

Revelations of juvenile psyche: guidelines to fostering mental health and ethical practices.

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Abstract

Fragility and sensitive nature of thought processes. The psyche of a child is like an unending scribbling of experiences, etched and manifested by means of the life that the child internalizes thorough his/her mind's window. For the world today, the word "Juvenile" is not an unknown phrase; rather it has become a national concern for many nations across the globe. It is not a judicial/social terminology per say. Rather it is behaviour, a psychosocial phenomenon that has been learned and reinforced in the course of the cascades of negative experiences that the child has lived through. The present endeavour is a scientific, quantitative and psychological intervention system that unfolds the psyche of a juvenile. It takes a qualitative perspective and single subject research design quantitative approach to build an in-depth insight on the mental health, well-being and psychological realms of the juveniles. 52 subjects belonging to Juvenile Observation Home are studied in the present research. Appropriate intervention measures revealed 95%-99% of positive significant difference across all the dimensions of mental health, well-being and overall quality of life after the interventions. Cases and revelations furnished herewith are in complete adherence to the informed consent of the children and the Juvenile/ Child Protection Homes.

Keywords: juvenile, justice, psyche, protection homes, child, mental health.

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Introduction

Behind the bars or dwelling in Juvenile Justice Homes, the world today comprises of more than 1 million children accused of Juvenile Delinquency [1]. In the generic sense of the term, Juvenile Delinquency has been considered as behaviour by a juvenile that is dangerous or potentially harmful to the society or him / her. Cyril Burt opines, "Delinquency as occurring in a child when his/her antisocial tendencies appear so grave that he/she becomes or ought to become the subject of official action." Different perspectives on the age, practices and behaviour patterns of juvenile delinquency prevail worldwide. However, from a universal point of view, juvenile delinquents are those offenders (including boys and girls) who are normally under 16 years of age. The types of delinquency include: running away from home without the permission of parents, habitual truancy beyond the control of parents, spending time idly beyond limits, use of vulgar languages, wandering about rail-roads, streets, market places, visiting gambling centres, committing sexual offences, shop-lifting, stealing and so on. Such acts are either done single-handedly or through a gang.

Review of Literature

Bernard [2] pointed on the importance of mental health across all the life domains of a person. He stated that individuals are adjusted to themselves and the world at large with a maximum of effectiveness, satisfaction, cheerfulness, socially considerate behaviour and the ability of facing and accepting their realities of life. A healthy and positive mental health plays a significant

role in shaping positive behavioural patterns, thought processes, personality and all life dimensions of an individual. Mental health outcomes in adolescents are characterized by greater adaptation in family, society, and school environment, improved quality of life [3].

Siegel and Welsh [4] studied the core aspects of juvenile delinquency. They described it as illegal behaviours by the minors. While, the term juveniles refer to the individuals younger than the statutory age of majority.

Juvenile Delinquency poses a serious threat to the physical, psychological, economic and social upliftment of a nation. The harm that it causes to the juveniles and society at large is breaks the boundaries of humanitarian values, ethical practices and well-being. Goodie and Erica [5] reflected that, "Since 2008, an estimated of 60% children in the United States were exposed to violence, crime, or abuse in their homes, schools and communities during the past year. Approximately 46% were assaulted once during the past year and 10% were injured in an assault. The violence in the households of teenagers can/ will have a significant impact in the lives of the teenagers as they grow up. Many juveniles are arrested before the age of 23, study finds."

Aetiology of Delinquent Behaviour

The scientific discipline of criminology has set the foundations of several theories that lead to delinquent behaviour. A comprehensive overview of the theories and their proposed facts in the following table (Table 1):

Table 1. Theories of delinquent behaviour.

