

**BEHAVIORAL MANIFESTATION AND PSYCHO-SOCIAL PREDICTORS OF
JUVENILE OFFENDERS**

A dissertation

by

Mohammad Salim Chowdhury

Department of Educational and Counselling Psychology (DECP)

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Professor Shaheen Islam, PhD



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Declaration

This research entitled ‘BEHAVIORAL MANIFESTATION AND PSYCHO-SOCIAL PREDICTORS OF JUVENILE OFFENDERS’ contains the independent original work which performed by myself under the supervision of Professor Shaheen Islam, PhD, Department of Educational and Counselling Psychology, University of Dhaka. This research report has not been submitted before, nor is it being submitted anywhere else at the same time for ward of any degree, except for publication

University of Dhaka

December 2019

Mohammad Salim Chowdhury

Certification

This is to certify that the work entitle “Behavioral Manifestation and Psycho-social Predictors of Juvenile Offenders” submitted by Mohammad Salim Chowdhury has been carried out entirely by the candidate, the research scholar under my supervision. This is further to certify that it is an original work and suitable in partial fulfillment for the degree of Doctor of Philosophy in Counselling Psychology, Department of Educational and Counselling Psychology, University of Dhaka. I recommend the thesis for examination.

Approved as to style and contents by

.....

Supervisor

Professor Shaheen Islam, PhD

Department of Educational and Counselling Psychology

University of Dhaka, Bangladesh

December 2019

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Abstract

The occurrence of juvenile offence is an enormous concern in Bangladesh. It has been observed that juvenile offences have increased and studies found that status offenses increased through juveniles. The legal and judiciary reform in Bangladesh regarding juvenile offenders evident to ensure the minimum standard of care staying in Child Development Centers (CDCs). With the exploring of behavioral manifestations of the juvenile offenders, the symptoms of mental health difficulties have been ascertained for healing process with effective treatment and care. However, each community might have unique assessed concerning its predicting factors as these factors differ from individual to individual, family to family and community to community. So the research goal of the study is to explore the behavioral manifestations and to predict psycho-social factors of juvenile offenders.

A total 523 of juveniles have been taken as participants where 197 were offenders group selected from CDCs and 326 were randomly selected from mainstream educational institutions as comparison group. About 88.30% of male and 11.70% of female are found among the offenders group where 52.10% of male and 47.90% of female are drawn from comparison group. To accomplish the aim of the study, descriptive and exploratory research design were chosen. The adaptive Bangala version of the four out of five sub-scales of Beck Youth Inventories (BYI-II) i.e. depression, anxiety, anger, and self-concepts were applied. A checklist to identify the behavioral outcome and functional support scale was used and a semi-structured questionnaire was developed to predict the psychosocial factors. Face to face interview method was administered by following the ethical principles.

It reveals that social and emotional impairment scores i.e. depression ($t = 7.25$; $P < 0.001$), anger ($t = 6.96$; $P < 0.01$) and anxiety ($t = 4.26$; $P < 0.001$) are found significantly high among the

juvenile offenders. The score of the self concepts of the two groups were not found statistically significant. However, it has been identified that moderate to extremely high level of depression, anger and anxiety and self-concepts have been found among the juvenile offenders those are staying at CDCs. Moreover, as exhibited behaviors by juvenile offenders were internalized related to emotion or feelings where observing to peers, extreme level of explicit behaviors were expressed. To predict the psychosocial factors, level of educational attainment (OR 0.83; p 0.001) school dropout (OR 1.03; p 0.01) and socio-economic status (OR 0.94; p 0.001) are found more as risk of engaging into offensive behaviors by juveniles as socio-economic factors. Middle class juveniles are prevailing to arrest and staying at juvenile justice system which is evident from the recent developed middle class theory of juvenile offences. Furthermore, family violence (OR 2.31; p 0.001), physical abuse by the family members (OR 4.22; p 0.001), parental antisocial behaviors (OR 9.20; p 0.001) and parental mental illness (OR 4.49; p 0.001) are found predictor to juvenile offenders. Experiences of substance abused (OR 11.91; p 0.001) are seen predictors to be juvenile offenders.

The role of concerned authority is to provide specialized mental health care of the juvenile offenders by trained and expert professionals as treatment process of development, correction and rehabilitation through ensuring the minimum standard of care. Strengthening attachment bond with educational institutions; prompting middle class family structure; protecting from family violence and preventing the adverse childhood condition within the family level are recommended to prevent the issue of juvenile offenders. There is needed to take necessary steps to depress the juveniles from substance abuse by proper implementation of the existing laws and awareness among parents and education institutions.

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Chapter One

Introduction

The juvenile offence is to be viewed as a community problem as rapid changes in modern societies becomes more populated and amplified complexities. Rapidly increased population in urban area; the unavailability of housing and support services, poverty, unemployment and underemployment; the decline in the control and attachment of family, community and state; overcrowding in poor urban areas; the breakdown of the family bonding and relationship; and ineffective educational systems are some of the challenges among the juveniles. Among the many problems that Bangladesh is currently facing, juvenile delinquency is a severe problem and recently has received considerable attention (Chowdhury et al., 2002).

Bangladesh is under a legally binding obligation to take all necessary legislative measures to ensure implementation of the Children Act 2013 where is adopting a minimum standard of care, including mental health support. Access of provision of supports and care, the mental health care needs have been addressed through exploring the impairments of social and emotional aspects of the juvenile offenders. These impairments reflect the behavioral manifestation of the juveniles who are staying in detention, correction and development centers. With ensuring appropriate mental health care by adopting the reactive approach, there is a need for conceptualizing the risk factors of being engaging unlawful acts by juveniles. By identifying the predictors, the policymakers, social institutions and government would take effective tools and policies to prevent offences committed by juveniles in Bangladesh. Before discussing the operational definition of related terminology, rationale and justification as well as study objective of the research, the concepts of juvenile offence; causes and risk

factors with theories, behavioral manifestation both internalized and externalized behaviors, psychosocial predictors, and the contextual situation of Bangladesh, it might be reflected in the following sections.

1.1 Concepts of Juvenile Offence and Offenders

Juvenile offence or delinquency is an umbrella term comprising innumerable activities or multiple dimensions. There are, therefore, many disagreements among authorities on how to define it. Delinquency has many different meanings (Carr, 1950). The legal system defines the term juvenile delinquency as a youth who has violated the law in some way, but it does not mean that the youth meets the criteria for a mental disorder (Kaplan & Sadock, 1996). The concepts of juvenile delinquency explain where the term juvenile delinquency refers to broad range of behaviors, from socially unacceptable behavior (such as acting out in school) to status offences (such as running away) to criminal acts (such as burglary). For legal purposes, a distinction is made between index offences and status offences:

- **Index offences** are criminal acts, whether juveniles or adults commit them. They include such acts as robbery, aggravated assault, rape and homicide.
- **Status offences**, such as running away, truancy, underage drinking, sexual promiscuity and uncontrollability are less severe acts. They are performed by youth under a specified age, which classifies them as juvenile offences. One study found that status offences increased through adolescence (Santrok, 2012).

