medical student was raped by six men, one of whom as juvenile. August, 2013: A 22 year old photo/journalist is raped by five men at Shakti Mills in Mumbai. One of the suspects was under 18. September, 2013: A 12 year old girl was raped by five boys’ ages between 12-16 years (The Times of India, Delhi, September 22, 2013 ) One of the six men involved in the Nirbhaya gang-rape in Delhi, was a juvenile at the time of committing the crime.

Crimes have been increasing in spite of many efforts investing from different stakeholders in order to improve education, health, economic, policy and programmes of children in India. Professional social workers need to focus on psychosocial issues of juvenile delinquency in this context.

Causes of juvenile delinquency

Childhood incidents and experiences are significant in the development of criminality; on the other hand, it does not mean criminals expose their criminality early in life Causes of juvenile delinquency required to understand from sociological theories of juvenile delinquency. These theories put prominence on the environment, social structures and the learning process. Yet, many factors that take part in vital part of a youngster’s delinquent behavior (B. R. Sharma*, Sangeet Dhillon** & Sarmadi Bano, 2009)

Individual Factors

Individual factors cause for Juvenile delinquency. Individual factors are personality traits like submissive, defiance, hostility, impulsiveness, feeling of insecurity, fear, lack of self-control and emotional conflicts whereas situational factors are family, companions, movies, school environment, work environment etc. (B. R. Sharma*, Sangeet Dhillon** & Sarmadi Bano, 2009).

Family factors

Commonly, children need support, love, affection, keen parenting support and involvement of family members to grow prosowal. When these basic needs are missing which may affect child’s personality.

Broken homes, lack of love, lack of parental affection, gang subculture, poverty, negative influence of movie and media, urbanization, adolescent instability, lack of recreation, negative environment, low-socio economic, poor parental violence, availability of weapons, association with deviant peers, parental substance use, peer pressure, television violence, parental anti-social behaviour, poor academic performance, large family size, low educational attainment, drug or alcohol use of child, poor monitoring of children in school and criminal behaviour of siblings are the causes for juvenile delinquency.

Community factors

One study shows that causes of Juvenile crime due to bad
company, extra-pocket money, revenge factor, poor literacy rate, over exposure to media, lack of values, cheap literature, love of adventures, early sex experience and mental conflicts etc [1]. Juveniles are apprehended due to many reasons. Financial problem is not a single factor for juvenile delinquency; other factors increases the likelihood of juvenile delinquency.

**System factors**

Children involve in crimes and soon after such children apprehended by police officers as per law in India. Police officers register cases against children who make offenses of using forged or counterfeit currency/bank notes, grievous hurt, acid attack, attempt to act in attack, assault on women with intent to outrage her modesty, sexual harassment, assault on women, importation of goods from foreign country, causing death by negligence, industrial, political, caste conflict -SC/STs Vs. Non-SCs/STs, other caste riots, agrarian, other riots, criminal breach of trust and cheating forgery, murder, attempt to commit murder, rape, dacoity, robbery, theft riots, breaking unlawful assembly, making preparation and assembly for committing, attempt to commit rape, kidnapping & abduction, communal, deaths due to negligent driving/act, deaths due to other causes, offences against State, sedition, other offences against State, offences promoting enmity between different Groups, promoting enmity on ground of religion race and place of birth causing injuries under rash driving / road rage, human trafficking (Section 370 & 370A IPC), unnatural offences and Other IPC crimes cases. (NCRB, 2015)

**Juvenile offenders**

There is no single profile or adequate characterization of the diverse group of youth who come to be identified as juvenile offenders. Most youths who commit crimes as juveniles desist in early adulthood, and most who come to juvenile court never return on a new referral. However, a small group of juveniles is prone to continued offending.

**Risk factors**

The study by Kazdin and colleagues (1997) indicates that a risk factor predicts an increased probability of later offending. Shader, M. (2001) noted that some risk factors for juvenile delinquency at individual level in the early onset (6-11 years) are general offenses, substance use being male aggression, hyperactivity problem (antisocial) behaviour, exposure to television violence, medical, physical problems, low IQ, antisocial attitudes, beliefs Dishonesty. At late onset (12-14 years) are general offenses, restlessness, difficulty in concentrating, risk taking aggression, being male, physical violence, antisocial attitudes, beliefs, Crimes against persons, problem (antisocial) behaviour, low IQ and substance use. Risk factors at family level associated with juvenile delinquency. These risk factors in early onset in age group of 6-11 years are low socioeconomic status/ poverty antisocial parents, poor parent-child relationship, harsh, negligent, or inconsistent discipline, broken home, separation from parents. In late onset (12-14 years) are poor parent-child relationship, harsh or lax discipline, poor monitoring, supervision, low parental involvement, antisocial parents, broken home, low socioeconomic status, poverty, abusive parents, and family conflict. School environment influences on child’s behaviour. Certain risk factors at school level are associated with juvenile delinquency. Such risk factors are poor attitude, poor academic

**Consequences of juvenile delinquency**

Juvenile delinquency impacts on children. Children in conflict with law have psychological problems of depression, lack of personal attention, emotional deprivation, separation
anxiety, and lack of bonding, lack of creativity, low self-esteem, interpersonal relationship problems, concentration and poor study habits, difficulty in mainstreaming and adjust in society.