Theory	Description
Rational Choice	It is one of the classical theories of criminology. The theory of rational choice emphasizes that committing a crime is an inherent tendency of a juvenile and is motivated by free will and personal responsibility.
Social Disorganization	Some criminologists believe that juvenile delinquency is an offshoot of territorial practices and influenced by one's culture.
Strain Theory	The strain theory proposes that delinquent behaviour in juveniles arises from the stress and strain they ail from. Various factors like poverty, lack of resources tend to aggravate one's tendency to acquire things through unfair means.
Differential Association	Peer pressure and performance pressure are the significant contributors to juvenile delinquency. The theory of differential labelling throws light on the fact that delinquency is associated with wrong peer connections, learning delinquent behaviours from peers, the urge to prove one's vigour, worth and peer influence.

Typology

Juvenile Delinquency from a psychological and legal perspective has been classified into three categories. They are:

1. Delinquency
2. Criminal Behaviour
3. Status Offences

Delinquency is characterized by the crimes committed by children/minors that are dealt in the juvenile courts. Criminal behaviour refers to the crimes dealt by the criminal justice system. While, status offences are those which are specifically done by minors, such as truancy and are also dealt by the juvenile courts. Notwithstanding the various forms and acts of juvenile delinquent behaviour, it is a harsh truth that such children are not only vulnerable in the physical, psychological, legal and social realms; but are also made the victims of ill-treatment and inhuman activities [6].

Issues and Challenges

Michael G Bochenek [1] revealed a case in which a “16-year-old T.W. was booked into Florida’s Polk County Jail in February 2012, his three cellmates punched him, whipped him with wet towels, and nearly strangled him with a pillowcase. They then urinated on him, sprayed his face with cleaning fluid, and stripped him naked before wrapping a sheet around his neck, tying the other end around the window bar, and pulling so tight he lost consciousness. They repeated this attack three times over the course of several hours without jail guards on regular rounds even noticing, a federal magistrate judge found.” The suffering of TW is a cumulating aspect of the hellish and inhumane situations that juveniles go through across the latitudes of the globe. They are despised, neglected, chained, beaten up, physically and sexually abused and made to go through life-threatening situations. More so, their basic human rights are violated every now and then. The World Report, 2016 has revealed a significant statistical data on the prevalence of violence on the juveniles. An estimated of more than one million juveniles around the world are victimized in multiple forms. It states that “many are held in decrepit, abusive, and demeaning conditions, deprived of education, access to meaningful activities, and regular contact with the outside world.” The vicissitudes also include physical ailments, psychological issues and lack of properly trained personnel to deal with the challenges, issues, needs and concerns of the juvenile delinquents. The society today calls forth sensitized and humanitarian approaches of helping the juveniles lead a life of positivity and meaningfulness.

Rationale

Worldwide estimates and research studies evidently indicate towards the prevalence, causes, juvenile justice systems, management and ill-treatment of the juveniles. Keeping this in view, an eclectic approach amalgamating humanitarian, psychosocial and intrapersonal aspects is imperative for imparting the juveniles with a better quality of life, positive living and a hope for a better future. The present study is a psychosocial, interpersonal and intrapersonal intervention model that focuses on respecting the individual right to life with dignity of the juveniles, fostering mental health, wellbeing and creating an enabling environment for the juveniles in conflict with law. It can be used as scientific and evidence based intervention guideline for the practitioners and professionals in the area.

Objectives

1. To study the mental health and well-being of juveniles in observation and juvenile justice homes
2. To develop an intervention model based on child rights and creation of an abuse-free, enabling environment for the juveniles
3. To study the impact of intervention

Method

Sample and sampling

The present study comprised of 52 juveniles who were the inmates of a Juvenile Observation Home, Maharashtra (India). The purposive sampling method was adopted to work with the subjects in the research. Following is a layout of the profiles and nature of delinquent behaviour/offences of the sample (Table 2).

The above table imparts a comprehensive layout of the profiles of the sample chosen for the study. Out of the 52 subjects, 29 are males and 23 are females. The age range is bifurcated into 2 groups which comprises of 6 yrs to 10 yrs and 11 yrs to 16 yrs. The number of subjects in each group is 19 and 33 respectively. More so, years of stay in the juvenile home with respect to the number of subjects are: Less than 5 yrs = 19 subjects, more than 5 yrs = 33 subjects. The types of offences which the juveniles are accused of are sexual offences, murder, theft, being a part of vindictive mob, drug-dealing and trafficking.