In addition to the legal classifications of index offences and status offences, many of the behaviors considered delinquent are included in widely used classifications of abnormal behavior. Conduct disorder is the psychiatric diagnostic category used when multiple behaviors occur over six months. These behaviors include truancy, running away, fire setting,

cruelty to animals, breaking excessive fighting and others (Burke, 2011). When three or more of these behaviors co-occur before the age of 15 and the child are considered unmanageable or out of control, the clinical diagnosis is conduct disorder. Most children or adolescents at one time or another act out or do things that are destructive or troublesome for themselves or others. If these behaviors often occur in childhood or early adolescence, psychiatrists diagnose them as conduct disorders (Farrington, 2004; Loeber & Burke, 2011). If these behaviors result in illegal acts by juveniles, society labels the offenders as delinquents. By the biological view, it has argued that some form of delinquent behavior in children might almost be an expression of regularity. Few adults can expect a child to be 100 per cent obedient, abiding by all rules of life and always doing what is expected of him. Every child has a delinquent potential caused by his strong selfish impulses that demand satisfaction, but which are often frustrated social codes (Thrasher, 1950).

A distinction is made between early-onset (before age 11) and late-onset (after age 11) antisocial behavior. Early-onset antisocial behavior is associated with more negative developmental outcomes than late-onset antisocial behavior (Schulenberg & Zarrett, 2006). Early-onset antisocial behavior is more likely to persist in emerging adulthood and is associated with more mental health and relationship problems (Loeber & Burke, 2011). Juvenile delinquency takes different forms and occurs at different rates depending on the particular society as well as groups, or subcultures, within that society. Sociologists focus on the role of social, or environmental, factors in the development of abnormal behavior patterns.

On the other hand, psychologists are more concerned with what happens at the individual level- that is, what developmental factors make some children turn to delinquency while others choose more conventional, or socially acceptable, forms of behavior. Generally,

psychologists view delinquent behavior as symptomatic of deeper psychological problems, which are thought to stem from faulty developmental processes. From the psychological perspective, then, the first step in understanding the origins of deviance is to analyze the child's early life experiences. Considerable emphasis is placed on the child-rearing practices of parents and how these practices affect the child's later behavior and personality. Healthy psychological development occurs when parents are warm, loving, and genuinely concerned about their children's welfare. Separation from one's family, parental cruelty, or conflicts within the home can disrupt this process and may push the child toward deviant or delinquent behavior. Psychological theories have much in common with sociological theories in that both places considerable emphasis on the role of the family environment in causing delinquency. The significant difference between the two perspectives is that psychologists are less concerned with the impact of the higher social environment more concerned with how individual factors influence behavior. In this manner, children can be classified based on individual psychological characteristics which reflected by the behaviors in general (Murrell and Lester, 1981).

For considering the theoretical framework of the study, index offences are criminal acts such acts as robbery, aggravated assault, rape and a homicide not as consider as conduct disorder were reflected. The psychological views are focused because of the study purpose. In the following paragraphs, the causes and theories of juvenile offenders are briefly discussed.

1.2 Causes, Risk Factors and Theories related Juvenile offenders

Unfortunately, the determination of the causes of delinquent behavior is very complicated and it is difficult to verify that a characteristic or factor will lead to juvenile offenses. For not all children who grow up in homes and with limited incomes become

delinquents. Still poverty play an important role in the lives of many juvenile offenders who do engaged in such acts. Beside the economic factors, cultural factors, urbanization, family related issues, migration, influence of media, social exclusion and peer pressure are causal factors of juvenile offenders. However, there are four primary risk factors can identify young people inclined to delinquent activities: individual, family, mental health and substance abuse. Often, a juvenile is exposed to risk factors in more than one of these classifications.

Many theories have been proposed to explain the causes of delinquent behaviors. Theories related to juvenile offenders fall roughly into three categories such as sociological, psychological and biological. In the study, both sociological and psychological theories discussion would be relevant. An alternative perspective on delinquency is provided by the theory of known as labeling theory. To have an accurate view of the juvenile behaviors, theories of middle-class delinquency, theories of female delinquency, theories of gang delinquency and theories of violence are important. For predicting of offensive behaviors, there is relevant to discuss theories which are sociological theories, psychological theories, middle class delinquent theories and violent theories and the discussion of the study validate with the relevant theories. Beside the related theories, cause factors and risk factor of juvenile offenders are discussed in detail in the literature review chapter. However, the behavioral manifestation and psychosocial predictors with juvenile offenders have been discussed emphasizing the study objectives in the following sections.

1.3 Behavioral Manifestation of Juvenile Offenders

The typical symptoms of problem behaviors of aggression, rule-breaking behavior, social problems, attention problems, and thought problems usually associated with adolescents' physiological, physical, emotional and psychological changes occurred during

the onset of puberty (Kail & Cavanaugh, 2016). These behaviors were a result of different interaction in which the adolescents surrounded and socialized. Meaning to say, the ecology and culture in which adolescents surrounded is the active agent contributing towards the involvement in juvenile acts. Regardless of the types of juvenile offences convicted by adolescents, Fisher & Harrison (2005) reported that often the symptoms of problem behaviors of adolescents with delinquency characteristics showed different patterns in integrating some common ground of behavioral problems particularly aggressive and rule-breaking behaviors.

Recently, behavioral problems of adolescents are conceptualized by a framework developed by Achenbach (1991) to understand the study of adolescent psychology and psychiatry. This framework has proposed internalizing and externalizing problems of behavior. According to Achenbach (1991) internalizing symptoms refer to problems of withdrawal, somatic complaints and anxiety/depression while externalizing symptoms exhibit themselves in delinquent and aggressive behavior. This distinction continues to have significant heuristic value as it guides research dealing with classification, etiologies, comorbidities, underlying personality traits, and treatment relating to childhood and adolescent psychopathology (Howell & Watson, 2009). In this study, the framework proposed by Achenbach (1991) is applied to conceptualize behavioral manifestation of juvenile offenders in the Bangladesh context. Before the juvenile delinquent behaviors, research has been found that adolescents with delinquents' offences showed various symptoms of problem behaviors. Different juvenile acts exhibited different symptoms of behaviors as reflections from delinquent behaviors.

Numerous comprehensive studies have indicated that there are certain types of mental disorders common among youth offenders and that some of the symptoms increase youths

risk of engaging in aggressive behaviors (Wasserman & others, 2002; Atkins et al., 1999 ; & Novaco, 1994). Additionally, risk of aggression is increased for many specific disorders and comorbid disorders because the emotional symptoms (i.e., anger) and self-regulatory symptoms (impulsivity) tend to increase the risk (Stoddard- Dare et al., 2011). Commonly found mental health disorders in youth offenders include, affective disorders (major depression, persistent depression, and manic episodes), psychotic disorders, anxiety disorders (panic, separation anxiety, generalized anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder), disruptive behavior disorders (conduct, oppositional defiant disorder, and attention-deficit hyperactivity disorder), and substance use disorders (Grisso, 2008; Teplin et al., 2006 and Mallet, 2006). Heilbrun, Lee, and Cottle (2005) indicate that understanding the link between mental health difficulties and youthful offending is vital in considering treatment response, as there is growing evidence that mental health difficulties are linked directly and indirectly to later offending behavior and delinquency. The irritable mood that often accompanies depressive disorders increases youths' probability of inciting angry responses from others, thereby increasing their risk of engaging in more physically aggressive acts that get them arrested (Grisso, 2008; Loeber, 1994; & Takeda, 2000)

In custody, the adolescent's mood disorder may increase the risk of altercations with others or increase the risk of anger at oneself, resulting in self-injurious behaviors (Grisso, 2008) Psychotic disorders are rarely seen before early adulthood and rare in juvenile justice settings (Grisso, 2008; & Connor, 2002). Nonetheless, some youth may display psychotic-like symptoms that are possible expressions of an early form of a psychotic disorder. Grisso (2008) indicates that research has provided substantial evidence that youth with disruptive

behavior disorders (conduct disorder, oppositional defiant disorder, and intermittent explosive disorder) display more physically aggressive behavior.

