PSYCHO-SOCIAL CHALLENGES OF INSTITUTIONALISED CHILDREN IN CONFLICT WITH LAW IN MIZORAM

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DECLARATION

I, Isaac Lalmuanpuia, hereby declare that the subject matter of this dissertation is the record of work done by me, that the contents of this dissertation did not form bias of the award of any previous degree to me or to do the best of my knowledge to anybody else, and that the thesis has not been submitted by me for any research degree in any other University/Institution.

This is being submitted to the Mizoram University for the degree of Master of Philosophy in Social Work Department.

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CERTIFICATE

This is to certify that the dissertation "**Psycho-social challenges of Institutionalized Children in Conflict with Law in Mizoram**" submitted by Isaac Lalmuanpuia for the award of Master of Philosophy in Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for award of any degree in this or any other university or institution of learning.

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ABBREVIATIONS

CCL: Children in Conflict with Law

OH: Observation Home

BPL: Below Poverty Line

APL: Above Poverty Line

AAY: Antyodaya Anna Yojana

IPC: Indian Penal Code

JJ Act 2000:   Juvenile Justice Care and protection Act 2000

NGO: Non Government Organisation

GO's: Governmental Organisation

CHAPTER I

INTRODUCTION

CHAPTER- 1

INTRODUCTION

The study attempt to assess the psycho-social challenges of institutionalized Children in Conflict with Law (CCL) in Mizoram.

The first chapter introduces the concept related to children, psycho-social challenges among the institutionalized Children in Conflict with Law. It also presents a theoretical framework to study psycho-social challenges of Children in Conflict with Law. This chapter also includes the statement of the problem and the chapter scheme of the study.

1.1. Children

According to Article 1 of the United Nations Convention on the Right of the Child, a child is "a human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier", and this is by 192 of 194 member countries. A Cambridge School Dictionary define child as "a young people who is not yet an adult" and some other English definitions of the word child include the foetus and the unborn. Biologically, a child is anyone between birth and puberty or in the developmental stage of childhood, between infancy and adulthood. The Juvenile Justice (Care and Protection of Children) Amendment Act, 2006 (JJ Act, 2000) defines a '*Juvenile*' or '*Child*' as any person who has not completed eighteen (18) years of age.

In India, definition of a child varies with the purpose. The census of India treats person below the age of fourteen as "children". While making use of standard demographic data, social scientist includes females in the age group of 15-19 years under the category to "girl child". According to the constitution, no child below the age of 14 years shall be employed to work in any factory or mine or engaged in any other hazardous employment

(Article 23) The legal definition of a "child" depends very much upon the specify legislation. The JJ Act (2000) defines *Juvenile in conflict with law* as a "juvenile who is alleged to have committed an offence and has not completed eighteen (18) years of age as on the date of commission of such offence".

Bishwa Nath Mukherjee (1957) discussed juvenile delinquency as a legal term and offers a psychological definition. He stated that *delinquency* is a legal term which denotes acts of varying degrees of social consequence from mere naughtiness of major assault, punishable by law.

The term "Delinquency" is commonly used to mean the misdeeds of the juveniles only, which are harmful to the society. Thus an adolescent is said to be juvenile delinquent when he starts stealing, assaulting, indulging in sex offences and develops symptoms like pathological and truancy. Most of these offences are said to be criminal actions when committed by a person beyond the age handled by the juvenile courts.

Children are very important to our society, and they are our future. They have hopes and dreams, and they need our protection. Webb (1996) stated, "Children and their families are interdependent. Therefore, when one member of a family system experiences difficulties, the stress reverberates to all members of the family. Although a child may be singled out as having a problem, we must look beyond the individual and think about the meaning and significance of the problem to all the family members in order to understand the problem source and to determine how best to focus helping efforts". Many children are abused, neglected, and abandoned so families are in need of intervention and support when it comes to caring for their children. "Family structure plays an important part for up bringing their children. Single parents are more likely to abuse their children than are parents who live together. Abuse in single-parenting families appears to be linked to poverty and may be

explained by the stresses of living at very low income levels. Single fathers are more prone to abusing their children in poor, single-father households. Gelles (1989) found that these fathers have a rate of severe violence towards their children 406 per 1,000, a rate higher than for any other group of parents".

According to Padmanaban (1973) states that Juvenile *Delinquency* involves 'wrong doing' or criminal offences committed by a non-adult who has not achieved maturity of mind as is unable to differentiate between the right and the wrong due to being in the Juvenile age range. On the other hand, Mishra (1991) pointed out that it encompasses not only violation of criminal law committed by persons below a certain chronological age but, also such acts or courses of conduct that are forbidden for minors such as truancy, incorrigibility, association with immoral persons, running away from home, promiscuity, drinking and drug addiction (Mishra, 1991). Diaz (1983) defined Juvenile Delinquency as the deviant action, inclusive of crime, which is indulged in by a young person above the age of reason.

Therefore, we can conclude that Children in Conflict with Law means a minor who has committed an offence under the statute of the land. Or any person who had committed an offence under the Indian Penal Code (IPC) before completing eighteen (18) years of age.

1.2 Psycho-social

Most broadly, psycho-social development of children is defined as the gradual psychological and social changes that children make as they mature. Psychosocial development consists of the psychological aspects of human development – the capacity to perceive, analyze and learn from experiences, understand oneself and others, and experience emotion and social development – the ability to form attachments, especially to caregivers and peers, maintain satisfying reciprocal social relationships, and to learn and follow the social codes of behavior of one's own culture. The term "psycho-social" implies a very close

relationship between psychological and social factors. When applied to child development, the term underlines the close, ongoing connections between a child's feelings, thoughts, perceptions and understanding, and the development of that child as a social being in interaction with his or her social environment. Put slightly differently, psychosocial development is influenced throughout childhood by the dynamic interplay of the child's personality, genetic make-up, and environmental factors.

Psycho-social relates to one's psychological development in, and interaction with, a social environment. The individual needs not to be fully aware of this relationship with his or her environment. It was first commonly used by psychologist Erik Erikson in his stages of social development contrasted within social psychology, which attempts to explain social pattern within the individual. Delinquency is a psycho-social problem as Juvenile Delinquency is the problem of all society and it is becoming increasingly complex in a developing country like India. It is considered as the widest gateway to crime, which affects every section of the society. Young offenders may easily become an adult criminal if no rehabilitative action plays upon them during their early age. Therefore, they deserve a special attention and systematic investigation in order to find out the causes of Juvenile Delinquency, prevention and control. There are certain reasons that affect psycho-social development in children, such as:

a) Poverty:

Poverty has a major negative psychosocial impact. According to studies by V.C. Mc Loyd, persistent exposure to poverty has a directly negative effect on a child's health, cognitive development and ultimately, their school achievement, particularly when poverty happens in infancy or early childhood. The more obvious explanation for the reasoning of this are that lifestyle and living conditions for those who live in poverty affect a child

negatively. Environmental deprivation is usually what we consider when we think about poverty, but it is not the only factor.

Stressors such as unsafe or life-threatening living conditions and violence play a part. Among these is deprivation of other essential necessities that are needed, such as food, medicine and a safe home. Deprivation of any of these things, especially in infancy or early childhood has a marked effect on psychosocial development. As Mc Loyd points out, children who live in poverty are exposed to more extreme living situations than those who are not living under similar circumstances. These conditions may have a more pronounced effect or influence on them. Studies have also shown that poverty has a direct effect on cognitive functioning and development, which has a direct impact on psychosocial development. If a child is unable to master the tasks that other children his/her age are, then their development may stall. Basically, poverty affects the physical, social, societal, and mental well-being of a child; therefore, its far-reaching effect can be devastating to the development of a child.

b) Cultural Values and Societal Roles:

It may not come as a surprise that a person's gender or cultural heritage can shape who they are and what they do in life. It also affects psychosocial development in positive and negative ways. A study of ethnic-racial socialization in early and middle childhood found that cultural socialization was associated with fewer behavior problems in both genders (Hughes). Discrimination of cultural values or ethnicity has a negative effect (depression and aggression) on psychosocial development and behavior. It also affects self-esteem, academic achievement, stigmatization and psychosocial functioning.

c) *Abuse or Neglect*:

It could hardly come as a surprise that abuse and neglect cause's poor performance in a school setting. A study by Eckenrode, Laird and Doris showed that maltreated children tended to have test scores below that of peers who were not maltreated. Their study even broke down results to show what type of maltreatment resulted in the poorest performance. Neglected children scored lower in many areas than even sexually abused children. The findings of the study also showed a significant increase in disciplinary action and suspension for maltreated children. In terms of disciplinary action, students who were physically abused had the most instances of action. It could be easily concluded that students who are being mistreated at home, whether it be neglect, sexual or physical abuse, are more likely to perform poorly, halt development and have disciplinary problems in the classroom. Psycho-socially speaking, maltreated children struggle with impaired language development, less pro-social behavior, lower levels of cognitive maturity, more aggressive behavior and more insecure attachment to their mothers. The Eckenrode study also concluded that students who are neglected perform at the lowest levels of academic achievement among any maltreated children. No matter what abuse a student suffers, it clearly impacts their psychosocial development and in turn, negatively impacts upon their education.

d) *Family Dynamics:*

A study by Oshman and Manosevitz showed that the presence of an older male figure (such as that of a step-brother or step-father) can positively affect a child's development. Theoretically this presence could also affect the child negatively if it were the case of an abusive relationship. As far as testing, students in the study tested much higher if they had a father figure present. The study also showed that an absence of this father figure early on in the child's life resulted in a negative effect on the child. According to studies of adolescent

socialization in families by Steinberg, children whose parents were authoritative (warm and firm) showed high levels of competence and psychosocial maturity than peers who have more permissive, indifferent or authoritarian with their children (Steinberg 88).

e) Peer Influences:

During the transition into adolescence, we tend to rely more and spend more time with peers/friends than any other group. These interactions are important for self-esteem, development and learning the hidden curriculum. Peers can however have both a positive and negative influence on adolescent development. As stated in the above segment, Steinberg found through a study that the effects of negative peer influence can be blunted by authoritative parenting. The major influence of peers on development is their contribution to identity development. This is because peers influence the way an adolescent may view themselves and the world around them. Peers can effect self-esteem and establish norms for their peer group. Peer rejection can negatively impact psychosocial development, and so these established norms can delineate who is a desirable and undesirable peer.

f) Mental Health:

It might seem like an obvious cause of psychosocial dysfunction, but mental health can have a broad meaning. It can cover disorders but also emotional stressors that cause mental health issues. There is a correlation between stress and mental health, especially in young adolescents. In findings of a study by Roeser, adolescents who were well-adjusted or positively adjusted were less likely to affiliate with negative peers, skip school, exhibit at-risk behavior or have low self-esteem whereas parents of children with poor mental health were characterized as having low academic value and be more likely to associate with the above behaviors.

g) Physical Health and Malnutrition:

Studies show that food insufficiency and malnutrition can affect not only physical development but also psychosocial development. A study by Katherine Alaimo, Christine Olson and Edward Frongillo Jr, analyzed data from nutritional surveys on US children and teenagers from age 6-16 years old. The results of their study were that the children who were food-insufficient had significantly lower scores in arithmetic and were more likely to have to repeat a grade, see a psychologist and have trouble associating with peers.

h) Disabilities:

Physical and learning disabilities can effect psychosocial development as well. Research on children with learning disabilities found a negative correlation with self-esteem, interpersonal relationships and juvenile delinquency (Pickar). It is suggested by older research that due to a negative educational experience, some adolescents with learning disabilities may engage in delinquent activity as a way to satisfy frustrated emotional needs that are not being met in other ways. There also seems to be high correlation school failure and delinquency in these cases. In Pickar's findings, adolescents with learning disabilities showed less resolution of the industry vs. inferiority stage.

i) Stress:

Stressors for adolescents can include any of the above problems and more. It is important to note the fragility of the emotional state of children this age. According to Roeser studies show that if adolescents perceive themselves as competent academically, they generally get higher grades and are able to master school-related tasks more easily. There is a correlation between emotional distress and impaired ability to learn. Results from other

studies on emotional distress in early adolescents find that it can have an effect on academic motivation and achievement.

1.3 Institution

Institution is a place where a number of dependent children may be cared for. Institution is also understood as a physical structure with its inner and surrounding material and non-material environment (Khandekar, 1979). It can have two or more programmes (education and recreation) and can offer two or more services (care, education and rehabilitation). Kadushin (1967) has classified various institution meant for children into five. They are institutions for (1) normal children, (2) physically handicapped children, (3) mentally retarded children, (4) juvenile delinquents, and (5) emotionally disturbed children.

An institution is any structure or mechanism of social order governing the behavior of a set of individuals within a given community; may it be human or a specific animal one. Institutions are identified with a social purpose, transcending individuals and intentions by mediating the rules that govern living behavior. The term "institution" is commonly applied to customs and behavior patterns important to a society, as well as to particular formal organizations of government and public services. As structures and mechanisms of social order among certain species, institutions are one of the principal objects of study in the social sciences, such as political science, anthropology, economics, and sociology (the latter being described by Durkheim as the "science of institutions, their genesis and their functioning"). Institutions are also a central concern for law, the formal mechanism for political rule-making and enforcement.

The term "institutionalization" is widely used in social theory to refer to the process of embedding something (for example a concept, a social role, a particular value or mode of behavior) within an organization, social system, or society as a whole. The term may also be

used to refer to committing a particular individual to an institution, such as a mental institution. To this extent, "institutionalization" may carry negative connotations regarding the treatment of, and damage caused to, vulnerable human beings by the oppressive or corrupt application of inflexible systems of social, medical, or legal controls by publicly owned, private or not-for-profit organizations.