Table 2. Description of the research sample.

Gender	Age Range (In Years)	Year of Stay as an Inmate	Type of Offences
Males=29	6 to 10=19	Less than 5 yrs=19	It includes sexual offences, theft, murder, being part of a vindictive mob and scandal, drug dealing and trafficking.
Females=23	11 to 16=33	More than 5 yrs=33	

Tool Used: Mental Health Scale developed by Mahinder Kaur and N.R. Sharma [7] was used for quantitative data study and analysis. The scale consists of 60 items divided into 6 dimensions viz. emotional stability, self concept, autonomy, security-insecurity, adjustment and mental capacity. The test-retest reliability of the scale is 0.74, while the concurrent validity of the scale was assured by evaluation from subject experts.

Method

At the outset, prior permission and informed consent of the Secretary, professionals and the inmates of the Juvenile Observation Home were taken. They were informed about the objectives and positive implications of the study. A pre and post intervention assessment of the mental health and well being of juveniles were administered and were used as quantitative data. The study adopted an intensive 2 by 2 (age and duration of juvenile justice trial) single subject research design. The results obtained were analysed by using Mean Differences and Analysis of Covariance to determine the impact of intervention on the subjects of the study. The qualitative aspect of the study included analysis of the major issues and challenges faced by the juveniles, development of an intervention system and resolution of the same. The present research was conducted over a period of 5 months.

Representation of the psychosocial intervention model developed through the present research

The psychological intervention model can be viewed below (Figure 1).

The novelty of the intervention model lies in the incorporation of the right to life with dignity approach apart from other psychological techniques. From a psychological point of view, right to life with dignity means to love, respect and accept as one is [8]. The counselling and intervention modalities were based

on the foundations of the OLS-Utkal Approach, developed by Prof. Rath [8]. He states that, “This process of Counselling and interventions utilize the strength of the Constitutional mandate, the substratum of social responsibility and the inalienable birth right of an individual to excel in life. It is also Neo-Rogerian in nature because it is person-centered but the approach takes into consideration the social reality of India, believes in enabling and empowering the individual which many of our enactments seek to achieve. This approach aims to bring the ideals of “ensuring the dignity of the individual”, enshrined in the Constitution of India. More specifically it focuses on the Right to Life with Dignity of an individual. From a psychological perspective, it means to love, respect and accept an individual as he/she is” (Table 3).

Results and Discussion

Quantitative analysis

The scores of the pre and post intervention data, obtained through the mental health scale were analyzed using mean differences and Analysis of Covariance. The pre and post intervention Dimension-wise Analysis of Covariance are as follows: (Table 4).

The interventions had a positive impact on many of the dimensions of mental health and well-being of the juveniles. There was a significant difference in 99% of cases pertaining to emotional stability, autonomy and adjustment. Whereas, in 95% of cases, the self concept and security-insecurity dimensions, were seen to be statistically significant. However, there was no significant difference in the mental capacity dimension. The results reveal a significant difference in the emotional stability dimension and age (df=1, F=4.289 and P<0.05). There is a significant difference in the self-concept dimension and age difference (df=1, F=4.195 and P<0.05). A df of 1, F=9.738 and a P corresponding to P<0.01 i.e. a significant difference in