There is also substantial evidence for a relationship between substance use disorders and delinquency, as well as continued aggression into adulthood for substance-abusing youth (Huizinga et al., 2000; and Brady et al., 1998). According to Angold and Costello (1993), comorbidity or the presence of more than one mental disorder is common among adolescents with mental disorders and approximately two-thirds of juvenile offenders meet the criteria for two or more disorders (Abram et al., 2003). The high prevalence of mental disorders within the juvenile justice system does not necessitate a need for treatment but emphasizes the need for different levels of mental health care with different treatment options.

In the above mention sections emphasis, the behavioral manifestation in both internalizing and externalizing problems of juvenile offenders and mental health problems in general. Now, the study would emphasise more focused on broadly internalized behaviours of the juvenile offenders such as depression, anxious, Self-concept and externalized behaviors such as disruptive behaviors and anger. To understand the behavioral problems, the behavioral symptoms that represent behavioral outcome and intrusive thoughts and feeling of the juvenile offenders are presented in the following sections.

1.3.1 Internalized behavioral manifestation

Depression: Different studies provide data about the relationship between delinquency and depression (Ibabe, Arnos, & Elgorriaga, 2014; and Lalayants & Prince, 2014). Some studies point out that young offender's experience depression in a high percentage (Teplin et al., 2002) but it is more difficult to find results about the causal link between them. There are investigations that consider that the problems in behavior precede

depression, although there are others that defend the opposite premise of youth involved with the juvenile justice system (Vahl et al., 2016) research findings suggest that approximately 15% to 30% juvenile justice system have been diagnosed with depression or dysthymia (pervasive depressive disorder) (Weiss and Garber, 2003) and 3%–7% have diagnosed with bipolar disorder (Tepline et al., 2002). Wasserman et al., (2002) showed that mood disorders, mostly depression, occur in about 10%–25% of youth in the juvenile justice system.

Examination of cross-sectional and longitudinal studies on depression and delinquency in adolescents reveals that there are gender differences in prevalence and change over time, as well as the co-occurrence of the two (Wolff & Ollendick 2006). Females report higher levels of depression across countries (Van de Velde et al., 2010) and depression is twice more likely to hit females than males (Nolen-Hoeksema, 1987). The same finding does hold for the offender population as well. Depression is more common among the female offenders than the male offenders (Dixon et al., 2004). Besides, depression plays a different role for suicidal ideation among females (Liu, 2004), while peer rejection is more likely for males suffering from depression (Vaske & Gehring, 2010). Finally, females seem to be more vulnerable to the early onset of depression, and the females diagnosed with depressed are more likely to be involved with antisocial behaviors compared to their non-depressed peers (Obeidallah & Earls, 1999).

Anxiety: Excessive worry was identified in 22.2% of a sample of inner-city young offenders compared to 5.3% in a community sample (Carswell, 2004). As Vermeiren (2003) noted, anxiety disorders were less frequently investigated in young offenders than other psychiatric problems. Wasserman et al., (2010) across three-justice settings (system intake, detention, and secure post-adjudication) found that 20 per cent met the criteria for anxiety

disorders. Roshni et al., (2018) found that there is no significant difference between the delinquent and non-delinquent group concerning the levels of anxiety. Wojciechowski (2018) found that the interaction between maternal unemployment and maternal substance abuse history of juvenile offenders significantly increased the risk of assignment to the high anxiety group.

Self-concept : Rogers (as cited in Meyer, Moore & Viljoen, 1997) defined the self-concept as an organized consistent whole that is made up of the perceptions of the characteristics of the "I" or "me", and how these perceptions relate to each other. Rogers (1951) goes on to say that the self-concept is a fluid and changing gestalt, a process, which is an entity at any given moment.

Shivakumara & Halyal (2010) conducted a study on of Self-concept among delinquent adolescents and normal adolescents and the findings of their research revealed that delinquent adolescents have a lower level of self-concept than normal adolescents. According to Higgins (1987) the self-concept differs from one situation to the next, such that there can be an actual, ideal and an ought-to-be self. The actual self refers to the individual's present and actual perceptions, while the ideal self refers to the self that one wishes to be. Robert et al., (1991) indicated that the subjects have abnormally lower Self-concept than non-delinquents that females and the youngest subjects have significantly lower Self-concept than their male and older counterparts. Research findings showed that self-concept is highly correlated with delinquency as is peer delinquency. Given that peer delinquency is consistently one of the most potent predictors of self-reported delinquency, the magnitude of these correlations for the interactionist theory items is impressive. Consistent with prior research, we also find that gender is a significant correlate of delinquency (David and Kevin, 2005).

1.3.2 Externalized behavioral manifestation

Disruptive behavior: Disruptive behaviors are externalizing disorders because the symptoms mainly consist of overt intrusive behaviors. This visible misconduct is consistent across multiple settings (e.g. in school, at home, in public) and eventually interferes with the child's ability to perform daily activities. Research conducted with individuals in the juvenile criminal justice system alludes to the connection between disruptive behaviors and criminality. Teplin et al., (2002) found that there were no significant gender differences in prevalence rates of disruptive behaviors between male (41.4%) and female (45.6%) detainees. Shufelt & Cocozza (2006) found that disruptive behaviors symptoms were about 46.5% for youths overall, with a prevalence of 44.9% in males and 51.3% in females. In both studies, disruptive behaviors symptoms were higher for females than for males. In a longitudinal study of 192 (86.5% male) 5-12-year-old first-time arrestees (at baseline), juveniles who were considered to be high offenders (i.e. having more arrests) at the 2-year follow-up had higher rates of ODD/CD psychopathology than low offenders (i.e. fewer arrests) (Cohn et al., 2012). The results of these studies suggest that juvenile justice populations contain substantial numbers of juveniles with disruptive behaviors symptoms, and those individuals tend to commit crimes multiple times.

Anger/aggressive behavior: Anger-related behaviors, such as physical and relational aggression, account for a significant proportion of the crimes for which these youth are arrested. Aggressive behavior can be defined as overt, offensive acts involving hostility; covert, instrumental acts to obtain a goal; or acts in which the aggressor has multiple motives (Bushman & Anderson, 2001). Hostile aggression involves deliberate physical harm or threat of physical harm; instrumental aggression is an action taken more in the hope of obtaining a

privilege, object, or space (Berk, 1999). Girls in Florida who are involved in the juvenile justice system display both instrumental and hostile aggressive tendencies and nearly three-fourths of the girls in Florida's residential commitment programs are physically aggressive (Walker-Fraser, 2007). Some authors report that males and females do not differ significantly as to the form or function of aggressive behavior (Anderson, 2006; & Sanz Martineza et al., 2008). Campbell (2006) concludes that females are more likely to engage in instrumental aggression, and males are more likely to engage in hostile aggression.