1.4. Theoretical Framework

Social Work with children is concerned with maintaining and enhancing the quality of life of children and their families. It is particularly concerned with creating a healthy atmosphere for their physical, psycho-social, cultural, organizational and societal well being in their later life. Pediatric Social Work Interventions are directed at enhancing the capacities and potential of the child by developing their psycho-social environment. This Social Work Intervention however is based on the theories because with these theories hypotheses are framed. Thus theoretical frameworks are important for carrying out research.

The causes of Juvenile Delinquency are a little harder to explain. There are many different theories that have contributed towards the understanding of Juvenile Delinquency. According to Shoemaker, psychological theories explain criminality and delinquency based on the assumption that delinquent behavior is a manifestation of internal underlying disturbances that began to develop during childhood, and that these disturbances are mental deficiency, psychiatric problems and general personality configurations. In contrast, social control theorists such as Hirschi (1969) argue that personality characteristics are not factors of delinquency. This author states that "delinquent acts result when an individual's bond to society is weak or broken. Social bonds to conventional society are composed of four elements 'attachment, commitment, involvement, and belief'". He supports that each of these elements is related to delinquency and all of them are related to each other. When individuals

experience a lack of attachment to others, a lack of commitment to conformity, do not get involved in conventional activities, and do not follow group's rules, they are likely to become deviants or delinquents. Gottfredson who collaborated with Hirshi stresses that in their relationship with others, all people "are motivated to pursue self-interest and that individual behavior is motivated by the pursuit of pleasure and avoidance of pain" (Gottfredson, 2005, p. 7). Meanwhile, he acknowledges that the unrestrained pursuit of these wants in everyday life inevitably leads to conflict with the wants and rights of others; and he recognizes that "controls are established by social groups (including parents, communities and states) to channel the pursuit of these wants in ways that minimize harm to others" (p.7). This proponent of Self-Control Theory supports that the legal system is the formal method of control set forth along with non-legal mechanisms, such as the approval, respect and affection of family, teachers, and friends, in order to help control unwanted behaviours . These behaviors may lead society to label an individual as delinquent; when this happens the positive effects of certain social factors could be annihilated; and in doing so, society alters "a person's self-image to the point where the person begins to identify himself as a delinquent and act accordingly" (Shoemaker, 1984, p.181). In relation to the subject "psycho-social challenges of children in conflict with law", the following theories are important mechanism to understand the relation to the concepts.

1.4.1. Differential Association Theory

The association or social environments play the most influential role to become one person as a criminal. Person commits various crimes because of learning criminal activities with other person in the society. Edwin Sutherland explained, by influencing others manner and activities how one person may become criminal. Sutherland explained the 'Differential Association Theory' in his 'Principles of criminology (1939)'.

According to this theory, person learns to commit various criminal activities by the interaction with association. Every person highly influences by the other person's manner or activities in his existing association. In an existing association, other member's activities are so effective for the follower's activities. If members of the association are involving in various anti-social activities, person influence to follow their activities and they also learn various criminal activities. Person becomes criminal not only in the anti-social situation but also in the participation process of criminal activities with other persons of his existing society or association. Person influences to commit crime in the interaction of close person. If the high level of criminality remains in the family members, person also influences by them and involves in various criminal activities. When Person and his company commit crime, they make a strong supporting defense for protect them to overcome from the next possible problems or accident. In general, one person gradually influences by the various activities of his existing society members and by learning these activities, person involves in many anti-social or criminal activities (Edler, 1995:124-125). Through an understanding of causes of juvenile delinquency society may come to deal preventively with delinquency; certainly treatment of the offender needs to be based upon an understanding of the causal mechanisms that have produced him. In 1977 Albert Bandura, a Stanford University psychology professor, published Social Learning Theory, in which he postulated that human learning is a continuous reciprocal interaction of cognitive, behavioral, and environmental factors. Sometimes called observational learning, social learning theory focuses on behavior modeling, in which the child observes and then imitates the behavior of adults or other children around him or her (Wiesner, Capaldi, Patterson, 2003, p. 318). In his research on social learning theory, Bandura studied how violence portrayed in mass media can have a tremendously negative impact on the behavior of certain types of children watching violent television shows. What he noted was that some children will observe and then imitate the

behavior of the characters on the television screen. From these observations, we can conclude that juvenile delinquency is the result of imitation of aggressive actions. Bandura determined that certain types of children learn to perform violent and aggressive actions by observing and then modeling their behavior after what they have seen. He referred to this as direct learning through instantaneous matching of the observed behavior to the modeled behavior (Wiesner et al, 2003, p. 320). Therefore, social learning theory states that learning can occur through the simple process of observing and then imitating others' activities. The social learning theory is based upon how an individual conforms and accepts the rules, laws, and mores of society. When there are positive role models within the home and community, the individual is able to learn positive ways of achieving goals. When there is violence in the home, the individual learns that violence is the only available way of coping with frustrations. This means that the more positive the environment a child is placed in, the more likely s/he is able to conform to society and become a non-delinquent (Champion, 2004).

One of the most popular and durable of the social learning theories is the Theory of Differential Association developed By Edwin Southerland and Donald Cassey (1943). They stated that most of the criminal behavior is learned through contact with criminal elements and patterns which are present, acceptable, and rewarded in one's physical and social environment. Southerland and Cressey argued that this is why juvenile delinquency rated varies among social groups and neighborhoods. In more stable and prosperous neighborhood, the socialization of the young is largely dominated by values that stress conformity to the middle class standards and respect for law enforcement agencies. On the other hand, in a High Delinquency Area, delinquent behavior may be an integral part of the area culture. In the presence of a "criminalistic tradition," youths have the opportunity to associate with those who can teach them alternative and illegal behaviors. Thus, Southerland and Cressey called

their explanation of juvenile delinquency the Theory of Differential Association. They summarized their theory with a set of nine propositions:

Firstly, criminal behavior is learned. Secondly criminal behavior is learned in interaction with other persons in a process of communication. Thirdly, the principal part of the learning of criminal behavior occurs within intimate personal groups. Fourthly when criminal behavior is learned, the learning includes (a) techniques of committing the crime, which are sometimes complicated, sometime very simple; and (b) the specific direction of motives, drives, rationalizations, and attitudes. Fifthly, the specific direction of motives and drives is learned from definitions of the legal codes as favorable or unfavorable. Sixtly, person becomes delinquent because of an excess of definitions favorable to violation of law over definitions unfavorable to violation of law. Seventhly, differential associations may vary in frequency, duration, priority, and intensity. Eighthly, the prove of learning criminal behavior by association with criminal and anti-criminal patterns involves all the mechanism that are involved in any other learning. Ninthly, while criminal behavior is an expression of general needs and values, it is not explained by those general needs and values, since non-criminal behavior is an expression of the same needs and values (Sutherland and Cressey, 1980-83).

The sixth proposition is at the heart of differential association theory: "A person becomes delinquent because of an excess of definitions factorable to violation of law over definitions unfavorable to violation of law." The picture is one of the youth subjected to variety of influences; some endorse the rejection of the law and suggest deviant behavior others uphold the normative standards of society and recommend conformity. By analogy, the youth is active like a balance scale, as the two antagonistic forces of socialization strive for supremacy. On one side are placed the "definitions favorable to violation of law" – perhaps the negative influence of a street gang; haps the positive influence of parents.

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According to the reasoning of Sutheland and Cressey, if the definitions favorable to law violation outweigh the definition unfavorable to law violation, the balance scale is tipped and the youth slips into juvenile delinquency. However, the struggle for supremacy in directing the individual's behavior between the two accumulating and antithetical definition is subject to several subtle and complex nuances. As Sutherland and Cressey stated in their seventh proposition, "Differential associations may vary in frequency, duration, priority, and intensity". Thus, the actual point of commitment to either a conforming or a deviant career will vary widely among individuals.

1.4.2. Systems Theory

Systems theory is a way of elaborating increasingly complex systems across a continuum that encompasses the person-in environment (Anderson, Carter, & Lowe, 1999). Systems theory also enables us to understand the components and dynamics of client systems in order to interpret problems and develop balanced intervention strategies, with the goal of enhancing the "goodness of fit" between individuals and their environments. Systems theory does not specify particular theoretical frameworks for understanding problems, and it does not direct the social worker to specific intervention strategies. Rather, it serves as an organizing conceptual framework or meta-theory for understanding (Meyer, 1983). All social systems receive input from the environment, engage in processes, and generate outputs. In addition to having a structure, social systems serve particular functions. The family is an essential social system with the function of socializing and caring for its members. Family systems theory looks at the dynamic processes of a family and intervenes to corrector adjust maladaptive processes or structures (Bowen, 1978; Minuchin, 1974). One essential process for a family, as well as other social systems, is communication.

General systems theory emphasizes reciprocal relationships between the elements of a system—"a holistic, organized unit of interdependent, transacting, and mutually influencing parts (individuals or collectives and their subunits) within an identifiable (social-ecological) environment" (Siporin, 1975). Systems theory draws the attention to the various systems within which an individual functions—groups, organizations, societies, and so forth—in order to help intervene at multiple stages in an individual's life. By focusing on understanding the human condition and consideration of cross-cultural elements, systems theory has helped in understanding of human behaviour in the social environment.

Systems theories emphasize reciprocal relationships between the elements that constitute a whole. These concepts also emphasize the relationships among individuals, groups, organizations, or communities and mutually influencing factors in the environment. Systems theories focus on the interrelationships of elements in nature, encompassing physics, chemistry, biology, and social relationships (general systems theory, ecological perspective, life model, and ecosystems perspective). System theory claims that everything is interrelated and is not distinct from each other and that each system is a part of the large system. Synonymously, large system is composed of smaller systems. This interactional view examines the way in which people relate with the system and the environment. A common analogy often used by systems theorists and practitioners is found in baking. The cake that comes out of the oven is more than the eggs, flour, baking soda, and vanilla that make up the part or elements of the cake. It is how these elements combined to form something larger than the ingredients that make the cake. Such is true with children as well. It is more than "who make up a child", it is what comes together that shape a child.

Systems theory covers a broad range of theoretical and methodological practices across many disciplines. Generally, systems theory is concerned with the structure of

complex systems, with a special emphasis about how parts relate to each other and to the whole system. In the social sciences, this usually means understanding how individuals relate to each other and to their society as a whole, and the effect that social pressures have on individuals. On the micro level of social work, workers use systems theory to understand the dynamics, relationships and roles within families, and how these things affect individuals therein. For instance, they want to know that parents and children are taking upon their proper responsibilities, that parents are providing for the safety of their children and that these roles are stable and beneficial to everyone involved. On the macro level, social workers are concerned about the social welfare of entire communities and societies. They apply systems theory to understand the social structure of communities, and attempt to advocate for policies and programs that promote social justice, economic prosperity, equality and high standards of living within those communities.

Thus, this system is very essential in working with children as the entire sub systems in the child's environment are worth assessing as it tremendously contributes in the development of the child.

1.5. Statement of the Problem

Children need special care and attention. Environmental factors played an important role in the life of children in order to live a healthy life. Special bonding with parents is very crucial for child psycho-social-development. The problem of delinquency is one of the serious threats to the society and if no proper rehabilitative actions are taken it can leads to the adult crime which is rather dangerous to the society. Institutionalized children lack many opportunity and face many problems as they grew up. Many children are taken care of by children homes, orphan homes, protective home and other organizations. They are however provided with material needs, physical, social and psychological needs but which are hardly

unsatisfied for the full development of the child. Thus it is a great challenge to look after and take care of the institutionalized children in conflict with law.

There are a variety of problems that institutionalized children faced such as neglect, access to daily needs, love and care, health related matters etc. Neglectful behaviors' may include not keeping the child clean, not providing enough clothes for keeping warm, not making sure the child attended school, not caring if the child got into trouble in school, not helping with homework, not helping the child do his best, not providing comfort when the child was upset, and not helping when the child had problems. The prevalence of childhood neglect is very much prevalent among the institutionalized children.

Children are human and have human needs. They also have additional needs unique to their particular situation. It is a profound responsibility of the parents and care givers to provide for their needs. If they are burdened in their childhood and deprived of their basic necessities, their physical and mental growth diminishes (Murray, 1989). Changing family environment, deteriorating social values and increasing social and political strife in society have all endangering effect on children. Providing an environment with fosters democracy and stimulates emotion, psychological, social and cognitive growth of children is a universal requirement for all the countries. Children should grow up in a healthy environment. But institutionalized children are not growing in such favorable conditions. As a result of the growing individualism and the degradation of moral as well as social values, the lives of children especially of those institutionalized are deteriorating, so it become the responsibility for all to look into the matter of their problem and to understand the challenges that children are facing. And as a result of this, this study is of great importance to understand the psycho-social conditions and challenges of the institutionalized children. Even though the government made some of the minimum standards and guidelines which are to be followed by those of the institutionalized homes and agencies but it is still to be found that these

institutionalized homes and agencies are not in a position to enhance and provide the basic minimum needs of the institutionalized children. Thus there rose a great deal of scope for social work to intervene in the appalling conditions of the children.

1.6. Objectives

The following are the objectives of the present study:

(1) To explore the demographic profile of children in conflict with law.

(2) To probe into the influencing factors for the cause of children in conflict with law.

(3) To understand the organizational setups and examine the services rendered to children in conflict with law.

(4) To understand the psycho-social background and challenges of children in conflict with law.