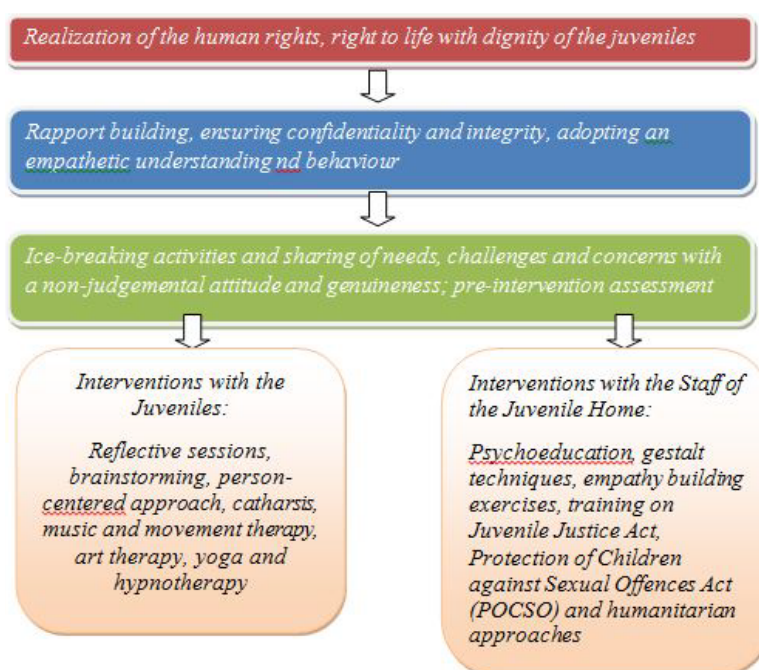


Figure 1. Representation of the psychosocial intervention model developed through the present research.

Table 3. Details of the intervention.

Length of the Intervention Period	No. of Sessions in Total	Time Per Session
The entire period of intervention lasted for a duration of 5 months	Total number of sessions per individual subject=18 Total number of Group Sessions=45	Total of 6 hours of interventions each day including individual and group sessions

Table 4. ANCOVA results.

Dimensions	df	F	Sig.
Emotional Stability	1	4.289	0.52* (Age)
Self-concept	1	4.195	0.054* (Age)
Autonomy	1	9.738	0.005** (Duration)
Security-Insecurity	1	4.651	0.043* (Duration)
Adjustment	1	8.036	0.010** (Duration)
Mental Capacity	1	3.888	0.063

the autonomy dimension and duration of stay in the juvenile home is also observed. More so, there is a significant difference between the security-insecurity dimension and duration of stay in the juvenile home at $P < 0.05$ level of confidence which is highlighted by $df=1$ and F ratio=4.651. Furthermore, a highly significant level of difference was observed pertaining to the dimension of adjustment and duration of stay in the juvenile home in 99% of cases ($df=1$, $F=8.036$, $P < 0.01$). Whereas, no significant difference among the variables was noticed in the mental capacity dimension of the study.

Qualitative analysis

The present study yielded significant positive impact on the mental health, sense of well being, positivity and quality of life of the juveniles in the Observation Home. The positive impact was observed in following ways:

- Enhanced realisation of the right to life with dignity of the juveniles.
- Being enabled and empowered regarding their child rights, protection against child sexual abuse and juvenile justice system
- Greater emotional strength
- Children, who were not revealing their personal identity and experiences, gradually started sharing the same with the researcher.
- A heightened sense of acceptance and strong bonding with the researcher.
- The staff of the juvenile home shed off their negative thinking and prejudice towards the children.
- They showed greater acceptance towards the children and treated them with increased human values.

Successful Case Scenarios and Revelations

The present research paved the way for some successful interventions and positive changes in the quality of life of the juveniles. Some of the case scenarios and revelations are shared below:

Case 1

K.C. was an 8 yr old boy in the Juvenile Observation Home. He used to stay isolated from the rest of the inmates and hardly talked.

Often he was seen sobbing and depressed. His peers shared that he had a habit of bedwetting and self-harming behaviour. In the initial phases of the intervention, K.C. hardly talked. He would just stare at the researcher for prolonged periods without uttering a single word. His eyes would get moist and he would run away thereafter. Intensive steps were taken to build strong rapport with the juvenile by the researcher. An assurance was given that his confidentiality and dignity would remain intact. After 3-4 sessions, K.C. finally addressed the researcher as “Didi”/ Sister and then shared his story. Since K.C. loved to draw and paint, the researcher used art therapy for helping the child to add a vent to his pent up suffering and emotions. He shared that he was sexually abused by his cousin at home. Even after repeated requests to his parents, they did not listen to him and said that he was too small to understand such aspects. This led him to run away from his home and join a gang of other juveniles at the railway station. He was finally institutionalised at the Juvenile Observation Home by the Police Personnel. K.C was not liked by the other inmates of the Home. He was quite often bullied, harassed, assaulted and neglected. Unresolved emotional and physical suffering aggravated self-harming behaviour and bed wetting habit. During the subsequent intervention sessions, K.C was administered with catharsis, music therapy, positive self-affirmations, hypnosis, behaviour management techniques, enabling and empowering sessions. Starting his life’s journey to getting transformed into a strong, yet talented survivor, K.C. is one of the favourites among his peer, Home Staff and has started attending Art Lessons too.