There is no scientific study conducted on mental health issues of juvenile offenders in Bangladesh, although some of the studies have carried out on legal and program perspectives, and there is tiny sections focusing on psycho-social aspect of children at risk in Bangladesh. Rapid Assessment on Trafficking in Children for Exploitative Employment in Bangladesh (ILO-IPEC-TICSA, 2002) identified that the main challenge NGOs are facing to ensure the freedom of rescued children. Many children and adolescents (70 per cent of the girls and 68 per cent boys) from the NGO shelters revealed their feelings of re-imprisonment in the controlling environment of the shelter facilities (ILO-IPEC-TICSA-2002, P-98). In an interview from the ILO reports, while recalling his experience as a camel jockey, one boy in an NGO shelter said, "*I was in danger in Dubai, but I had more freedom and fun*". The study found that children living in shelter homes frequently had negative attitudes towards government-run shelters. They reported the poor quality of food, and alarmingly some of the participants (especially girls) reported physical and sexual abuse within the shelter (ILO-IPEC-TICSA-2002,p 99). Girls living in shelter homes were significantly more vulnerable to develop feelings of hopelessness. Adolescent girls who are living in a family or any kinds of institutional care require access to psychological support in order to build hope for the future

that will help them to survive (Chowdhury and Banu, 2010). Interestingly, there is almost no research regarding the mental health status of juvenile offenders conducted in Bangladesh and this limitation of knowledge about the juvenile offenders has motivated the researcher to conduct the research.

1.4 Psycho-social Predictors of Juvenile Offenders

Although delinquency is less exclusively a phenomenon of lower socioeconomic status (SES) than it was in the past, some characteristics of the low-SES culture might promote delinquency. Getting into and staying out of trouble are prominent features of life for adolescents in low-income neighbourhoods. Adolescents from low-income backgrounds may sense that they can gain attention and status by performing antisocial actions. Furthermore, adolescents in communities with high crime rates observe many models who engage in criminal activities. Quality schooling, educational funding, and organized neighbourhood activities may be lacking in these communities. A recent study revealed that engaged parenting and the mothers' social network support were linked to a lower level of delinquency in low-income families (Ghazarian & Roche, 2010). Moreover, another recent study found that youth whose families had experienced repeated poverty, were twice highly as likely to be delinquent at 14 and 21 years of age (Najman et al., 2010).

Santrock (2012) have discussed the predictors of delinquency which included conflict with authority, minor covert acts that are followed by property damage and other more serious acts, minor aggression followed by fighting and violence, identity (negative identity), self-control (low degree), cognitive distortions (egocentric bias), age (early initiation), sex (male), expectations for education (low expectations, little commitment), school achievement (low achievement in early grades), peer influence (heavy influence, low resistance),

socioeconomic status (low), parental role (lack of monitoring, low support and ineffective discipline), siblings (having an older sibling who is a delinquent and neighbourhood quality (urban, high crime high mobility)).

Besides those, several other factors are related to delinquency. Erik Erikson (1968) noted that adolescents whose development has restricted their access to acceptable social roles or made them feel that they cannot measure up to the demands placed on them may choose a negative identity. Adolescents with a negative identity may find support for their delinquent image among peers, reinforcing the negative identity. Parenting factors play a crucial role in delinquency (Roche et al., 2011). The description of the developmental cascade approach of Gerald Patterson and his colleagues (2010) indicated the high levels of coercive parenting and low levels of positive parenting lead to be the development of antisocial behavior of children, which in turn connect children to negative experiences in peer and school contexts. Family processes play in the development of delinquency. Parents of delinquents are less skilled in discouraging antisocial behavior and in encouraging skilled behavior than are parents of no delinquents. Parental monitoring of adolescents is especially crucial in determining whether an adolescent becomes a delinquent (Laird & others, 2008). A longitudinal study found that the fewer parents knew about their adolescents' whereabouts, activities, and peers, the more likely the adolescents were to engage in delinquent behavior (Capaldi & Shortt, 2003)

Juvenile offenders have shown to have higher rates of adverse childhood experiences (ACE) than the general population (Dierkhising et al., 2013; Evans-Chase, 2014) and are 13 times less likely to have no ACEs (Baglivio et al., 2014). Although the studies reviewed above point to a link between traumatic childhood events and antisocial behavior, which was less examined by researchers. While 50% of the 0-10 ACE score is composed of examples of

childhood maltreatment (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect), the remaining 50% is composed of traumatic childhood events, not specifically maltreatment.

The ACE concept acknowledges the complex and cumulative nature of risk factors through the process of summing risk factors and associating the composite score with relevant outcomes developed by Rutter (1983). The ACE score is expressed as the sum of the ten exposure types, each measured dichotomously, such that exposure is counted as one point regardless of the number of incidents, longevity, or the severity of the exposure to that type. The findings of the ACE study had uncovered, how adverse childhood experiences are strongly related to various risk factors for disease throughout the lifespan. Many studies have focused on the association between child maltreatment and later delinquent behavior (Lansford et al., 2007). The problems which youth face as a consequence of child maltreatment, put them at increased risk of becoming delinquent; it is assumed that the relationship between child maltreatment victimization and criminal behavior is mediated through several “dynamic” risk factors (Bender, 2010). Dynamic risk factors for criminal behaviors are social and individual characteristics that increase the likelihood of recidivism and can potentially be changed. Risk factors such as school performance, mental health problems, truancy, antisocial peers and conflicts in the family often the focus of treatment for juvenile offenders (Andrews and Bonta, 2010).

Child maltreatment involves a wide range of harmful behaviors directed towards children (i.e., physical abuse, sexual abuse and neglect), which may have different effects on criminal recidivism. Dembo and colleagues (1998) examined the relationship between specific types of child maltreatment victimization and antisocial behaviours. It was found that

antisocial behavior was more strongly predicted by neglect than, both physical and sexual abuse. Kingree, Phan, and Thompson (2003) examined the effects of physical abuse, sexual abuse, emotional abuse, physical neglect and emotional neglect on recidivism, and found only the last two maltreatment types to be significantly associated with antisocial behaviors.

Other studies suggest that the propensity towards crime, in general, depends on the type of abuse experienced (Steward et al., 2003; and Zingraff et al., 1994). They also found that there are indications that victims of neglect and physical abuse are at highest risk of delinquency, whereas sexual abuse victims are no more at risk of offending than juveniles who were not a victim of maltreatment. Trickett and McBride-Chang (1995) reviewed on the impact of different types of child maltreatment (physical abuse, sexual abuse and neglect). They found that physically abused juveniles showed more externalizing problems, compared to sexually abused juveniles who showed more internalizing problems. However, they suggested that these differences may be gender-differences because females predominate in the samples of sexual abuse victimization studies, and they tend to have to develop internalizing problems relative to men. Other researchers also suggested gender differences in the relationship between child maltreatment and delinquent behaviour: females are considered more likely to internalize their reactions whereas males are more likely to externalize their reactions to child maltreatment (Dembo, et.al. 1998 and Friedrich et.al. 2002).