1.7. Chapter Scheme

The present study will be organized into the following five chapters:

1. Introduction.

2. Review of literature

3. Methodology

4. Results and Discussion

5. Conclusion and Suggestions

CHAPTER II

LITERATURE REVIEW

CHAPTER II

REVIEW OF LITERATURE

Review of literature forms the foundation of social research. Social work research is no exception to this. Review of literature is essential and is often given importance before conducting studies as it helps the researchers to understand the theoretical background of the research problems and helps in developing appropriate dimensions of the research studies on institutionalized children in Conflict with Law. 'Social Work with Children' is concerned with maintaining and enhancing the quality of life of children and their families. It is particularly concerned with creating a healthy atmosphere for their physical, psycho-social, cultural, organizational and societal well being in their later life. Pediatric social work interventions are directed at enhancing the capacities and potential of the child by developing their psycho-social environment.

2.1. Studies on Juvenile Delinquency Concept

Reckless (1956) applies the term juvenile delinquency to the violation of criminal code and/or pursuit of certain patterns of behavior disapproved of for children and young adolescents. Different scholars on different bases have classified juvenile delinquents; Hirsh (1937) has classified them in six groups on the basis of the kinds of offences committed: incorrigibility, truancy, and larceny, destruction of property, violence and sex offences.

Bishwa Nath Mukherjee (1957) explained Juvenile Delinquency as a legal term and psychological definition. He stated that delinquency is a legal term which denotes acts of varying degrees of social consequence from mere naughtiness of major assault, punishable by law. The term 'Delinquency' is commonly used to mean the misdeeds of the juveniles only, which are harmful to the society. Thus an adolescent is said to be a juvenile delinquent when

he starts stealing, assaulting, indulging in sex offences and develops symptoms like pathological and truancy. Most of these offences are said to be criminal action when committed by a person beyond the age dandled by the juvenile courts.

Shankar Rao (1990) defined that Juvenile Delinquency are those offenders including boys and girls who are normally under 16 years of age. A juvenile delinquent is a young person incorrigible, or habitually disobedient. Acts of delinquency may include (i) running away from home without the permission of parents, (ii) habitual truancy beyond the parents control, (iii) spending time idly beyond limits, (iv) use of vulgar languages, (v) wandering about railroads, streets, market place, (vi) visiting gambling centre, (vii) committing sexual offences, (viii) shop lifting, (ix) stealing etc. juvenile may do such activities singly or through a gang. He also added that delinquency is a kind of abnormality and when an individual deviates from the course of normal social life, his behavior is called delinquency. And, when a juvenile, below an age specified under a statute exhibits behavior which may prove to be dangerous to society or to himself he may be called 'juvenile delinquent'.

David Dressler and Donald Cams (1973) state that juvenile delinquency is a social problem. It is social in that it has to do with human relationships within society. It involves people, their ethical values, and their relations with one another. Juvenile delinquency is a problem because it is "regarded as involving undesirable dislocations in social patterns and relationships within the society". It represents what is "wrong" or "improper", "dangerous" or "unfair". Society is committed to doing something about these discrepancies between social standards and the actual conduct of so many youthful citizens. Deviant behavior is conduct that is perceived by others as violating institutionalized expectation that are widely shared and recognized as legitimate within the society. Simply put, deviance is the violation of norms. So, in sociological terms, deviant behavior involves a complex interplay between a social norm, a member of a social group whose action are considered to be subject to that

norm, and other members of the social group who observe the actor and define a particular behavior as nonconforming to a degree exceeding the tolerance limits of the majority (Cohen, 1966; DeFleur et al., 1976; Ritzer, et al., 1987).

2.2. Institutionalization and Delinquency

The work of Spitz (1945), Bowlby (1951) and Goldfarb (1944) are considered as the landmark studies in the exposition of the adverse effects of institutional care on children. The unfortunate conditions under which the children had lived for their first year of life seemed to have had adverse effects on their subsequent psycho-social development. Bowlby (1952) concluded that when a child is deprived of maternal care his physical, intellectual and social development is almost always retarded. In addition, Bowlby (1952) indicated that the effects of early deprivation are permanent. The findings of Yarrow's commendable works (1961 and 1964) tend to support the conclusions of Bowlby as well of others on the negative impacts of institutionalization and maternal deprivation during the early years of life.

The emotional development of children was also found to be hampered by institutional life. Yarrow's (1964) review has pointed out extreme form of emotional responses among institutionalized children. Both excessive autoerotic activities, for example, rocking, head banging, thumb-sucking etc. These feelings hampered the creativity and imaginative power of the children. Other studies that have evidenced emotional disturbances among children are that of Bender (1947), Beres and Obers (1950), Lewis (1954), Yarrow (1961), Earle and Earle (1961), Gita (1963), Herbert (1975) and Berman (1979). The emotional problems noticed are lying, stealing, truanting, bed-wetting, thumb-sucking and night-mares, disobedience, aggressive outburst etc.

Recent research on the effects of institutionalization as a model of early deprivation has focused on how cognitive and social deficits may be remediated by placement in family

environments and how the timing of interventions affects development (Clarke & Clarke, 2000; O'Connor, 2003; Rutter, 2006). Rutter and colleagues found that Romanian children adopted into the UK initially suffered from severe malnutrition, generally poor physical state, and cognitive impairment (Rutter & the ERA Study Team, 1998). While most of Rutter's sample made large intellectual gains after adoption, there was a high degree of heterogeneity of outcome and gains were larger for children who were adopted at earlier ages (see Rutter, 2006). Studies of post-institutionalized international adoptees have examined a variety of issues such as inattention (e.g., Kreppner, O'Connor, Rutter, & the ERA Study Team, 2001) as well as aspects of children's social behavior (for review see Tarullo & Gunnar, 2005). For example, Ames and colleagues (Fisher, Ames, Chisholm, & Savoie, 1997) reported that Romanian children adopted into Canada displayed internalizing problems and difficulty coping with social interactions, and hence decreased opportunities to learn appropriate social responses. These children often scored highly on parent report of indiscriminate 'friendly' behavior (Chisholm, Carter, Ames, & Morison, 1995; Chisholm, 1998). Few studies have examined the consequences of institutionalization and early intervention on the expression of emotion. The ability to express emotions and distinguish others' emotions is an early-occurring, integral component of social development. Infants display and can imitate emotional expressions during the first year of life, with these behaviors having far-reaching implications across different domains of development (Campos, Mumme, Kermo-nian, & Campos, 1994; Izard, 2002; Lazarus, 1991; Sroufe, 1984). Differences in the expression of emotion are central to the constructs of temperament (Fox, Henderson, Rubin, Calkins, & Schmidt, 2001) and attachment (Ainsworth, Bell, & Stayton, 1974; Bowlby, 1969). Expression of emotion also plays a critical role in the development of conscience and morality (Eisenberg & Fabes, 1998; Hoffman, 1978), and emotion identification is a cornerstone of social functioning and interaction (Herba & Phillips, 2004). For

institutionalized children, the scarcity of appropriate socio-emotional stimulation within institutions could lead to deficits in the recognition or expression of emotion and attention in social contexts. In studies of children reared in Russian institutions, Sloutsky (1997) found that such children identified the emotions of anger, love, fear, and joy less frequently compared to non-institutionalized children. Additionally, the longer children were in an institution, the fewer correct responses they gave (Sloutsky, 1997). Fries and colleagues (Fries & Pollak, 2004) found that post-institutionalized, internationally adopted children showed less accurate responses to the mapping of facial emotions onto emotional contexts, especially when contexts involved the emotions of happiness, fear, and sadness. The longer children had been in an institution, the poorer they performed, and increases in performance were related to the length of time a child had been in an adoptive home (Fries & Pollak, 2004), thereby illustrating the effect of institutionalization on the recognition of emotion. Electrophysiological research has also illustrated the effect of institutionalization on the perception of emotions. Parker, Nelson, and colleagues (Parker, Nelson, & the BEIP Core Group, 2005a, 2005b) demonstrated differences between institutionalized and never-institutionalized children on processing of emotion faces (using event-related potentials, or ERP), thus supporting findings regarding brain differences in institutionalized versus community children (see Marshall, Fox, and the BEIP Core Group, 2004).

A number of observational studies have compared institutionalized children to non - institutionalized children. These studies tell a compelling story of the effects of institutional care; most studies find that institutionalized children have significant developmental deficits across virtually every domain that has been examined (e.g., Gunnar, Van Dulmen, & The International Adoption Project Team, 2007; Johnson et al., 1996; Rutter, Kreppner, & O'Connor, 2001; Rutter et al., 2007, 2010; van IJzendoorn, Luijk, & Juffer, 2008). Following adoption into advantaged families, many (though clearly not all) of the

developmental delays and behavior problems seen in children living in institutions are no longer evident (Juffer & van IJzendoorn, 2005; van IJzendoorn & Juffer, 2006). One randomized clinical trial, the Bucharest Early Intervention Project (BEIP), has been conducted in which children in institutional care in Romania were comprehensively assessed and then randomly assigned to continued institutional care or to quality foster care (Zeanah et al., 2003). The BEIP is especially important because randomized design allows causal inferences about the role of continued institutional care on children's functioning. In fact, the children placed in foster care performed better than the children with continued institutional care on almost every measure, thus supporting the conclusions reached in co-relational studies regarding the power of foster and adoptive care in remediating the effects of institutional care (Marshall, Reeb, Fox, Nelson, & Zeanah, 2008; Nelson et al., 2007; Zeanah, Smyke, & Dumitrescu, 2002). The findings of the randomized clinical trial, combined with findings from correlation studies of institutional care, underscore the importance of reducing reliance on institutional care. When young children experience institutional care, social and interpersonal development is impaired, physical growth is retarded and cognitive and language development is delayed (Beckett et al., 2006; Carlson & Earls, 1997; Nelson et al., 2007; O'Connor, Rutter, & the English and Romanian Adoptees Study Team, 2000; Zeanah, 2000).

NIPCCD (2007) conducted a study on Juvenile Justice Institution in India. The objectives of the assessment were to: assess the existing status of implementation of Juvenile Justice Act and to create national database of infrastructure and services under the Juvenile Justice Act. The main thing was to assess adequacy of infrastructure vis-à-vis standards prescribed in the act and rules framed under the Act by respective states. Data was collected from 25 states and one UT out of 35 States. Two types of questionnaire were used part-I deals with the information related to statutory bodies (CWCs, JJBs, SJPUs etc) where as part-II

deals with details of information related to different types of homes created under JJA and also related to minimum. Interview and observation method was used for collecting information. Out of a total of 1135 children homes created under the Juvenile Justice Act, 69.25% were covered. Besides that observation homes, after care homes and special homes were also covered under this study.

The finding indicates that a substantial number of children's institutions were having classrooms, dormitories, kitchens, and recreational rooms etc as per the norms in rules of JJ Act. It has been observed shishu greh and other homes were more crowded in terms of lack of space in dormitories, classrooms, recreation rooms, number of toilets and bathrooms were found to be inadequate and not as per the norms. Most of the homes engaged medical doctors on part time/ contract basis and around 80 percent homes were having Para-medical staff. Age structure of inmates on different homes was observed to be young as 57 percent children were between age-group 6 to14 years and about one – third children were from the age group 14-18 years. Maximum number of children was staying up to 3 years as compared to 3-5 years and more than 5 years. It has been found that children were imparted vocational training in 14 different trades at different homes. The most common among them were electrical trade, teaching, printing and filter job.

It was also pointed out that lack of equipments and lack of space were other constraints and thus 62 percent homes had shown their inability to offer vocational training. Children staying in different homes were suffering different types of illnesses. The most common diseases among children were tuberculoses and sexually transmitted diseases. The most common homes which were having television and radio facilities were shelter homes, after care homes and children homes. Cultural activities were found to be another entertainment effort made by different homes. About 53 percent homes were organizing

cultural programmes inside the homes and 34 percent were organizing the same outside the homes.

2.3. Studies related to the factors contributed to Delinquency

The problem of delinquency is one of the serious threats to the society and if no rehabilitative actions take as soon as possible, it can leads to the adult crime that is rather dangerous to the society. In fact, no society can escape from this problem as it occurs in both urban and rural areas, in rich and poor family in varying proportion. The National Institute of Social Defense indentifies that one out of every five imprisoned is below 21 years. According to the Bureau of Police Research and Development of the Union Ministry of Home Affairs, there is an average increase of eleven percent in Juvenile crime every year (Singh, 1979).

Varma (1970) found out that in schoolchildren, delinquent behavior was the outcome of some bad habits, prominently profound language, smoking, disobeying the siblings, parents and teachers, gambling, masturbation, homosexuality and intoxication. B.H. Amatis (1992) study of juvenile delinquency reveals the fact that from about 30 to 60 percentages of the juveniles are regarded as delinquents by law enforcement agencies come from broken homes in the general population. The social background of juvenile offenders reveals the fact that in many cases either the parents are drunkards, or drug addicts, or both alcoholisms in one or both parents is recurring factors in the family situation of the child appearing in juvenile courts. Children would like to escape from such families as early as possible and they grow untamed due to the lack of parental care and control.

Crime in India (1973-1974) published by the Ministry of Home Affairs indicate that monthly income level of parents/guardians of delinquents were below Rs.1000. The majority or juveniles about (70%) were educated up to the primary level; only about (20%) could reach middle level and about (3%) were educate beyond matriculation level.

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World Youth Report (2003) says that the intensity and severity of juvenile offences are generally determined by the social, economic and cultural conditions prevailing in the country. There is evidence of a universal increase in juvenile crime taking place currently with economic decline, especially in the poor districts of large cities. In many cases, street children later become young offenders, having already encountered violence in their immediate social environment as either witnesses or victims of violent acts. The educational attainment of this group are rather low as a rule, basic social experience acquired in the family is too often insufficient, and the socio-economic environment is determined by poverty and under or unemployment. Juvenile delinquency is driven by the negative consequences of social and economic development, in particular economic crises, political instability, and the weakening of major institutions (including the state, systems of public education and public assistance, and the family). Socio-economic instability is often linked to persistent unemployment and low incomes among the youth, which can increase the likelihood of their involvement in criminal activity.