Case 2

With a pale face, weak body and rashes all over, the 16 yr old boy B.N. was one of battered and shattered children of the Juvenile Home. He was not attended by any of the staff and the other inmates did not mingle with him due to the fear of infection and contamination. During the intervention sessions with the researcher, B.N. revealed that he was having nightmares every day and has been ailing both physically and mentally since long. The researcher talked with the head of the Home, managing staff and arranged for a complete medical check up of the child. B.N. was diagnosed with auto-immune infections and a hole in his chest. Extensive field level programmes including Community Based Rehabilitation were carried out to gather funds, support and medical surgery of B.N. After successful surgery, B.N. revived and rejuvenated. He presented the researcher with a marvellous piece of artwork during the termination of the interventions. One of the inmates of the home, K.B. became his best friend. He was a survivor of sexual abuse by his mother’s sister. K.B. was empathetic towards B.N. and was also very cooperative among all the inmates of the Juvenile Home. His leadership qualities and warm behaviour was a strong support system for his peers in the Juvenile Home.

Other cases

Some juveniles shared about their fragmented families, torture and wrong peer group influence. S.L. said that his uncle used to misbehave with his mother and other elderly person of the family. One day S.L. got angry and stabbed his uncle with a knife and finally landed in the Juvenile Home. G.P. was a 9 yr old guy living in the urban slums. He gave poison to his parents

after his friends provoked him as a respite to get rid of their anger and resentment.

Discussion and Implications

The future of a nation is built on the foundation of helping its children groom into responsible citizens. In today's world, when more than 1 million children are behind bars and are accused of juvenile delinquency, there is an urgent need of appropriate services for the management and prevention of delinquent behaviour. The study is a psycho-scientific and path breaking approach in helping professionals to avoid prejudice, abuse and stereotypical attitude towards the juvenile delinquents. It imparts practical guidelines on how positive substantial changes can be brought about in the intrapersonal, interpersonal, emotional and overall quality of life of the juveniles residing in Juvenile Observation Homes, Trial Centres and other similar circumstances, with the help of empathetic approach, psychosocial interventions and respecting the right to life with dignity of the juveniles.

Scope for further improvement

1. The study can be conducted by involving more children from other Juvenile homes and similar settings to gain a wider perspective and to reach out more juveniles.
2. The time duration of the study can be made more prolonged.
3. An important limitation of the study is the absence of a

control group. Since the study incorporates a pre-post design, inclusion of a control group would have made the study and its results more precise and objective.

References

1. World Report. What is the Meaning of Juvenile Delinquency? Children Behind Bars 2016.
2. Bernard HW. Readings in Adolescent Development. International Text Book Company. 1969.
3. Hoagwood K, Jensen PS, Petti T, et al. Outcomes of mental healthcare for children and adolescents: A comprehensive conceptual model. J Am Acad Child Adolesc Psychiatry 1996;35:1055-63
4. Siegel LJ, Welsh BC Juvenile Delinquency: The Core. CEng age Learning. Social Science 2011.
5. Erica G. The New York Times. 2011.
6. Rath PK. Rights-based UTKAL-OLS Approach. Open Learning Systems. Bhubaneswar, Odisha 2007.
7. Kaur, Sharma. Construction and Standardization of Mental Health Scale. SJIF 2016;3.
8. Woolard S. The legal regulation of adolescence". In Lerner, R.; Steinberg, L. Handbook of Adolescent psychology. 2 (3rd ed.). New York: Wiley.2009;345-71.

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