These differences in reactions may be one of the explanations for the finding of Topitzes and colleagues (2011) which indicated that child maltreatment predicted juvenile delinquency in males, but not in females. However, they also found that the effects of child maltreatment on delinquent behavior may be delayed in girls. In a review of findings from the child welfare and juvenile delinquency literature, Bender (2010) proposed a direct effect of

child maltreatment on delinquency in boys but not in girls. A number of researchers have suggested that the consequences of child maltreatment play a more significant role in the development of delinquent behavior in females than in males (Wood et al., 2002).

Drug addiction has been overwhelmingly scattered among the juvenile. Despite evidence of harmful effects of drug addiction; tobacco, marijuana, phensidyl, yaba etc consumption has increased among the juvenile aged twelve to eighteen years and become the root of other crimes and delinquencies. Recent studies have revealed common risk factors for adolescent drug abuse and delinquency (Hawkins, et al 1988). The number of empirical studies on exploring the predictors of juvenile offenders is very few in the country. Some were taken to identify the social factors by sociologists and to explain the juvenile justice system by the criminologists. A number of articles and features were published in the news at both print and electronic media for public awareness. Moreover, the issue of juvenile offenders on exploring the social and psychological predictors ensured a direction to the policymakers to take appropriate prevention strategies about the juvenile offences.

1.5 The context of Bangladesh and the Nature of Juvenile Offence

There are 29.5 million adolescents in Bangladesh, including 14.4 million girls and 15.1 million boys, together representing nearly one-fifth of the country's total population of 144 million (BBS, Population Census 2011). About 80% of people cannot fulfil their basic human needs due to their poverty associated with the acute problem of unemployment, over-population, illiteracy, malnutrition and natural calamities etc. (Amzad, 2002). Due to poverty (43.3 per cent of the population earns less than \$1.25 per day) and lack of capacity, Bangladesh faces difficulties in ensuring protection to its children. Juveniles get quickly involved in unlawful activities by their surroundings. So, the socio-economic structure and

condition of Bangladesh are preambly the root causes of juvenile delinquency (Abdus et al., 2002) conditions, such as poverty, parents' ignorance, low level of education, insufficient religious practice, cultural conflict, impact of migration, political instability, extensive use of satellite channels, misuse of internet, adverse effect of media, drug business, peer pressure, lack of opportunity and consequent frustration are some of them (Nur, 2008). Deficient self-control and insufficient control by the parents, guardians and society also lead them off track (Halim, 1996).

At present, the traditional offences of juveniles are not only limited within- telling lies, running away from schools, stealing and teasing girls; they are also involved in unlawful, anti-social and suspicious activities which significantly affect the law and order situation of the society and the country at large (UNICEF, 2006). However, day by day male delinquents are increasing, and they are involved in different types of offences such as murder, theft, hijacking, acid-throwing, arms and drug peddling, killing, eve-teasing etc. (Halim, 1996). In the following (See table 1.1), the types of an offence committed by the juvenile is compared to the 2001 and 2017 statistics in Tongi CDC where it can be seen that index offences are increased rapidly than status offences.

Table 1.1

Comparative Nature of the Offence Committed by the Juvenile Offenders staying at Tongi Child Development Center in 2001 and 2017

2001 (Sarker, 2001)			2017 (CDC report, 2017 September)		
SL	Types of offence	N	SL	Types of offence	N
1.	Stealing money /property from own family	40	1.	Murder/killing	150
2.	Truancy	38	2.	Women and child repression	89
3.	Wandering in the street	33	3.	Drug abuse/selling	72
4.	Passing night outside	28	4.	Hijackings	13
5.	Smoking	26	5.	Stealing	78
6.	Excessive shows VCR/moves	25	6.	Carrying related cases	10
7.	Stealing money /property from outside of home	21	7.	Trafficking	06
8.	Pilfering of fruits and fowler	21	8.	Quarrelling	13
9.	Sex offence/misbehavior	18	9.	Weapons related case	13
10.	Running away from home	17	10.	Robbery	09
11.	Gambling and crowed	16	11.	ICT and pornography	09
12.	Loitering and girls' teasing	12	12.	General Diary	04
13.	Picked pocketing	10			
14.	Addiction to drug and drinking	10			
15.	Hijacking	4			

Female delinquents are also involved in different types of offences such as trafficking, hijacking, smuggling, carrying illegal arms and drugs, keeping counterfeit coin and fraudulent activities (Halim, 1996)..

1.6 Child Development Centers in Bangladesh

There are only three specialized juvenile courts, although the Government is considering establishing four more. There are also only three specialized institutions for detaining children in conflict with the law, which are called Child Development Centres (CDCs). The two centres for boys are in Tongi and Jashore and the girls' centre is in Konabari. These centres accommodate children with vastly varying needs: children in conflict with the law (during pre-trial and sentencing); children in safe custody; and children who have been referred by their parents for being "uncontrollable (UNICEF Bangladesh, 2006).

Table 1.2

Number of Allocated Seats of the Child Development Centers in Bangladesh

Name of centers	Address	Types of children	Allocated Seats	Number of living children/ juveniles
National Kesor Unnayan Kendra	Tongi, Gazipur	Boys	300	477
National Kesori Unnayan Kendra	Konabari, Gazipur	Girls	150	130
Kesore Unnayna Kendra	Polerhat, Jashore	Boys	150	300

Source : [www.msw.gov.bd/site/page/191db876-d6e2-4445-bff4-c5fdd07a330d/শিশু-\(কিশোর\)-উন্নয়ন-কেন্দ্র](http://www.msw.gov.bd/site/page/191db876-d6e2-4445-bff4-c5fdd07a330d/শিশু-(কিশোর)-উন্নয়ন-কেন্দ্র)

The official record of DSS indicated that the CDCs can accommodate 500 children, including 150 girls and now near about 549 children are living. Last five years, a total of 4711 children have been integrated into family and society but the institutional care environment is indeed inadequate (Carter, 2010). Although the objectives of the CDCs and the Vagrant Homes are to support the rehabilitation and reintegration of children in practice, these centers do not have the capacity or the required skills to fulfill these objectives. They have been criticized as being simply places of confinement (UNICEF, Concern SC UK and Bangladesh Shishi Adhikar Forum, 2004). Staff capacities are limited, and it has been reported that in Vagrant Homes are no specialized and trained social caseworkers or counsellors to provide individual case management. Previously the CDCs called as Kesure Unnayna Kendra (KUK) and KUK even though minimum two cases workers are assigned, they are inadequately trained and unqualified to fulfil their functions. While some children are released from the KUK upon turning 18, others are often sent to jail for the remaining period of their sentence (Richard, 2010).

1.7 Operational Definition of Terminology

Juvenile

The juvenile is who has allegedly violated specific laws which declare his act or omission as an offence. A juvenile and a minor are used from a different perspective in legal terms. The term juvenile is generally used in reference to a young criminal offender and minor is related to the legal capacity of a person (Black's Dictionary of Law). Generally, the term juvenile means a person who has not reached the age at which one should be treated as an adult by Law. The Children Act, 2013 regarding on age of a child has stated, "A child is

defined in section 4 and includes anyone up to the age of 18 years [Section 4 of the Children Act 2013] . According to the Children Act -2013 (Article 4), “A child means every human being below the age of eighteen, unless, under the law applicable to the child, the majority is attained earlier”.