2.4. Family and Delinquency

The quality of the early nurturing environment has been considered a main factor in the healthy or pathological development of children's behaviour and cognition, with the majority of researchers stating that a 'good enough' raising environment, susceptible to foster human optimal development, includes a set of typical social parameters and resources, namely protective caregivers, a supportive family background and continued opportunities for exploration (Cicchetti & Valentino, 2006; Sroufe, Egeland, Carlson, & Collins, 2005). In the two last decades of the previous century, acknowledging that threats to the availability of protective reference adults represent suboptimal contexts for normative development, trend in which Bowlby (1944, 1951) had been pioneer, researchers started to focus on the relation between individual differences in attachment security and the emergence of psychopathology

(Radke-Yarrow, McCann, DeMulder, & Belmont, 1995; Weinfield, Sroufe, & Egeland, 2000).

In what concerns institutionalization, empirical research, both through direct observation of children concurrently in institutions (Smyke, Koga, Johnson, Fox, Marshall, Nelson, & Zeanah, 2007; Tizard & Rees, 1975) and follow-up studies after adoption or foster family placing (Vorria, Papaligoura, Sarafi dou, Kopakaki, Dunn, & Van IJzendoorn, 2006), has stated that, although there is substantial within-group variation, institutional context proves to be a propitious condition for delays in cognitive development, namely, verbal capacities and deficit in social competence, as well as for the increase of psychopathological symptoms, namely, problem behaviours (see Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2008; MacLean, 2003).

The families, which are the source of delinquency, involve persons with physical, mental and emotional handicaps, drunkenness and criminality. Persons in such families can meet with great difficulty the financial and economic needs. Most of the parents fail in training the boys and girls because of such conditions as uncontrolled temper, inflexibility attitude and the inability to adjust their thinking to change conditions. The normal pattern of delinquent families involves such of the facts as lack of pride, self-respect, ambition, nagging and unjust treatment. Therefore, there is nothing like a good home or which performs its basic functions efficiently. When the home becomes disorganized and fails to perform important functions, it is potentially, if not actually the source of trouble and frequently leads to deviant behavior on the part of the child.

Our basic needs are organic as well as emotional or psychological. Hunger, thirst, pain, fatigue are likely to cause tension, the satisfaction of which is necessary for maintaining a person's well being. The intense interactions with a sensitive and responsive person who is regularly present and available to provide comfort at time of fatigue, illness or stress is most

likely to facilitate this important stage of development (Bowlby, 1952). Lack of contact between parents and infants in the neonatal period may impede optimal parenting in latter month. Family influences continue to be important throughout the development, but peer groups, schools and community influences increasingly serve to shape and modify psycho-social development (Thompson, 1965; and Mussen, Conger and Kagan, 1979). There is ample evidence that shows the significance of the presence of mother in child development. Scholars have viewed its importance from different angles. One group of writers considers the physical proximity of the mother and the process of mothering as a basic need of children during early childhood (Bowlby, 1958 and Schaffer et al, 1964). Besides the affectional bond between the mother and the child, these responses create a 'sense or trust' in the child.

Haranath, S and Devi Prasad, B (1995) stated that during 1990, of the 30816 juveniles taken into custody, around ninety per cent is reported to be boys (National Crime Record Bureau, 1990, 159). A majority of these juveniles are illiterate and come from poor backgrounds. Besides a considerable percentage of the children stay with persons other than their parents are around 14 per cent are homeless.

Available evidence suggests an association between juvenile misconduct and social conditions such as poverty, broken homes, parental and family inadequacies (Caldwell and Black, 1971: Rankin, 1983). A pained marital relationship tends to produce dysfunctional parenting and child abuse, which may result in juvenile deviance. Children who are physically abused and neglected are reported to be problematic in schools, at home and in the community displaying a variety of academic delays, problem behavior and a number of adjustment problems in different context (Wodarski et al, 1990). The number of such children living under difficult circumstances has been on the increase. According to the estimate of the United Nations Children Emergency Fund (UNICEF), there are around 40 million children living in the streets, half of whom are Latin American countries alone. The mean ages of the

children vary between 12 and 13 years with a majority of them coming from marginalized poverty groups and female-headed households located in over-crowded, lower income residential areas. The juveniles had been on the street for period ranging between 3 and 6 years, had left their families mostly because of abuse, neglect, and had been engaging themselves in jobs such as laundry attendants, car washers, and helper and so on. A significant number of children were found to have a history of drug abuse, arrest background and are present time oriented in fulfilling their needs relating to food and other pleasure-seeking activities.

The Family Preservation services that emerged in the US in the early 1990s led to a range of new 'family-centered' interventions in Australia including programs that offered parental support, knowledge and skill via centre-based group and/or as home visitation programs (D. Scott & O'Neill, 1996; Tomison, 2004). The philosophical basis of family preservation does not mean that the focus on 'family' should be achieved at the expense of the child. 'It is a 'child in family' rather than a 'child' or 'family' focus (D. Scott & O'Neill, 1996). Drawing on theoretical perspectives such as crisis intervention, social learning, family systems and ecological/systems theories, the family preservation model which redirected a focus on the family as the centre of interventions to keep children safe has been extremely important in improving the quality of children's lives and preventing the placement of children in out of home care. However, recently there has been a concern that efforts to embrace family support approaches and to move away from 'child saving' and its association with 'The Stolen Generations' and 'Children of the Empire', has diverted attention from the experiences of children and young people within their families or within the systems set up to protect and care for them. Seeking to expand our focus on children and young people, in or outside of families, and the development of policies and practices, which support this, may be referred to as 'taking a child centered approach'.

Children's well-being is inextricably interconnected with family and community. The most basic level is that of families where there is a clear connection between the well-being of children and that of their primary caregivers. If caregivers can maintain a strong attachment to their children and have access to the basic needs of shelter, food, and medical care, then children will cope better with difficult environments. It is for this reason that family tracing and reunification is a priority in emergencies. As primary caretakers, become overwhelmed by the demands of the emergency, their capacity to provide care and nurturance to their children decreases. Thus, it is important to mobilize the resources of the community to provide consistent social support to caretakers. When children are separated from their family, interventions may be designed that build on protective factors to enhance the child's internal resources as they cope with this separation. One common response has been to create residential centers where unaccompanied children may live, and which may evolve into orphanages over time. Unfortunately, these institutions are often overwhelmed and lack sufficient human or financial resources. They are, therefore, unable to provide an attentive, stimulating, and nurturing environment, which is so important in promoting healthy development. Practitioners have pointed out that frequently the long-term negative consequence to a child is not the experience of living through an actual emergency, but rather the fact that the child's life path has been permanently thwarted when he/she is placed in inadequate institutional care.

Wendi L. Johnson, Peggy C. Giordano, Wendy D. Manning, and Monica A. Longmore (2010) also studied the association between parent–child relationships and criminal offending during young adulthood. Using data from the Toledo Adolescent Relationships Study (TARS), the influence of parental involvement on patterns of offending among respondents interviewed first as adolescents (mean age of 15 years), and later as young adults (mean age of 20 years), is examined. The influences of both early and later

parenting factors such as support, monitoring and conflict on young adults' criminal behaviour are examined. The TARS data set is a stratified, random sample of 7, 9 and 11th grade students drawn from 2000 enrolment records from Lucas County, Ohio (N = 1,316), and includes oversamples of African American and Hispanic adolescents. Results show that early monitoring and ongoing parental support are associated with lower offending in young adulthood. These effects persists net of peer influence and adolescent delinquency. This suggests the importance of examining multiple ways in which parental resources and support influence early adult behaviour and well-being.

Kenneth W. Griffin, Gilbert J. Botvin, Lawrence M. Scheier, Tracy Diaz, and Nicole L. Miller (2000) also examined how *parenting factors were associated with adolescent problem behaviours among urban minority youth and to what extent these relationships were moderated by family structure and gender*. Data were collected through questionnaires from adolescent samples consisted of 228 sixth grade students attending New York City public middle schools. Samples were taken across gender and different ethnic group according to their proportion. A parent or guardian was contacted by one of several trained interviewers, who used a computer-assisted telephone interviewing protocol. Sixth-grade students (N = 228) reported how often they use alcohol, smoke cigarettes, or engage in aggressive or delinquent behaviours; a parent or guardian reported their monitoring and other parenting practices. Findings indicated that boys and those from single-parent families engaged in the highest rates of problem behavior. More parental monitoring was associated with less delinquency overall, as well as less drinking in boys only. Eating family dinners together was associated with less aggression overall, as well as less delinquency in youth from single-parent families and in girls. Unsupervised time at home alone was associated with more smoking for girls only.

Emmanuel Kuntsche, Diana Gossrau-Breen and Gerhard Gmel (2009) study investigates how the interaction of intra-individual [adolescent risky single occasion drinking (RSOD)], intra-familial (risky drinking of older siblings) and extra-familial (risky drinking among peers) alcohol-related risk factors contributes to adolescents' violence and delinquency. Multiple linear regression analyses including two- and three-way interactions were conducted based on a national representative sample of 3711 8–10th graders in Switzerland (mean age 15.0, SD = 0.95) who had older siblings. Their results show that all three alcohol-related risk factors and the three-way interaction contributed significantly to the frequency of violence and delinquency. Adolescents who frequently engage in RSOD and have both drunken peers and drunken older siblings had the highest levels of violence and delinquency. Moreover, their association between own drinking and violence increased the steepest.

Rolf Loeber and Magda Stouthamer-Louber (1986) also performed longitudinal and concurrent studies on the relation of family factors to juvenile conduct problems and *delinquency.* Analysis of longitudinal data show that socialization variables, such as lack of parental supervision, parental rejection, and parent-child involvement, are among the most powerful predictors of juvenile conduct problems and delinquency. Medium strength predictors include background variables such as parents' marital relations and parental criminality. Weaker predictors are lack of parental discipline, parental health, and parental absence. The effects of these factors seem to be about the same for boys and for girls. Analyses of concurrent studies comparing *delinquents* with non-*delinquents* and aggressive children with nonaggressive children, largely parallel these findings. Data from concurrent normal samples, however, show less importance for parental child socialization practices and relatively more importance for the child's rejection of the parent and the parent's rejection of the child.

2.5. Childhood Abuse and Delinquency in Institutionalized

Studies report high rates of abuse among institutionalized children and youth, with between 57% and 80% reporting having experienced physical abuse; between 47% and 54%, child sexual abuse; and between 61% and 78% having been neglected (Brady and Caraway, 2002; Holland and Gorey, 2004; Hussey and Guo, 2002). More generally, Weine, Becker, Levy, Edell, and McGlashan (1997) observed that 81% of their sample of 75 institutionalized youth had experienced at least one form of traumatic event during their lifetime. Other studies have shown that mood disorders, anxiety, anger, sexual concerns, behavioural concerns, substance use, and post-traumatic stress symptoms are common among institutionalized children and youth who have been abused (Brady and Caraway, 2002; Hibbard, Spence, Tzeng, Zollinger, and Orr, 1992; Weine et al., 1997). Furthermore, there is some suggestion of an association between childhood abuse and subsequent delinquent behaviour among institutionalized children and youth. For example, in a longitudinal study of institutionalized adolescent boys, Zeiller (1982) reported that physically and psychologically abused youth were three times more aggressive than their not- abused peers, and twice as likely to subsequently engage in some form of delinquent behaviour.

The study conducted by Chi Meng Chu, Stuart D. M. Thomas and Vivienne P. Y. Ng (2009) "Childhood Abuse and Delinquency: A Descriptive Study of Institutionalized Female Youth in Singapore", found out that the mean age of the residents on admission and at the time of interview was 14.92 years (SD 1.62, range 11– 19 years), and 15.99 years (SD 1.62, range 13–20 years), respectively, and was normally distributed. Their length of stay within the institution was positively skewed, with the shortest stay being that of a girl on her first day of admission, and the longest length of stay being 1,015 days at the time of interview (M 390 days, SD 223, Mdn 371 days). The sample largely consisted of Chinese (51%) and Malay

(38%) subjects, and the majority (70%) had received at least secondary-level education. In addition, the majority came from natural intact (53%) or divorced/separated families (39%).

More than two thirds (52/79) had past victimization experiences, and almost one quarter (19/79) had experienced poly-abuse (i.e., both sexual and physical abuse). Of the residents who experienced one type of abuse, 64% (21/33) experienced only physical abuse and 36% (12/33) reported being sexually abused. More than two thirds (55/78) of the sample had a history of self-harming behaviour, and almost one quarter (18/79) had past suicidal attempts. Approximately two thirds (51/79) had inflicted bodily pain when self-harming, which was the most common type of self harm behaviour, while just under one third (24/78) reported having previously overdosed on medication.