Psychiatric illness and children in conflict with law

Children in conflict with law suffering from psychiatric illness. Children suffer from following psychological problems like Depression, Anxiety, Personality Problems, Obsessive Compulsive disorder (OCD), Substance use, Phobia, Suicidal tendencies, Conduct Problems and Learning Disabilities (State Planning commission Tamilu Nadu, 2013)

Social workers

Social workers in correctional settings especially working in observation homes, have a variety of roles that range from direct patient care to liaison with outside agencies on behalf of their clients. Social workers direct care delivery is provided through counselling which is effective for juvenile offenders. And other therapeutic modalities such as rehabilitation model, group therapy, and such therapies are individual and group therapy. Individual psychotherapy: Person centred approach, cognitive behaviour therapy [6].

Role of Nurses in Caring for Juvenile Delinquent Children and their Families

The most effective way to prevent juvenile delinquency has indisputably been to assist children and their families early on. Numerous state programs attempt early intervention, and federal funding for community initiatives has allowed independent groups to tackle the problem in new ways [7]. The most effective programs for juvenile delinquency prevention share the following key components:

Education

Model programs have assisted families and children by providing them with information. Some programs in form parents on how to raise healthy children; some teach children about the effects of drugs, gangs, sex, and weapons; and others aim to express to youth the innate worth they and all others have. All of these programs provide youths with the awareness that their actions have consequences. This is particularly important in an era where youth are barded with sexual and violent images. Educational programs have the underlying intent of encouraging hope and opening up opportunities for young people [8].

Recreation

One of the immediate benefits of recreational activities is that they fill unsupervised after-school hours. The Department of Education has reported that youths are most likely to commit crimes between 2 p.m. and 8 p.m., with crime rates peaking at 3 p.m. Recreation programs allow youths to connect with other adults and children in the community [9]. Such positive friendships may assist children in later years. Youth programs are designed to fit the personalities and skills of different children and may include sports, dancing, music, rock climbing, drama, karate, bowling, art, and other activities.

Community involvement

Girl scouts, boy scouts, church youth groups, and volunteer groups all involve youth within a community. Involvement in community groups provide youth with an opportunity to interact in a safe social environment.

Prenatal and infancy home visitation by nurses

Nurses involved in the “Prenatal and Infancy Home Visitation by Nurses” program pay visits to low income, single mothers between their third trimester and the second year of their child’s life. During these visits, nurses focus on the health of the mother and child, the support relationships in the mother’s life, and the enrollment of the mother and child in Health and Human Services programs. A 15-year follow-up study found that mothers and children involved in the program had had a 79 percent lower child abuse rate, a 56 percent lower child runaway rate, and a 56 percent lower child arrest rate. Maternal behaviour problems also dropped significantly in the studied group [10].

Parent-child interaction training program

The “Parent-Child Integration Training Program” takes parents and children approximately 12 weeks to complete. It is designed to teach parenting skills to parents of children age’s two to seven who exhibit major behavioural problems. The program places parents and children in interactive situations. A therapist guides the parents, educating them on how best to respond to their child’s behaviour, whether positive or negative. The program has been shown to reduce hyperactivity, attention deficit, aggression, and anxious behaviour in children.

Bullying prevention program

The Bullying Prevention Program is put into place in elementary and junior high school settings. An anonymous student questionnaire fills teachers and administrators in as to who is doing the bullying, which kids are most frequently victimized, and where bullying occurs on campus. Once teachers and administrators have learned about how and where bullying occurs at their school, they set up class rules and facilitate discussions that address the problem. Individual bullies and victims receive independent counselling. The program succeeds in creating a safer, less hostile environment for students at minimal cost [11].

Limitation of the study

This study has some limitation. This is review based study focused only on psychosocial factors of children in conflict with law. The researcher did not focus on psychological management of juvenile offenders or children in conflict with law and interventions at family and community level.

Conclusion

From the above discussion why should work towards non institutional care than institutional care community based rehabilitation is an instrument for this Juvenile crimes cannot be stopped only through the proper implementation and amendments of Juvenile Justice Act. It is important to make aware about different reasons for involving crimes by parents and guardians. Juveniles involved in crimes are not criminals; in fact, they are victims of society in some cases. Juvenile delinquency can be stopped at an early stage, provided special care is taken both at home and in school. Parents and teachers play a major role in fostering the mind of a child. In stead of labeling them as criminals...
or delinquents, importance to be given on understanding needs of children and give them a scope of modification. The problem of child crime like many other social problems is linked up with the imperfections and maladjustment of our society.

References

6. Fatima N. Juvenile rights of individuals in mental health setup. 2015;1(II);10.
9. Dey M. Juvenile Justice in India.