Offenders

Offender means a person who is guilty of a crime (from the Cambridge Business English Dictionary © Cambridge University Press). In most countries, the term offender applies only to a young person who has attained the age of criminal responsibilities (Gelder, Harrision and Cowen, 2006) - at present 9 years “Nothing is an offence which is done by a child under nine years of age” which is cited Penal Code, article 82 in the Bangladesh. The Children Act-2013 in Bangladesh defines a child as up to 18 years and “Children in Conflict with the Law” as a child who has been found to have committed an offence or sanctioned to the court for the offence [Article 2 (3), Children Act-2013]. Children aged between 9 to 18 years who are in ‘conflict with Laws’ under the Children Act- 2013 sub section’ and staying at three Child Development Centers in Bangladesh are operationally defined as juvenile offenders in the study.

Behavioral Manifestation

Behavior is describable as an attempt on the part of an individual to bring about some state of affairs – either to effect a change from one state of affairs to another, or to maintain a currently existing one (Ossorio, 2006). Manifestation can be characterized by defects in personality structure and attendant behavior with minimal anxiety and little or no sense of distress, indicative of a psychiatric disorder (<https://medical-dictionary.thefreedictionary.com> dated November 2019). In the present study, the framework developed by Achenbach (1966)

about the problem behavior of adolescent has been considered to conceptualization of the behavioral manifestation of the juvenile offender. This framework has proposed internalizing and externalizing problems of behaviors. Internalizing symptoms refer to problems of withdrawal, somatic complaints, anxiety, depression and Self-concept while externalizing symptoms exhibit themselves in delinquent, anger and aggressive behavior.

Psycho-social Predictors

The psycho-social approach looks at individuals in the context of the combined influence that psychological factors and the surrounding social environment have on their physical and mental wellness and their ability to function. This approach is used in a broad range of helping professions in health and social care settings as well as by medical and social science researchers (Kath, 2005). Psycho-social variables with acts as predictors either of others psycho-social variables or behaviors, cognitions, risk, severity, morality or many other factors which may relate to behavioral research.

In the present research, psycho-social predictors or variables as outcome variables encompass both the psychological and social aspects of the juvenile offenders in Bangladesh. Therefore, psychological factors include attachment with family, parental relationship and conflict, adverse childhood abuse (physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce and incarcerated member) or maltreatment by the family members and uses of drugs. Socioeconomic status of the family i.e. parental education, profession, income and living place, is used to predict either this as social variables outcome of the juvenile offenders in Bangladesh.

1.8 Rationale of the Study

The issues of juvenile offence were existed in the seventeenth and eighteenth centuries, which are apparent from the founding of the Hospital of Saint Michael in Rome for correction and instruction of the deviated youth. The legal concept of juvenile offence first appeared through the formulation of legal definition and the establishment of juvenile court at Illinois in the USA in 1899. Within the context of vulnerabilities; adverse effects of social structural changes for advanced technology as well as transforming of a values system in the family, society and community at large, juveniles demonstrate in both internalized and externalized behaviors which are evaluated as negatively in many circumstances.

Engaging in criminal offence by the juvenile is one of the most common characteristics, and it may affect to become a civil citizen and being engaged adulthood criminal act. Numerous reports have been found in the literature of juvenile offence, the paradigm of management and its methods are modified. The juvenile justice system focuses on the welfare of children in the rehabilitation process rather than detention or correction. (Murrell and Lester, 1981) The process of the juvenile justice system is essential in considering treatment response, as there is growing evidence that psychological difficulties i.e. depression, anger, anxiety, anger and self-esteem are linked directly and indirectly to later offending behavior and delinquency. Research finding has showed each juvenile exhibit different symptoms of behaviors which are manifested in both internalized and externalized outcomes. From the literature review section of this study evidenced that parents, teachers, educators, police, social workers and mental health professionals associated with 'children in conflict with the law' have minimal knowledge in both theoretical and practice concerns.

This study will be able to address the reactive response of the juvenile offenders through exploring the behavioral manifestation like (i) social and emotional impairment such as depression, anger, anxiety and self-concepts, (ii) common observable behavioral manifestation both internalized and externalized. Even, the legislative reforms such as Children Act 2013 in Bangladesh has been emphasizing more on child-friendly arresting and justice process; a safe home for the minor; diversion, family conferencing, alternative care and dispute resolution. At the same time, both intrusive and exhibit processes of behavioral manifestation of the juvenile offenders are required to account for healing their externalized and internalized behaviors problems and efficient rehabilitation process by the legislative and judiciary efforts. Therefore, this study will reduce the mental health risk of the juvenile offenders and contribute to integrate the necessary mental health care support system and mechanism both at the level of Govt. and private sector.

The juvenile offence is influenced by various factors i.e. economic, social, political and psychological in all over the world, including in Bangladesh. Social institutions i.e. families, communities, and schools, influence delinquency is a primary focus on theory and research Theory about the criminology and juvenile offence focus attention the factors such as economic inequality, school failure, living in highly crowded places, child maltreatment and adverse childhood experiences, association with criminally involved peers or condition, drugs and others factors related to delinquency. So, prediction is relevant to the function of socio-economic and psychological constructs that will contribute to preparing policies and strategies to prevent the juvenile offence Based on the findings of the discussion in this chapter, it is seen that there are some determining factors of juvenile offence in general which could be validated by this research.

Very limited researches have been carried out to predict both psychological and social factors. However, no scientific research initiative has been taken to explore the behavior manifestation i.e. internalized and externalized outcomes of children in conflict with the law in Bangladesh. These findings will also highlight the gaps in juvenile offence and mental health care to conduct future research on maintaining mental wellbeing of this population

1.9 Significance of the Study

The present study aims to explore the behavioral manifestation and psycho-social predictors of juvenile offenders. In Bangladesh, the juvenile offence is a major concern. In contemporary years for the juvenile justice system, as a concern of national legal framework, specially the Children Act-2013 and terrorized attract by the several juveniles were come out through various news. These issues characterized by theorists and practitioners as well as policymakers as the outcome of social, political and religious perspectives. The emotional and cognitive processes of juvenile offenders which reveal both internalized and externalized behavioral manifestation may be accounted in both academic knowledge and practical management in the CDCs.

Challenging behavior exhibited by juvenile offenders at CDCs in Bangladesh is becoming recognized as a severe impediment to social-emotional development and a harbinger of severe maladjustment. Consequently, professionals and caregivers from many disciplines have been seeking to define, elaborate, and improve on existing theoretical knowledge related to the prevention and resolution of juvenile offenders' challenging behaviors. The fields of behavioral manifestation among juvenile offenders, in practice concerns, are the lack of connections between what is known about effective practices and what practices offenders with challenging behavior typically receive. , The current analysis

was conducted to receive the best of evidence-based practices and to provide a concise synthesis and summary of the first evidence about the presence and impact, prevention, and intervention of challenging behaviors in CDCs. A consensus-building process involving review and synthesis was used to produce the process and procedure to deal with the juveniles in the centers as professionals and caregivers in the CDCs may have indications of emotional and cognitive processes which are demonstrated by behavioral outcomes. The mental health professionals i.e. psychiatric social workers, counselors, social workers and the other staffs such as provisional officers, teachers would find the directions of adequate and appropriate psychological support and care to the juveniles those are staying in CDCs.