Two thirds of the participants reported having experienced at least one type of childhood abuse, and one quarter had experienced multiple types of childhood abuse. When compared to the institutionalized youth with abuse experiences in Western countries (Brady and Caraway, 2002; Holland and Gorey, 2004; Hussey and Guo, 2002; Weine et al., 1997; Westen et al., 1990), sexual and physical abuse appeared to be generally less prevalent within this sample. With regard to exposure to traumatic events, there is a substantial discrepancy between the prevalence rates across different studies. In this study one quarter of the sample reported both physical and sexual abuse experiences; as compared to 88% of a relatively younger (M ¼ 9.8 years, SD ¼ 1.74) US sample of institutionalized children and youth who had experienced at least two types of traumatic events (Brady and Caraway, 2002). One reason for such a large discrepancy may be the different operationalizations of the victimization experiences between studies. The standard use of multiple data sources to clarify any discrepancies between self-reports and official records, as well as further consideration of other forms of abuse (e.g., psychological, emotional, neglect, and witness of domestic violence) may provide a more comprehensive and therefore more accurate picture

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to better inform subsequent international and cross cultural comparisons. More than two thirds of the participants had a history of self-harm behaviours and almost one quarter reported previous suicidal attempts. Although more than half reported previous suicidal ideation, one in 10 were actively thinking of attempting suicide at the time of interviews, thereby suggesting an additionally vulnerable group presenting significant care and treatment concerns for residential service providers. It was noted that the residents with sexual abuse and poly-abuse histories were more likely to have a history of suicidal attempts and overdose on medication, respectively. The data were not forthcoming about the precise attributions for these ideations and behaviours, but these research findings clearly highlight the need for continual, proactive assessment and provision of care and support to this particularly vulnerable group of institutionalized youth during periods of institutionalization and upon release, and facilitation of community reintegration strategies to improve health related outcomes. It was observed that the poly-abused youth were abused at a younger age than the singly abused. Although not necessarily a result of their victimization experiences, the general functioning of the poly-abused group was lower than singly abused and non-abused. The poly-abused exhibited more trauma symptoms, negative emotions, health concerns and sexual concerns than other groups, which is consistent with other studies on multi victimization survivors (e.g., Clemmons et al., 2007; Finkelhor et al., 2007). The poly-abused subjects were also more likely to overdose on medication when self harming.

From the overview of literature, a few research gaps could be identified. Firstly, there are few studies on children in conflict with law by Lalrinchhana (2006) which covers the causes of children in conflict with law while Lalthangmawia, J, (2011) study focuses the family and peer network among the institutionalized children in conflict with law.

In this chapter an attempt has been made to present critical review of literature on psycho-social challenges of institutionalized children in conflict with law. In the light of the review the next chapter presents the methodological aspects and setting of the present study.

CHAPTER III

METHODOLOGY

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METHODOLOGY

This chapter includes the setting of the present study and the methodology of the study. The sections are divided into the field settings, profile of the observation home, methodology with aspects to research design, method of data collection, tools of data collection, data processing, analysis and limitations of the study.

3.1. The Setting: Profile of the Study Area

The study was conducted in the only two available observation home of Mizoram, which are located in Durtlang, Aizawl District and Ramthar Veng, Lunglei District.

3.1.1. Observation cum Special Home, Durtlang, Aizawl

Observation cum Special Home at Durtlang, Aizawl was the first Observation Home established in the year 1992 and came into full fledge on July 2007. Durtlang is located at the outskirt of Aizawl, which is around 5 kilometers away from Aizawl city. This home covers five northern districts of Mizoram, which comprises of Aizawl, Kolasib, Champhai, Mamit and Serchhip District. The observation home provides separate accommodation for both male and female, and it has inmate capacity of thirty five (35) for boys and five (5) for girls. Presently there are 19 boys' inmates and 2 girl's inmates being rehabilitated in Aizawl Observation cum Special Home. The Home is placed under the in-charge of one superintendent of social welfare department and twenty eight other working staff viz. case worker, UDC, staff nurse, educational instructor, vocational instructor, physical instructor, LDC, teacher, driver, IV grade, visiting doctor and cook. The Home provides accommodation, food, recreational facilities, vocational

trainings, school education, work education, counseling, gardening, religious and moral guidance. The Observation Home is functioning under the guidance of Social Welfare Department, Government of Mizoram.

3.1.2. Observation cum Special Home, Lunglei

Observation cum Special Home, Lunglei is located 163 km. away from the capital city Aizawl, and located within Lunglei town at Ramthar Veng. It is one of the two Observation Homes in the state of Mizoram. As per Chapter II (section 8), of The Juvenile Justice Act, Any State Government may establish and maintain either by itself or under an agreement with voluntary organizations, observation homes in every district or a group of districts, as may be required for the temporary reception of any juvenile in conflict with law during the pendency of any inquiry regarding them under this Act. The agency is maintained by the government of Mizoram under Social Welfare Department and is under the guidance and rules prescribed by the Juvenile Justice Act and receive its funding from the Integrated Child Protection Scheme. The home covers three districts, which includes Lunglei, Lawngtlai and Saiha Districts and has ten (10) inmates capacity for boys only. Presently there are seven (7) boys inmates being rehabilitated in the Home. The Home provides accommodation, food, recreational facilities, counseling, religious, moral guidance and craft training. At present there are six working staffs including the superintendent and six 4th grades that are working as security guards.

Figure:1. Geographical location of Observation cum Special Homes in Mizoram map.

3.2. Research Design

The research design is exploratory and descriptive in nature. The present study was based on primary and secondary data. Through which the present study can be explored in order to get more clarity and its objective to carry out the study. Primary data was collected through case study of inmates and informal interviews conducted with the superintendent and caretakers of the institutionalized home and interview schedule was used collect information of the respondent. The literature reading regarding the published material in the form of books, reports, articles etc and information gathered from the case files of the children constitute the secondary source of information.

3.3. Selection of Samples

Census method was used both in Aizawl and Lunglei in order to collect samples from the respondent. The overall sample size was 28 comprising of seven (7) boys from Lunglei Observation home, nineteen (19) boys and two (2) girls from Observation home Durtlang, Aizawl.

3.4. Tools and Method of data collection

The tools and method of data collection are as follows:

3.4.1. Case Study

Eight case studies was conducted to get detailed information and to fulfill the objects of the study. The case studies comprises of three boys from Lunglei Observation Home, another three boys from Aizawl Observation Home and two girls from Aizawl as well.

3.4.2. Observation

Observation is an important tool in research methodology that employs vision as its main means of data collection. Observation skills were applied in order to know and understand the relationship between the caregivers and children, children with their inmates and between the workers.

3.4.3. Interview schedule

Interview schedule was used to collect primary data. The schedule has four (4) sections with a number of different sub-sections. The major sections of the schedule are Profile of respondents, Family profile, psychosocial challenges, scholastic performance and recreation and leisure.

The participatory methods such as daily activity schedule and recreational groups work was conducted in order to bring good relationship with the children and in the process to understand the personal and social characteristics and group dynamics of the children in general.

3.5. Data processing and Analysis

The primary data collected through interview schedule was processed with the help of Microsoft Excel and analyzed with SPSS package. Simple proportions and percentages were used to analyze the data.

3.6. Limitation

The limitation of the present study is that the sample size is too small and there is no equal number of respondents in the selected institutions for comparison. Therefore, it is very difficult to generalize the findings.

This chapter has presented the settings and methodological aspects of the present study. The next chapter presents results and discussion of the study.

CHAPTER IV

RESULTS AND DISCUSSIONS

CHAPTER IV

RESULTS AND DISCUSSION

In the present chapter, an attempt has been made to present the results of the analysis of data collected through interview and case study in two Observation Homes from Aizawl and Lunglei districts.

4.1. Profile of the respondents

The profile of the respondents is presented in three sub-sections viz. Demographic characteristics, economic characteristics and family characteristics.

4.1.1. Demographic Characteristics of the respondents

The demographic characteristics comprise of agency population, age group, gender and denomination (see table 4.1.1.).

The population of the Agencies was collection from both Aizawl and Lunglei Observation Homes. From the findings Aizawl Observation Home have a higher percentage of inmates i.e more than three fourth (75 %) of the respondent's belong to Durtlang, Aizawl and in which (69.6 %) more than two third belongs to the age group of 14-18 years i.e. adolescents.

The age groups were classified into two categories viz. late childhood (6-13 years) and adolescents (14-18 years). From the findings vast majority (92.9 %) of the respondents are male in which (91.3 %) belong to the age group of 14-18 years i.e. adolescent. Similar finding was reported in the earlier CCL study (See Lalrinchhana, 2006).

In respect to gender, there are two female being institutionalized during the present study and constituted (7.1 %) while vast majority (92.9 %) are male. This finding shows that delinquency is extremely higher among male children than female children.

Localities and place of residence played a strong role in the initiation and development of *delinquency*. Respondent localities are categorized into the present eight district of Mizoram. The findings reveal that Aizawl has the highest percentage of CCL consisting of three fourth (75 %) and Lunglei consisting of one fourth (25 %).

Religion is one of the institutions of society. There are different types of religion like Hindu, Muslim, Buddhist and Christian etc. All the respondents (100 %) belong to Christian. In regards to denomination, (42.9 %) of the respondents belongs to Presbyterian denomination, followed by UPC constituting of (17.9 %).

In respect to sub-tribe, about (40 %) of the respondents belongs to the others tribe that is except Lusei, Ralte, Hmar, Paihte and Sailo.

4.1.2. Parental Profile

The Parental profile consists of Fathers education, Fathers occupation , Mother's education , Mother's occupation, type of family, form of family, and size of family (See table 4.1.2).

To study the parental educational qualification of the respondent, it was classified into five categories viz. illiterate, below HSLC, HSLC, HSSLC, and Graduate and above. The findings indicated that more than half (57 %) of the respondents father's education is below HSLC. One third (32.1 %) of the respondents father's occupation is government servant. While

(89.3 %) of the respondents mother's education is illiterate and (89.3 %) of the respondents mother's occupation falls under unemployed category. The overall findings indicated that majority of the respondents parents are not highly educated and are studied below HSLC. The same finding was reported in the earlier CCL study (See Lalrinchhana, 2006).

Family type of respondents is categorized into two category nuclear and joint family. Findings indicated that more than half (57.1 %) of the respondents belongs to nuclear family.

The form of family of the respondent has been categorized into three viz. stable, broken and reconstituted/step family. The findings indicated that (42.91%) of the respondents belongs to stable family and more than one third (35.7%) of the respondents belong to broken family in which nearly (40%) of them are adolescents.

Family size is categorized into three categories three categories viz. small (1-3), medium (3-6) and large (7 & above). The findings indicated that more than three fourth (78.6 %) of the respondents size of family is medium, while the small size family comprises only (21.4 %). Similar finding was reported in the earlier CCL study (See Lalrinchhana, 2006).

4.1.3. Economic Characteristics of Respondents

The economic characteristics consist of socio-economic status, house ownership, type of house, family monthly income, number of dependents and earners (See table 4.1.3).

It is often reveals that socio economic status contributes to an extent in the development of delinquency. In the present study, socio economic status is categorized into APL, BPL and AAY. The findings reveals that more than half (53.6%) of the respondents belongs to APL group in which two third (65.2 %) of the respondents are belonging to the age group of 14-18 years

(adolescents), followed by BPL members comprising a more than one third (46.3 %) of the respondents.

House Ownership and House Type indicate the economic condition of respondents. The house ownership is categorized into two viz. Owned and rented while type of house is categorized into three viz. kutcha, pacca and semi-pacca The findings reveals that more than two third (67.9 %) ownership of house is own. In the type of house, majority (85.7 %) of the respondent's type of house is kutcha house.

Family monthly income of the respondent is also analyzed. The findings indicate that more than one third (42.9 %) of the respondents family monthly income is Rs. 5000-10000, and two third of the respondents (64.3 %) numbers of dependents in the family is between 1 and 3.

4.1.4. Perceived Influencing Factors

In order to study the perceived influencing factors for delinquency, studies are made on various aspects viz. respondents' initiation and frequency of delinquency, substance abuse use and frequency of use.

4.1.5. Respondents' Substance consumption and frequency of use

In the study related to substance consumption the findings indicated that majority (96.4 %) of the respondents have smoking habits in which majority (95.7 %) of the respondents are adolescents. More than half (57.1 %) of the respondents started smoking at the age of eleven (11) to thirteen (13) years of age in which (47.8 %) of the respondents are in the age group of fourteen (14) – eighteen (18) i.e. adolescent. Majority (82.1 %) of the respondents frequency of cigarette smoking is less than ten (10) cigarette per day in which more than two third (78.3 %) of the

respondents are belonging to the age group of fourteen (14) to eighteen (18) years. In the case of alcohol majority (96.4 %) of the respondents consume alcohol, among them majority (95.7 %) are adolescent. More than half (57.1 %) of the respondents age at consumption of alcohol is from eleven (11) to thirteen (13) years. Among the respondents (47.8 %) are in the age group of 14-18 years. More than three fourth (78.6 %) of the respondents also have the habit of chewing pan in which more than three fourth (78.3 %) are in the age group of 14-18 years i.e. adolescent. In the case of heroin, majority (96.4%) of the respondents do not have the habit of consuming heroin. In the case of abusing marijuana, more than one third (35.7%) of the respondents have consume marijuana in which more than one third (35.7 %) are adolescents. In case of abusing drugs like cough syrup and sleeping pills, more than one fifth (21.4 %) of the respondents have the habit of consuming cough syrup in which one fourth (26.1 %) belongs to adolescent group and less than one fifth (14.3 %) have the habit of taking sleeping pills. In the case of sniffing/inhaling solvents, more than three fourth (78.6 %) of the respondents have the habit of sniffing dendrite/correcting fluid in which more than three fourth (78.3 %) of the respondents are in the age group of 14-18 years (See table 4.1.4).

From the above findings we can see that the age group of 13-18 years that belongs to the age category of adolescent has a very high level of consuming substances than comparing to the other age group.

4.1.6. Psycho-social Factors

In order to study the psycho-social factors for delinquency, studies are made on various aspects viz. respondents' initiation of self, friends and family.

In the study related to perception of self about forty percent (39.3 %) of the respondents seeking friends those who can help for their problem, and ten percent (10.7 %) constitute the others category which are apart from whom they can confide in, someone who needs their help and who can help them with their problems (see table 4.1.5).

In case of perception of self (42.9 %) of the respondents perception of self image is that as a happy person which constitute the majority and another (3.6 %) respondent's perception of self image is that as economically weak and economically strong. In perception of respondents by friends/peers about fifty (46.4 %) of the respondents perception by friends/peers is as a happy person and less than one tenth (7.1 %) of the respondents perception by friends/peers is as strong and powerful, undependable and as a sad person. In perception of most helpful two third (67.9 %) of the respondents perception on most helpful person in their life is mother and another (3.6 %) of the respondents perception on most helpful in their life is siblings, paternal and maternal grandparents (see table 4.1.6).

In the case of friends/social circle (42.9 %) of the respondents considered their role as active member while (10.7 %) of the respondents are passive member and being isolated (see table 4.1.7). In case of respondents perceptions about self almost eighty percent (78.6 %) respondents consider themselves as a happy person and another (21.4 %) respondents consider themselves as unhappy (see table 4.1.8). In the case of felt responsibility to what they are (42.9 %) of the respondents felt that both (mother and father) are responsible for their cause, in which (60%) of the respondents are in the late childhood and less than five percent (3.6 %) of the respondents felt that grandparents and friends are responsible for their cause (see table 4.1.9). In term of economic care given nearly forty percent (39.3 %) of the respondent's economic care is

provided by the father and less than ten percent (7.1 %) respondents economic care is provided by paternal grandparents and relatives (see table 4.1.10)

In the case of relationship with family and social circle, more than half (53.6 %) of the respondents have strong relationship with the mother, (46.3 %) of the respondent have strong relationship with father, two third (64.3 %) of the respondent have a moderate relationship with paternal grandparents and also another two third (67.9 %) have moderate relationship with maternal grandparents. In friends circle (60%) of the respondents have a strong relationship with friends/peers. Two third (64.3 %) of the respondents have a moderate kind of relationship with neighbors and teachers (see table 4.1.11).

4.1.7. Educational characteristics of Respondents

The educational characters consist of the supporter and class performance of the respondents. More than one fourth (28.6 %) of the respondents get educational support from their mother alone and another (25%) of the respondents get educational support from both the parents (see table 4.1.12). In the case of respondents ranking of problems with regard to education almost forty percent (39.3 %) of the respondents rank their problem on education as weak class performance and less than five percent (3.6 %) rank their problem on education as delay and difficulties in payment of school fees (see table 4.1.13).

4.1.8. Recreational characters of Respondents

The recreational characters consist of the facilities and the satisfaction of the respondents towards the facilities provided at the institution. On recreational facilities provided at the institution forty percent (39.3 %) of the respondents said that they do not satisfied on their recreational facilities, in which (60.9 %) of the respondents are adolescent. On time given for

play and recreation more than two third (67.9 %) of the respondents felt that they have enough time for recreation, and among the respondents less than two third (64.3 %) play with friends. In case of time given for recreation almost forty percent (39.3 %) of the respondents said that time for recreation per day is one (1) hour (see table 4.1.14).

4.1.8. Respondents Reason of admittance at the Observation Home

As part of the study of the factors influencing toward delinquency, respondent reason for admittance at the observation home was studied. The findings indicated that theft is the highest offensive behavior of the CCL comprising of (39.28 %) which was followed by violation of MLTP Act, 1995 (32.14 %), drugs related case (10.71 %), physical violence and truancy (7.14 %) (see table 4.1.15).

4.1.9. Case studies

Case: 1

Name: Andrea (Fictitious)

Age: 16

Class : VII

Address: OH Ramthar Veng, Lunglei

Permanent Address: Ramthar Veng, Lunglei

Andrea was admitted to the OH due to stealing of money from Lunglei bazaar area, he was found indulged in abusing intoxicants like alcohol, dendrite, parvon/proxivon and other substances. The shopkeeper in bazaar area reported the case to the police and was arrested and

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placed at OH Lunglei. He was one of the leaders in his friendship circle and often shows his superiority among the inmates, he was found bulling the inmates and was punished several times on such cases.

He was born and brought up from a broken family, so at present he was staying with his mother. He has neither brother nor sister and his mother works as a cook in government middle school and earns Rs. 1500 per month. He is not having a good relationship with his relatives and other family members as well. He dropped out from school after passing class –VII.

Case: 2

Name: Brian

Age: 17

Sex: Male

Address: OH Ramthar Veng, Lunglei

Permanent Address: Chanmari, Lunglei

Brian was admitted to the OH, Lunglei due to drugs related case; he was also indulged in intoxicants like alcohol, cough syrup, parvon/proxivon and often consume sleeping pills. The reason for his admittance is due to selling of drugs, as his elder sister sell drugs so he helps her sister and the excise caught him and admit him to the OH. In spite of this his friends were fond of him as he is always kind and helpful to them. He blames himself for what he has done and wants to overcome the challenges and wanted to live a normal life.

He was brought up by maternal grandparent's family along with his three brothers and four sisters. The total family income was around Rs. 45000 per month.

Case: 3

Name: John

Age: 15

Sex: Male

Address: OH Ramthar Veng, Lunglei

Permanent Address: Vengpui, Lawngtlai

John was admitted to the OH due to stealing of money from his grandparents, he was found indulged in abusing intoxicants like alcohol and solvent etc, the grandparents reported the case to the police for hoping that their grandson could be better in OH. He does not want to stay anymore at OH because he was often beaten by the senior inmates, and he said that it is not useful for him to stay at OH as he had to overcome many challenges.

He was born and brought up from a broken family, so at present he was staying with his Grandparents.

Case: 4

Name: Mary

Sex: Female

Address: OH Durtlang, Aizawl

Permanent Address: Thenzawl, Serchhip Dist.

Mary was admitted to the OH, Durtlang due to theft and violation of MLTP Act, 1995. She used to stay in her grandparents house at Aizawl and during her exam holidays she went to visit her father at Thenzawl and to see some of her old friends and one of her friends was stealing trouser from their shop and they exchanged with alcohol. The friend parents reported the case to the police and she was sent to OH.

She was brought up in grandparent's family soon after her parents were divorced. As her mother remarried she usually blame her mother and she never talks nor visited her mother.

Case: 5

Name: Ruth

Age: 17

Sex: Female

Address: OH Durtlang, Aizawl

Permanent Address: Kolasib

Ruth was admitted to the OH, Durtlang due to violation of MLTP Act, 1996. Being brought up in a very low socio economic background and the parents sell alcohol so she often help her parents and later was in charge to do such business. She started to consume alcohol when she attained 16 years of age. The excise caught her selling alcohol and was admitted to OH.

Her father usually remarries different ladies so she happens to look after her younger brother and sister. All the household works usually depends on her so at an early stage she dropped out from school after passing class-7.

Case: 6

Name: Mark

Age: 17

Sex: Male

Address: OH Durtlang, Aizawl

Permanent Address: Chhinga Veng, Aizawl

Mark was born and brought up from a stable family and he was a student of Higher Secondary, the reason for his admittance was due to violation of MLTP Act, 1995 and Physical violence. After completing the first terminal exam along with his friends they consume alcohol and got into a gang fight. He tortured and beat the other gang members and the police caught him and was admitted at OH and charged a case against him.

Case: 7

Name: Anthony

Age: 16

Sex: Male

Address: OH Durtlang, Aizawl

Permanent Address: Salem Veng, Aizawl

Anthony was admitted to the OH due to theft and robbery related case. Being brought up from a low socio-economic status the parents did not look after him well and usually stay in friends and relatives houses. As he indulge in substances like alcohol, solvents, drugs etc he started stealing money from parents, relatives etc. Soon after he was often found stealing money and other things and even stated robbery in order to get money. The police soon noticed him and placed at OH on different cases.

Case: 8

Name: Paul

Age: 15

Sex: Male

Address: OH Durtlang, Aizawl

Permanent Address: Rangvamual

Paul was brought up from a low socio-economic background. His parents were selling alcohol so he was not properly look after by the parents. He was admitted in private school but he hardly attends school and often found with friends escaping from school and very weak in class performance. He also indulges in alcohol and the police caught him and was placed at OH.

Findings: From the case study, it was observed that poor socio-economic family background was strongly related for a child to acquire a deviant behavior. Most of the respondents came from a broken family and reconstituted family. Due to such reason, children lost their love and were

not interested to stay with their family and spent most of their time with peers and other members in the community. As these children were mostly indulged in intoxicants so in later stage it led them to steal, rob, murder, rape etc.

The case study also indicated that parents did not give proper concern for the development of their children. Proper care for children for their psychosocial development is not given by the parents, negligence of children is common among the parents, so this result in deviant behavior among such children and cause a serious problem to the society.

The home environment and community also played an importance role for the psychosocial development of children, from the case study most of the children did not live in a favorable condition which in turn affects their development and lead to deviant behavior.

4.1.10. List of Recreational facilities provided at Observation Home, Lunglei

1. Table Tennis

2. Caroms

3. Chinese Checker

4. Electronic Keyboard

4.1.11. List of Recreational facilities provided at Observation Home, Aizawl

1. Television set

2. Caroms

3. Chinese Checker

4. Snake and Ladder

5. Basketball

6. Football

7. Electronic Keyboard

Findings: From the list of recreational facilities provided in both the OH, it is found that the facilities provided are not satisfactory for the development of children in all aspects. But comparing the two OH, Durtlang OH has better facilities than that of Lunglei OH. Proper facilities for recreation in needed for the child psychosocial development.

In this chapter attempt has been made to discuss the results of the analysis of primary data of CCL. The next chapter presents the major conclusion and suggestions.

Table 4.1.1 Profile of the respondents

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Locality**			
	Protective Home Lunglei	0	7	7
		(0)	(30.4)	(25)
	Protective Home Aizawl	5	16	21
		(100)	(69.6)	(75)
II	**Gender**			
	Male	5	21	26
		(100)	(91.3)	(92.9)
	Female	0	2	2
		(0)	(8.7)	(7.1)
III	**Religion**			
	Christian	5	23	28
		(100)	(100)	(100)
IV	**Denomination**			
	Presbyterian	4	8	12
		(80)	(34.8)	(42.9)
	Adventist	0	2	2
		(0)	(8.7)	(7.1)
	Salvation Army	1	0	1
		(20)	(0)	(3.6)
	United Penticostal Church (UPC)	0	5	5
		(0)	(21.7)	(17.9)
	Baptist	0	4	4
		(0)	(17.4)	(14.3)
	Roman Cathloic	0	3	3
		(0)	(13)	(10.7)
	Others	0	1	1
		(0)	(4.3)	(3.6)
V	**Sub tribe**			
	Lusei	1	4	5
		(20)	(17.4)	(17.9)
	Ralte	0	6	6
		(0)	(26.1)	(21.4)
	Hmar	2	1	3
		(40)	(4.3)	(10.7)
	Paihte	0	1	1
		(0)	(4.3)	(3.6)
	Sailo	0	2	2
		(0)	(8.7)	(7.1)
	Others	2	9	11
		(40)	(39.1)	(39.3)

Source: Computed   Figures in parenthesis are percentages

Table 4.1.2 Parental Profile

Sl.No	Characters	Age		Total N=28
		6-13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Fathers education**			
	0	1	2	3
		20.0%	8.7%	10.7%
	Below HSLC	3	13	16
		60.0%	56.5%	57.1%
	HSLC	1	2	3
		20.0%	8.7%	10.7%
	HSSLC	0	3	3
		.0%	13.0%	10.7%
	Graduate	0	3	3
		.0%	13.0%	10.7%
II	**Fathers occupation**			
	0	1	2	3
		20.0%	8.7%	10.7%
	Govt.Servant	1	8	9
		20.0%	34.8%	32.1%
	Business	0	4	4
		.0%	17.4%	14.3%
	Agriculture	1	0	1
		20.0%	.0%	3.6%
	Daily Wage Earner	2	4	6
		40.0%	17.4%	21.4%
	Others	0	5	5
		.0%	21.7%	17.9%
III	**Mothers education**			
	0	4	21	25
		80.0%	91.3%	89.3%
	Below HSLC	1	1	2
		20.0%	4.3%	7.1%
	HSLC	0	1	1
		.0%	4.3%	3.6%

III	**Mothers occupation**			
	0	4	21	25
		80.0%	91.3%	89.3%
	Daily Wage Earner	1	2	3
		20.0%	8.7%	10.7%
IV	**Type of family**			
	Nuclear	5	11	16
		100.0%	47.8%	57.1%
	Joint	0	12	12
		.0%	52.2%	42.9%
V	**Form of family**			
	Stable	3	9	12
		60.0%	39.1%	42.9%
	Broken	1	9	10
		20.0%	39.1%	35.7%
	Reconstitued/step Family	1	5	6
		20.0%	21.7%	21.4%
VI	**Size of the family**			
	Small (1-2)	0	6	6
		.0%	26.1%	21.4%
	Medium (3-5)	5	17	22
		100.0%	73.9%	78.6%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.3 Economic characteristics of Respondents

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Socio economic status**			
	APL	0	15	15
		.0%	65.2%	53.6%
	BPL	5	8	13
		100.0%	34.8%	46.4%
II	**Ownership of house**			
	Own	3	16	19
		60.0%	69.6%	67.9%
	Rented	2	7	9
		40.0%	30.4%	32.1%
III	**Type of house**			
	Kutcha House	4	20	24
		80.0%	87.0%	85.7%
	Semi-Pacca	1	3	4
		20.0%	13.0%	14.3%
IV	**Family monthly income**			
	Less than Rs.5000	0	2	2
		.0%	8.7%	7.1%
	Rs.5000 -10000	2	10	12
		40.0%	43.5%	42.9%
	Rs.10000 - 15000	1	2	3
		20.0%	8.7%	10.7%
	Rs.15000 -20000	1	2	3
		20.0%	8.7%	10.7%
	Rs.20000 -25000	1	1	2
		20.0%	4.3%	7.1%
	Rs.25000 -30000	0	4	4
		.0%	17.4%	14.3%
	Rs.30000 -35000	0	1	1
		.0%	4.3%	3.6%
	Rs.40000 and Above	0	1	1
		.0%	4.3%	3.6%
V	**Number of dependents**			
	1-3	3	15	18
		60.0%	65.2%	64.3%
	4 and above	2	8	10
		40.0%	34.8%	35.7%