As preventive concerns of a juvenile offence, the psychological aspects i.e. parental attachment, adverse childhood experiences and child maltreatment, status of substance abuse and detachment of family environment, and , social such as socio-economic status aspects would be explored from the study findings. This knowledge would generate from the evidence-based particulars among the academicians and policymakers to protect the adolescents from becoming emerging criminal adults by adopting appropriate rules, policies and guideline. The facts gathered by the research would assist the concerns of juvenile justices system i.e. judges, polices, provisional officers, psychologists, psychiatric social workers, teachers, caregivers and others significance officials to make understand the psychological and social context as an outcome of juvenile offenders. The findings would facilitate to have to change the attitude and judgments of the policymakers, academician, and personnel involved in the juvenile justice system and process towards of the juvenile offenders, as consequences, the child friendly measures and protection would be taken place in everywhere. Local government administration, educational authorities i.e. teachers, school

management committee (SMC) and directorates, and parents would be benefited to have the psychological and social predictors for engaging in a criminal act by the minors'. They can take effective and appropriate steps of parenting skills, assessing the psychological states of children and monitoring issues by the family and educational institutions. Local government authorities would be benefited from the knowledge of this study and implement this study so that the stigmatized juvenile offenders would be protected to become an emerging adult criminal.

1.10 Objective of the Study

General objective of the study: Overall objective of the study is to explore the behavioral manifestation and psycho-social predictors of juvenile offenders. The study intends to identify behavioral manifestation of the juvenile offenders who are arrested as 'children in conflict with the law' (Children Act 2013 in section 2 and sub-section 3) and are staying in CDCs. Another goal is to predict the psycho-social factors related to the juvenile offence in the context of Bangladesh.

Specific objectives of the study: The specific objectives of the study are to;

1. Assess behavioral manifestation i.e. depression, anger, anxiety and Self-concept among juvenile offenders and non-offender group
2. Identify common behavioral manifestation of the juvenile offender and non-offender group
3. Ascertain the psycho-social predictors i.e. socio-economic and psychological factors underlying offensive behaviors of the juvenile
4. Identify the gaps of the functional support and care system within the Child Development Centers (CDCs)

Chapter Two

Literature Review

The chapter provides a brief overview of juvenile delinquent theory and examines the number of studies of particular relevance to the present research. Individually, the following will examine 1) Causes and risks factors, 2) theories of juvenile delinquency, 3) behavioral manifestation both internalized and externalized behavioral outcome of juvenile offenders in custody or juvenile where they are staying, 4) psychosocial factors of juvenile offenders 5) juvenile delinquency related results in Bangladesh context relevance to the present study.

2.1 Causes, Risk Factors and Theories of Juvenile Offenders

2.1.1 Causes of Juvenile Offender

The causes of, and, conditions for juvenile crimes are usually found at each level of the social structure, including society, social institutions, social groups and organizations, and interpersonal relations. Juveniles' choice of delinquent careers and the consequent perpetuation of delinquency are fostered by a wide range of factors which are described by the Sarker (2011) the most important of which are described below.

Economic and social factors: Juvenile delinquency is driven by the negative consequences of social and economic development economic crises, political instability, and the weakening of major institutions.

Cultural factors: Delinquent behavior often occurs in social settings in which the norms for acceptable behaviour have broken down. Under such circumstances, many of the conventional rules that deter people from committing socially unacceptable acts may lose their relevance for some members of society.

Urbanization: The ongoing process of urbanization in developing countries is contributing to juvenile involvement in criminal behaviour. The essential features of the urban environment foster the development of new forms of social behaviour deriving mainly from the weakening of primary social relations and control, increasing reliance on the media at the expense of informal communication, and the tendency towards anonymity.

Family: Studies show that children who receive adequate parental supervision are less likely to engage in criminal activities (United Nations (2003). Dysfunctional family settings—characterized by conflict, inadequate parental control, weak internal linkages and integration, and premature autonomy are closely associated with juvenile delinquency.

Migration: Because immigrants often exist in the margins of society and the economy and have little chance of success in the framework of the existing legal order, they often seek comfort in their environment and culture.

Media: Television and movies have popularized the "cult of heroes", which promotes justice through the physical elimination of enemies. Chaisatien (2003) concluded indicated that contributing factors to teen deviance include the media. The American Psychological Association has reviewed the evidence and has concluded that television violence accounts for about 10 per cent of aggressive behaviour among children (APA,1993).

Exclusion: The growing gap between rich and poor has led to the emergence of "unwanted others". The exclusion of some people is gradually increasing with the accumulation of obstacles, ruptured social ties, unemployment and identity crises.

Peer influence: Youth policies seldom reflect an understanding of the role of the peer group as an institution of socialization. Membership in a delinquent gang, like membership in any other natural grouping, can be part of the process of becoming an adult. Several studies have

shown that juvenile gang members consider their group a family (Chaisatien, 2003). For adolescents always facing violence, belonging to a gang can protect within the neighborhood.

2.1.2 Risk Factors of Juvenile Offence

Understanding the causes of juvenile delinquency is an integral part of preventing a young person from involvement in inappropriate, harmful and illegal conduct. Four primary risk factors can identify young people inclined to criminal activities: individual, family, mental health and substance abuse. Juvenile is often exposed to risk factors in more than one of these classifications.

Individual risk factors: A minor who has a lower intelligence and who does not receive a proper education is more prone to become involved in delinquent conduct.

Family risk factors: A consistent pattern of family risk factors are associated with the development of delinquent behavior in young people. These family risk factors include a lack of proper parental supervision, ongoing parental conflict, neglect and abuse (emotional, psychological or physical). Parents who demonstrate a lack of respect for the law and social norms are likely to have children who think similarly.

Mental health risk factors: Several mental health factors are also seen as contributing to juvenile delinquency. A common one is conduct disorder. Conduct disorder is defined as a lack of empathy and disregard for societal norms (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association, 2004.)

Substance abuse risk factors: Substance abuse is found in a majority of cases of juvenile delinquency and trends are identified regarding substance abuse in minors. First, juveniles are using more powerful drugs today than was the case as recently as ten years ago. Second, the age at which some juveniles begin using drugs is younger. Children in elementary

schools are found to be using powerful illegal drugs. The use of these illegal substances or the use of legal substances illegally motivates young people to commit crimes to obtain money for drugs. Additionally, juveniles are far more likely to engage in destructive, harmful and illegal activities when using drugs and alcohol.

2.2 Theories of Juvenile Offenders

Many theories have been proposed to explain the causes of delinquent behaviors which are discussed in the following.

Sociological theories: The theory of the slum neighborhood was given by Clifford Shaw and Henry McKay (1942). They explored the slum neighborhood and its lack of traditional organization, and gave the environment of the poor a significant role in the origins of deviance. The theory of social structure was given by Marton (1938) with the expended-on Durkheim's ideas of deviance. He focused to the role of social structure in the etiology and the disparity between goals set for the society members and the means available to attain them, which resulted in a state of anomie. The importance of subculture of delinquent behaviors was explored by Albert Cohen (1955) in his work 'Delinquent Boys'. Cohen noted that delinquency was not exclusively a working-class or lower-class phenomenon, but in facts was found among adolescents at all levels of society. The gang-affiliated delinquency was found primarily in the lower class and appeared to be the most severe and frequent offender.