Source: Computed   Figures in parenthesis are percentages

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Table 4.1.4 Substance consumption

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Smoking Habit of the Respondents**			
		5	22	27
		100.0%	95.7%	96.4%
II	**Age of smoking**			
	No Smoking	0	1	1
		.0%	4.3%	3.6%
	8-10 Years	0	4	4
		.0%	17.4%	14.3%
	11- 13 Years	5	11	16
		100.0%	47.8%	57.1%
	14 -16 Years	0	7	7
		.0%	30.4%	25.0%
III	**Frequency of Cigarette Smoking**			
	No Smoking	0	1	1
		.0%	4.3%	3.6%
	Less than 10 cig/day	5	18	23
		100.0%	78.3%	82.1%
	11 - 20 Cig/day	0	4	4
		.0%	17.4%	14.3%
IV	Consumption of alcohol			
	Yes	5	22	27
		100.0%	95.7%	96.4%
	No	0	1	1
		.0%	4.3%	3.6%
V	**Age at consumption of alcohol**			
	No consumption of alcohol	0	1	1
		.0%	4.3%	3.6%
	8-10 Years	0	1	1
		.0%	4.3%	3.6%
	11- 13 Years	5	11	16
		100.0%	47.8%	57.1%
	14 -16 Years	0	10	10
		.0%	43.5%	35.7%

VI	**Consumption of Intoxicates Pan**			
	1	4	18	22
		80.0%	78.3%	78.6%
	2	1	5	6
		20.0%	21.7%	21.4%
VII	**Heroine**			
	1	0	1	1
		.0%	4.3%	3.6%
	2	5	22	27
		100.0%	95.7%	96.4%
VIII	**Marijuana**			
	1	1	9	10
		20.0%	39.1%	35.7%
	2	4	14	18
		80.0%	60.9%	64.3%
IX	**Cough syrup**			
	1	0	6	6
		.0%	26.1%	21.4%
	2	5	17	22
		100.0%	73.9%	78.6%
x	**Parvon/Proxivon**			
	1	0	2	2
		.0%	8.7%	7.1%
	2	5	21	26
		100.0%	91.3%	92.9%
XI	**Solvents**			
	1	4	18	22
		80.0%	78.3%	78.6%
	2	1	5	6
		20.0%	21.7%	21.4%
XII	**Sleeping pills**			
	1	0	4	4
		.0%	17.4%	14.3%
	2	5	19	24
		100.0%	82.6%	85.7%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.5 Kind of friend seeking

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Kind of Friend Seeking**			
	Someone who can help with my problems	1	10	11
		20.0%	43.5%	39.3%
	Someone whom I can confide in	4	5	9
		80.0%	21.7%	32.1%
	Someone who needs my help	0	5	5
		.0%	21.7%	17.9%
	Others	0	3	3
		.0%	13.0%	10.7%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.6 Perceptions

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Perception of Self Image**			
	As a dependable person	1	4	5
		20.0%	17.4%	17.9%
	As a happy person	2	10	12
		40.0%	43.5%	42.9%
	As strong and powerful	0	2	2
		.0%	8.7%	7.1%
	As economically strong	0	1	1
		.0%	4.3%	3.6%
	As an undependable person	1	3	4
		20.0%	13.0%	14.3%
	As a sad person	1	2	3
		20.0%	8.7%	10.7%
	As economically weak	0	1	1
		.0%	4.3%	3.6%
II	**Perception of Respondents by Friends/Peers**			
	As a dependable person	1	4	5
		20.0%	17.4%	17.9%
	As a happy person	2	11	13
		40.0%	47.8%	46.4%
	As strong and powerful	1	1	2
		20.0%	4.3%	7.1%
	As economically strong	1	3	4
		20.0%	13.0%	14.3%
	As an undependable person	0	2	2
		.0%	8.7%	7.1%
	As a sad person	0	2	2
		.0%	8.7%	7.1%
III	**Respondents Perception on Most Helpful Person**			
	Mother	4	15	19
		80.0%	65.2%	67.9%
	Father	1	5	6
		20.0%	21.7%	21.4%
	Siblings	0	1	1
		.0%	4.3%	3.6%
	Paternal Grandparents	0	1	1
		.0%	4.3%	3.6%
	Maternal Grandparents	0	1	1
		.0%	4.3%	3.6%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.7 Role of respondents with friends/social circle

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Role of Respondent with Friends/Social Circle**			
	Leader	1	9	10
		20.0%	39.1%	35.7%
	Active member	3	9	12
		60.0%	39.1%	42.9%
	Passive Member	1	2	3
		20.0%	8.7%	10.7%
	Isolate	0	3	3
		.0%	13.0%	10.7%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.8 Consideration of Respondent about self

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Consideration of Respondent about self**			
	Happy	5	17	22
		100.0%	73.9%	78.6%
	Unhappy	0	6	6
		.0%	26.1%	21.4%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.9 Responsible for the Cause

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Responsible for the Cause**			
	Mother	0	5	5
		.0%	21.7%	17.9%
	Father	0	3	3
		.0%	13.0%	10.7%
	Both (Mother & Father)	3	9	12
		60.0%	39.1%	42.9%
	Grnadparents	0	1	1
		.0%	4.3%	3.6%
	Relatives	1	2	3
		20.0%	8.7%	10.7%
	Friends	1	0	1
		20.0%	.0%	3.6%
	Self	0	3	3
		.0%	13.0%	10.7%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.10   Respondents Economical Care

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Respondents Economical Care**			
	Father	3	8	11
		60.0%	34.8%	39.3%
	Mother	0	8	8
		.0%	34.8%	28.6%
	Paternal Grandparents	0	2	2
		.0%	8.7%	7.1%
	Maternal Grandparents	0	5	5
		.0%	21.7%	17.9%
	Relatives	2	0	2
		40.0%	.0%	7.1%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.11 Respondents relationship

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Respondents kind of Relationship. Mother**			
	Strong	3	12	15
		60.0%	52.2%	53.6%
	Moderate	2	8	10
		40.0%	34.8%	35.7%
	Weak	0	3	3
		.0%	13.0%	10.7%
II	**Father**			
	Strong	2	11	13
		40.0%	47.8%	46.4%
	Moderate	3	9	12
		60.0%	39.1%	42.9%
	Weak	0	3	3
		.0%	13.0%	10.7%
III	**Parental grandparents**			
	Strong	2	8	10
		40.0%	34.8%	35.7%
	Moderate	3	15	18
		60.0%	65.2%	64.3%
IV	**Maternal Grandparents**			
	Strong	0	9	9
		.0%	39.1%	32.1%
	Moderate	5	14	19
		100.0%	60.9%	67.9%

V	**Friends/peers**				
	Strong	2	15	17	
		40.0%	65.2%	60.7%	
	Moderate	3	8	11	
		60.0%	34.8%	39.3%	
VI	**Neighbourhood**				
	Strong	1	8	9	
		20.0%	34.8%	32.1%	
	Moderate	4	14	18	
		80.0%	60.9%	64.3%	
	Weak	0	1	1	
		.0%	4.3%	3.6%	
VII	**Teachers**				
	Strong	0	5	5	
		.0%	21.7%	17.9%	
	Moderate	5	13	18	
		100.0%	56.5%	64.3%	
	Weak	0	5	5	
		.0%	21.7%	17.9%	

Source: Computed   Figures in parenthesis are percentages

Table 4.1.12 Respondents support on education

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Respodents Support on Education**			
	Father alone	2	5	7
		40.0%	21.7%	25.0%
	mother alone	0	8	8
		.0%	34.8%	28.6%
	Both	1	6	7
		20.0%	26.1%	25.0%
	Paternal grandparents	0	3	3
		.0%	13.0%	10.7%
	Maternal Grandparents	0	1	1
		.0%	4.3%	3.6%
	Relatives	2	0	2
		40.0%	.0%	7.1%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.13 Respondents Ranking of Problems with regard to Education

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Respondents Ranking of Problems with regard to Education**			
	Weak Class Perfromance	3	8	11
		60.0%	34.8%	39.3%
	Poor performance in Test/Results	1	4	5
		20.0%	17.4%	17.9%
	Delays and Difficulties in payment of school fees	0	1	1
		.0%	4.3%	3.6%
	Disturbed relationship with class mates	0	2	2
		.0%	8.7%	7.1%
	Disturbed relationship with teachers	0	5	5
		.0%	21.7%	17.9%
	Not interested	1	3	4
		20.0%	13.0%	14.3%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.14 Recreation activities

Sl.No	Characters	Age		Total N=28
		Less than 13 Years (Late Childhood) n=5	14 -18 (Adolescence) n=23	
I	**Satisfaction of Recreation Facilites**			
	Yes	3	9	12
		60.0%	39.1%	42.9%
	No	2	14	16
		40.0%	60.9%	57.1%
II	**Enough Time for Play and Recreation**			
	Yes	4	15	19
		80.0%	65.2%	67.9%
	No	1	8	9
		20.0%	34.8%	32.1%
III	**Respondents interaction for playing**			
	No Response	1	8	9
		20.0%	34.8%	32.1%
	Friends	4	14	18
		80.0%	60.9%	64.3%
	Play by self	0	1	1
		.0%	4.3%	3.6%
IV	**Time for Recreation per Day**			
	No time at all	0	5	5
		.0%	21.7%	17.9%
	1 hour per day	4	7	11
		80.0%	30.4%	39.3%
	2-5 hours per a day	1	8	9
		20.0%	34.8%	32.1%
	whenever I want	0	3	3
		.0%	13.0%	10.7%
V	**Time for Recreation per Day**			
	No time at all	0	5	5
		.0%	21.7%	17.9%
	1 hour per day	4	7	11
		80.0%	30.4%	39.3%
	2-5 hours per a day	1	8	9
		20.0%	34.8%	32.1%
	whenever I want	0	3	3
		.0%	13.0%	10.7%

Source: Computed   Figures in parenthesis are percentages

Table 4.1.15 Respondents reasons of admittance

Sl.No	Offenses committed	No. of respondents	Percentage
1	Theft	11	39.28
2	Violation of MLTP Act'95	9	32.14
3	Rape	1	3.57
4	Drugs related case	3	10.71
5	Physical violence	2	7.14
6	Truancy	2	7.14
	TOTAL	28	100

CHAPTER V

CONCLUSIONS AND SUGGESTIONS

CHAPTER V

CONCLUSION AND SUGGESTIONS

In this chapter attempt has been made to present the conclusions and suggestions for social work interventions, the present study is divided into three sections with its sub-sections.

5.1. Conclusion

The present section presents the conclusions in three sub-sections which are discussed below:

5.1.1. Profile of Institutionalized CCL in Mizoram

The respondents were from both Aizawl and Lunglei Observation Homes. From the findings, Aizawl Observation Home (OH) has a higher percentage (75%) inmates and Lunglei has (25%) inmates. There are only two girl inmates in the observation home and adolescent constitutes the highest population consisting of (91.3%).

The educational qualification of the respondents reveal that majority of them belongs to the middle school. The present school status of the inmates is also poor and almost half of the CCL have stopped attending school.

The economic condition of the family income is low. Findings reveal that more than one third (46.3%) of the respondents belong to a BPL and AAY group. More than two third (67.9%) of the CCL live in their own house while the rest live in a rented house. Majority (85.7%) of the CCL lives in kutcha house. The findings indicate that more than one third (42.9 %) of the

respondents family monthly income is Rs. 5000-10000, and two third of the respondents (64.3 %) numbers of dependents in the family is between 1 and 3.

The family characteristics of the CCL families indicated that nuclear family consists of (57.1 %). Findings also indicated that medium size family more than three forth (78.6%) constitute the majority. The findings indicated that (35.7 %) of the respondents are from a broken family.

5.1.2. Perceived Influencing Factors

From the findings we can see that the age group of 13-18 years that belongs to the age category of adolescent has a very high level of abusing substances than comparing to the other age group. It indicates that more awareness programme, care and rehabilitative measures should be given during the adolescent period.

5.1.3. Perceived Effects of Institutionalization of the CCL

The findings reveal that OH provides accommodation, food, clothing, vocational training, games and sports and moral teachings. It also provides good worker-inmate relationship and inmate-inmate relationship. These activities will contribute a lot in the development and rehabilitation process of inmates. However, findings indicate that many CCL were not satisfied with the facilities provided and the school functions do not reach the expectation of the OH inmates.

5.2. Policy Implication

Based on the findings most of the CCL are consuming substances, but it is seen that detoxification facilities are not available. And also through the study it is evident that such cases

were found and they suggested the detoxification facility is not good. The government therefore has to take measures on detoxification facilities for minor and major substance abusers in the OH.

Although OH functions provide many rehabilitative functions which results in positive outcomes for the children. After release from the OH, the CCL experience psycho-social problems such as poor self esteem, isolation, social discrimination etc. and socializing to the rest of the community is a challenge for them. In order to tackle these issues the government has to take initiatives for after care and rehabilitation for the children who are released from the OH.

5.3. Suggestion

- Family is the best institution for upbringing the children. It is important to give children a congenial atmosphere for their psychosocial development.

- OH should conduct awareness programmes to the CCL about the ill effects of smoking, alcoholism, substance abuse and intoxicates because most of the CCL are adolescents (13-18years) indulging in the said activities.

- Sensitization programmes can be organized to the civil society organizations, NGOs and GOs so that they can understand the psychosocial problems of the Children and can contribute for upliftment of the children.

- Psychosocial interventions such as relapse prevention, skills training, self help groups, couples therapy/family therapy and motivation enhancement should be taken up.

- Professional workers should be placed in the OH in order to have a better understanding of their problems and challenges by practicing the social work methods like social case work and social group work.

- The Government should give necessary instructions and training to the staff of the OH to bring a healthy atmosphere for the development of the personality of children

- The JJB should well trained and instructed in order to understand the problem of children as Police plays an important role in prevention, identification, treatment and rehabilitation of children.

- Vocational training can be promoted in the OHs in order to rehabilitate the children.

- OH should be equipped with better recreational facilities for the holistic development of the children.

- OHs should have basic infrastructure facilities like good drinking water, health and sanitation.

- Proper administrative system should be regulated in the OHs for the effective functioning of the staff.

- OHs should take necessary follow up and after care programmes for the children.

APPENDICES

BIBLIOGRAPHY

Abad, Ella and others (2000). The Buntog Phenomenon: A Descriptive Study of Juvenile Children, Davao City: Kaugmaon Foundation, Inc.

Ahuja, Ram (1997). "Social Problems in India" Jaipur, Rawat Publications.

Amati, B.H. (1992). "Juvenile Delinquency and Family. In Jogan Shanker Social Problems and welfare in India". New Delhi, Ashish Publishing House.

Ainsworth, M.D (1962). "The effects of Maternal Deprivation: A review of Findings and Controversy in the Context of Research Strategy" in deprivation of Maternal Care: A reassessment of its Effects, Geneva: WHO Series 14: (Public Health Papers)

Anand, R.K (1983). "Health and Nutrition Problems of Children in Institution". Paper presented at UNICEF Staff Orientation Programme on Destitute Children.

After Care Resource Centre, The Impact of Growing up in an Institution.

Berger, K [1999] The developing Person: Through Childhood and Adolescence. New York: Worth Publishers.

B.I.Slomnicka (1982). Law of Child Care. Macdonald & Evans Ltd. Estover, Plymouth PL6 7PZ

BeeHive Digital Concepts Cochin, Child Labour in India- Issues, Dimensions and Determinants.

Bogdan M. Chiritoiu, MA, MSc (Assistant Professor) The Fate of Institutionalised Children.

Bowlby, J (1952). "Maternal Care and Mental Health", Geneva: WHO.

Central Social Welfare Board, Orphanages in India (A Study) New Delhi: CSWB

Chivonne Hagan, 1901 N, Helotrope Dr. Santa Ana, CA 9270, USA. The Effects of Institutional Living on Attachment.

Chi Meng Chu , Stuart D. M. Thomas & Vivienne P. Y. Ng (2009): Childhood Abuse and Delinquency: A Descriptive Study of Institutionalized Female Youth in Singapore, Psychiatry, Psychology and Law.

Chauhan T.P.S (1997). "Psychology of anti-social Behaviour". New Delhi, Anmol Publication Pvt.Ltd.

Dana Johnson, (2007). Adopting an Institutionalized Child: What are the Risks?

Documentation Centre for Women and Children, National Institute of Public Cooperation and Child Development 5, Siri Institutional Area, Hauz Khas, New Delhi – 110016,   (2010) Research Abstracts on Children in Need of Care and Protection 1998 – 2009 Documentation Centre.

FORCES (Forum for Creche and Child Care Services). Alternative report on The Status of The Young Child in India

Henry Zodinliana Pachuau (2010). Consultation Meeting of NGOs on National Policy for Children 2010 (Resource Material)

Human Development Sector, South Asia Region (2004). Reaching out to the Child. An Integrated Approach to Child Development. Oxford University Press

Jagannath Pati, (2007). Adoption Global perspective and Ethical Issues. D.K. Agencies (P) Ltd. docinfo@dkagencies.com

James Lalthangmawia (2011). "Family and Peer Networks among the Institutionalized Children in Conflict with Law". Unpublished masters' thesis. Department of Social Work, Mizoram University: Aizawl.

Laura E.Levine and Joyce Munsch (2011) Child Development, An Active Learning Approach. Sage Publications. Inc.

Lalrinchhana (2006). "Children in Conflict with law in Mizoram. Unpublished masters' thesis. Department of Social Work, Mizoram University: Aizawl.

Maclean K (2003) Development and Psychopathology, The impact of institutionalization on child development.

Mishra, B.N. (1991). "juvenile Delinquency and Justice System". New Delhi: Ashish Publishing House.

Mukherjee, B.N (1956). "Psychological Approach to Juvenile Delinquency". Journal of Social Work, (17) 12.

Suma Narayana Reddy, (1989). Institutionalized Children. Chugh Publication.

The Gazette of India, Ministry of Law, Justice and Company Affairs (Legislative Department) THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2000.

Psycho-social challenges of Institutionalized Children in Conflict with Law in Mizoram.

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<u>Interview Schedule</u>

(Confidential and for Research Purpose Only)

Schedule No._____   Date: _____

Investigator: _____

Section A - Profile of the Respondent

1. Gender   : **1** Male; 2 Female

2. Age   : _____

3. Marital Status   : **1** Unmarried; **2** Married; **3** Divorced; **4** Remarried

4. Religion   : **1** Christian; **2** Hindu; **3** Muslim; **4** Buddhist; **5** Others

5. Denomination   : **1** Presbyterian; **2** Adventist; **3** Salvation Army;

    4 United Pentecostal; 5 Baptist; **6** Roman Catholic**; 7** Others

6. Sub-tribe   : **1** Lusei; **2** Ralte; **3** Hmar; **4** Paihte; **5** Sailo; **6** Others

7. Do you have income?   : **1** Yes ( ); **2** No ( )

8. Socio-economic status   : **1** APL; **2** BPL; **3** AAY

9. Type of Family   : **1** Nuclear; **2** Joint

10. Form of Family   : **1** Stable; **2** Broken; **3** Reconstituted/Step Family

11. Size of Family   :

12. Ownership of House   : **1** Owned; **2** Rented

13. Type of house   : **1** Kutcha; **2** Semi Pucca; **3** Pucca

14. Educational Qualification   :

15. Family details   :

Sl.No	Name	Age	Sex	Relation to respondent	Marital Status	Edu. Qual.	Occupation	Monthly income
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

16. Household Profile

    a) No of family members   : _____

    b) No of dependants   : _____

    c) No. of earners   : _____

    d) Total monthly household income   : _____

Section B – Psycho-social Challenges

17. Do you smoke?   1 Yes ( ); 2 No ( )

18. If yes, at what age have you started smoking? _____

19. How many cigarettes have you smoke per day? _____

20. Do you consume alcohol?   1 Yes ( ); 2 No ( )

21. If yes, at what age do you start drinking alcohol? _____

22. If you take the following intoxicants, please tick.

      1. Pan   1 Yes ( ); 2 No ( )

      2. Heroin   1 Yes ( ); 2 No ( )

      3. Cannabis   1 Yes ( ); 2 No ( )

      4. Cough Syrup   1 Yes ( ); 2 No ( )

      5. Parvon/Proxivon   1 Yes ( ); 2 No ( )

      6. Solvent   1 Yes ( ); 2 No ( )

7. Sleeping Pills   1 Yes ( ); 2 No ( )

23. What kind of friend are you looking for?

i. Someone who can help me with my problems		ii. Someone whom I can confide in	
iii. Someone who needs my help		iv. Others (Specify)	

24. How do you see yourself? Tick the appropriate answer?

i. Someone who can help me with my problems		ii. Someone whom I can confide in	
iii. Someone who needs my help		iv. Others (Specify)	

25. How do your friend (s)/peer (s) see you?

i. As a dependable person		v. As an undependable person	
ii. As a happy person		vi. As a sad person	
iii. As strong and powerful		vii. As weak and powerless	
iv. As economically strong		viii. As economically weak	

26. In any friendship/social circle, you play the role of-

i. Leader		ii. Active member	
iii. Passive member		iv. Isolate	

27. What do you consider yourself to be most of the time?

i. Happy		ii. Unhappy	

28. Who do you consider as responsible for how you feel?

i. Mother		ii. Father		iii. Both (Mother & Father)	
iv. Grandparents		v. Siblings		vi. Relatives	
vii. Friends		viii. Self		ix. Others	

29. Who generally looks after you?

i. Father		ii. Mother		iii. Paternal grandparents	
iv. Maternal grandparents		v. Relatives		vi. Neighbours	
vii. Governments Institutions		viii. Any others (specify)			

30. Who provides economically for you?

i. Father		ii. Mother		iii. Paternal grandparents	
iv. Maternal grandparents		v. Relatives		vi. Neighbours	
vii. Governments Institutions		viii. Any others (specify)			

31. Rank the following in order of perception as most helpful-

       i. Mother (   )

       ii. Father (   )

       iii. Siblings (   )

       iv. Paternal grandparents/relatives (   )

       v. Maternal grandparents/relatives (   )

       vi. Other relatives (specify) (   )

       vii. No one is helpful (   )

32. What kind of relationship do you have with the following?

       i. Mother   -   (i) Strong (ii) Moderate (iii) Weak

       ii. Father   -   (i) Strong (ii) Moderate (iii) Weak

`   iii. Paternal grandparents   -   (i) Strong (ii) Moderate (iii) Weak

       iv. Maternal grandparents -   (i) Strong (ii) Moderate (iii) Weak

       v. Friends/peers   -   (i) Strong (ii) Moderate (iii) Weak

       vi. Neighborhood   -   (i) Strong (ii) Moderate (iii) Weak

       vii. Teachers   -   (i) Strong (ii) Moderate (iii) Weak

Section C – Scholastic Performance

33. Who support your education?

       i. Father alone (   )

       ii. Mother alone (   )

       iii. Both parents (   )

       iv. Paternal grandparents/relatives (   )

       v. Maternal grandparents/relatives (   )

       vi. Other relatives (   )

       vii. Others (specify) …………………….

34. Rank the problem you face in reference to your education.

i. Weak class performance	ii. Poor performance in test/results	
iii. Delays and difficulties in payment of school fees	iv. Disturbed relationship with class mates	
v. Disturbed relationship with teachers	vi. Others (specify)	

35. Do you have a good relationship with your teacher? 1 Yes ( ); 2 No ( )

Section D – Recreation and Leisure

36. Do you get enough time for play and recreation? 1 Yes ( ); 2 No ( )

        a) If yes, who do you play with most frequently?

                i) Friends ( )

                ii) Siblings ( )

                iii) Play by self ( )

                iv) Others (specify) …………….

37. How much time do you have for recreation in a given day?

        i) No time at all ( )

        ii) 1 hour per day ( )

        iii) 2-5 hours per day ( )

        iv) Whenever I want ( )

        v) Any other (specify) ……………….

38. List out the recreational facilities that are provided in your institution.

        i)

        ii)

        iii)

        iv)

        v)

        vi)

        vii)

        viii)

39. Are you satisfied with the recreational facilities provided in your institution?

        1 Yes ( ); 2 No ( )

40. Please tick the reason of why you are admitted to the institution.

        i) Theft ( )

ii) Violation of MLTP Act, 1995 ( )

iii) Rape ( )

iv) Drugs related Case ( )

v) Attempted to murder ( )

vi) Physical violence ( )

vii) Sex worker ( )

viii) Destruction of property ( )

ix) Truancy ( )

PARTICULARS OF THE CANDIDATE

NAME OF THE CANDIDATE   : Isaac Lalmuanpuia

DEGREE   : M.Phil

DEPARTMENT   : Social Work

TITLE OF DISSERTATION   : Psycho-social challenges of

                                                 Institutionalized Children in Conflict

                                                 with Law in Mizoram

DATE OF PAYMENT OF ADMISSION   : 5th September, 2012

COMMENCEMENT OF SECOND SEMESTER   : 18th February, 2013

1. BOARD OF PROFESSIONAL STUDIES   : 22nd April, 2013

2. SCHOOL BOARD   : 23rd October, 2013

3. REGISTRATION NO. & DATE   :

4. DUE DATE OF SUBMISSION   : 18th July, 2014

5. EXTENSION (IF ANY)   :

BIODATA

Name   : Isaac Lalmuanpuia

Sex   : Male

Date of Birth   : 2.8.1988

Age   : 26

Educational Qualification   : Master of Social Work

Marital Status   : Unmarried

Contact Number   : 09862265214

Email Id   : mamaj619@gmail.com

Permanent Address   : B-53, New Colony-1, Saiha

                                          Pin- 796 901, Mizoram

Details of Educational Qualification

Class	Subject	Board/University	Percentage	Division
H.S.L.C	-	Mizoram Board of School Education	64.8	First
H.S.S.L.C	Arts	Central Board of School Education	60.66	First
Bachelor of Arts	English	North Eastern Hill University	47.37	Second
Master of Social Work	Social Work	Mizoram University	60.5	First

Field Work Experience (M.S.W) in Aizawl, Mizoram

1. **Anganwadi Centre Aizawl (Rural)**: The main activities were conducting case work and group work among the children and workers in different Anganwadi centre in Aizawl. The different services provided by the Agnganwadi centre were studied during the field work. Home visits were also conducted during the process.

2. **Greenwood Hospital, Bawngkawn Aizawl**: The main activities were conducting case work, group work, home visits and referral services. Networking was also performed with Civil Hospital, Aizawl in order to suit the needs of patients at the Hospital. Free clinics were organized in rural areas of Aizawl and Kolasib District. Awareness programme were organized in different communities and villages in order to utilize the project provided at Greenwood Hospital like Smile Train Project, HIV/Aids and counseling services.

3. **Community placement at Tuikual South**: Community placement was for two semesters (3rd and 4th). During community placement the main activities were community profiling though PRA exercises was conducted. Networking among the different local organization was done in order to bring positive outcome and good relationship among the leaders of the organization and the localities. Meanwhile, a research was also conducted on children at Motherless Babies Home, Tuikual 'S'.