Psychological theories: Psychologists are more concerned with what happens at the individual level that is what developmental factors make some children turn to delinquency while others chose a more conventional or socially acceptable form of behaviors. In the following paragraphs, various psychological theories i.e. psychodynamic, behaviorist, social learning, cognitive, information processing are discussed.

Psychodynamics of Delinquency: Applying Psychodynamic concepts hold that youth crime is a result of unresolved mental anguish and internal conflict. According to Abrahamsen (1944) some children, especially those who have been abused or mistreated, may experience unconscious feelings associated with resentment, fear, and hatred. If this conflict cannot be reconciled, the children may regress to a state in which they become id dominated. This regression may be considered responsible for a significant number of mental diseases, from neuroses to psychoses, and in many cases, it may be related to criminal behavior. Delinquents are id-dominated people who suffer from the inability to control impulsive drives. Perhaps because they suffered unhappy experiences in childhood or had families who could not provide proper love and care, delinquents suffer from weak or damaged egos that make them unable to cope with conventional society. Adolescent antisocial behaviour is a consequence of feeling unable to cope with feelings of oppression. Criminality actually allows youths to strive by producing positive psychic results: helping them to feel free and independent; giving them the possibility of excitement and the chance to use their skills and imagination; providing the promise of positive gain; allowing them to blame others for their predicament (for example, the police); and giving them a chance to rationalize their own sense of failure (Halleck, 1971). .

Mental disorders and crime: People who have lost control and are dominated by their id are known as psychotics; hallucinations and inappropriate responses may mark their behaviour. Psychosis takes many forms, the most common being schizophrenia, a condition marked by illogical thought processes, distorted perceptions, and abnormal emotional expression. The most severe types of violence and antisocial behaviour might be motivated by psychosis. Of a less severe nature are a variety of mood and/or behaviour disorders that render

people histrionic, depressed, antisocial, or narcissistic (Ouimette, 1997). These mood disorders are characterized by disturbance in expressed emotions. Some suffer from alexithymia, a deficit in emotional cognition that prevents people from being aware of their feelings or being able to understand or talk about their thoughts and emotions; they seem robotic and emotionally dead.

Behavioral theory: Behavioral psychologists seem that a person's personality is learned throughout life during interaction with others. Behaviorists suggest that individuals learn by observing how people react to their behavior. Behavior is triggered initially by a stimulus or change in the environment. If some positive reaction or event reinforce a particular behavior, that behavior will be continued and eventually learned. However, behaviors that are not reinforced or are punished will be extinguished or become extinct.

Social learning theory: A person's learning and social experiences, coupled with his or her values and expectations, determine behavior which is known as the social learning approach. The most widely read social learning theorists are Albert Bandura, Walter Mischel and Richard Walters (1963). In general, they hold the idea that children will model their behavior according to the reactions they receive from others, either positive or negative; the behavior of those adults they are in close contact with, especially parents; and the behavior they view on television and in movies. If children observe aggression and see that the aggressive behavior, such as an adult slapping or punching someone during an argument, is approved or rewarded, they will likely react violently during a similar incident. Eventually, the children will master the techniques of aggression and become more confident that their behavior will bring tangible rewards. By implication, social learning suggests that children who grow up in a home where violence is a way of life may learn to believe that such

behavior is acceptable and rewarding. Even if parents tell children not to be violent and punish them if they are, the children will still model their behavior on the observed parental violence. Thus, children are more likely to heed what parents do than what they say. By mid-childhood, some children have already acquired an association between their use of aggression against others and the physical punishment they receive at home. Often their aggressive responses are directed at other family members and siblings. The family may serve as a training ground for violence because the child perceives physical punishment as the norm during conflict situations with others. Adolescent aggression is a result of disrupted dependency relations with parents. This refers to the frustration and anger a child feels when parents provide poor role models and hold back affection and nurturing. Children who lack close dependent ties to their parents may have little opportunity or desire to model themselves after them or to internalize their standards of behavior. In the absence of such internalized controls, the child's aggression is likely to be expressed in an immediate, direct, and socially unacceptable fashion such as violence and aggression (Bandura and Walter, 1959).

Cognitive theory: The third area of psychology that has received increasing recognition in recent years is cognitive theory. The cognitive perspective contains several subgroups. Perhaps the most important area for criminological theory is the moral and intellectual development branch, which is concerned with how people morally represent and reason about the world. Jean Piaget (1896–1980), the founder of this approach, hypothesized that a child's reasoning processes develop in an orderly fashion, beginning at birth and continuing until age 12 and older. At first, during the sensorimotor stage, children easily respond to the environment, seeking interesting objects and developing their reflexes. By the fourth and final stage, the formal operational stage, they have developed into mature adults

who can use logic and abstract thought. Kohlberg (1969) applied the concept of developmental stages to issues in criminology as “Moral Development Theory” and where it was suggested that people who obey the law to avoid punishment or who have outlooks mainly characterized by self-interest are more likely to commit crimes than those who view the law as something that benefits all of society and who honour the rights of others. Subsequent research with delinquent youths has found that a significant number were in the first two moral development categories, whereas non-delinquents were ranked higher. Besides, higher stages of moral reasoning are associated with such behaviours as honesty, generosity, and nonviolence, which are considered incompatible with delinquency (Henggeler, 1989).

Information Processing: Cognitive theorists who study information processing try to explain antisocial behaviour in terms of perception and analysis of data. When people make decisions, they engage in a sequence of cognitive thought processes. The first encode information so that it can be interpreted. Dodge (1986) searched for a proper response and decide upon the most appropriate action; finally, they act on their decision. According to this approach, adolescents who use information properly, who are better conditioned to make reasoned judgments, and who can make quick and reasoned decisions when facing emotion-laden events are the ones best able to avoid antisocial behaviour choices (Raine, Venables, and Williams, 1996).

In contrast, delinquency-prone adolescents may have cognitive deficits and misuse information when they make decisions. They have difficulty in making the "right decision" while under stress. One reason is that they may be relying on mental "scripts" learned in their early childhood that tell them how to interpret events, what to expect, how they should react,

and what the outcome of the interaction should be. Adolescents who use violence as a coping technique with others are also more likely to exhibit other social problems, such as drug and alcohol abuse. There is also evidence that delinquent boys who engage in theft are more likely to exhibit cognitive deficits than non-delinquent youth. For example, they have a poor sense of time, leaving them incapable of dealing with or solving social problems in an effective manner (Greening, 1997).

Personality and crime: One of the most well-known theories of personality used to examine this relationship is the Big Five Model of Personality. This model provides a dynamic structure into which most personality characteristics can be categorized. This model suggests that five domains account for individual differences in personality: (1) Neuroticism, (2) Extraversion, (3) Openness, (4) Agreeableness, and (5) Conscientiousness (Clark et al., 2007). ‘Neuroticism’ involves emotional stability and individuals who score high on this domain demonstrate anger and sadness and have irrational ideas, uncontrollable impulses, and anxiety.

In contrast, persons who score low on neuroticism are often described by others as even-tempered, calm, and relaxed the second domain. Extraversion is characterized by sociability, excitement, and stimulation. Individuals who score high on Extraversion (extraverts) are often very active, talkative, and assertive. They also are more optimistic about the future. In contrast, introverts are often characterized by being reserved, independent, and shy (Clark et al., 2007). The third domain is openness, referring to individuals who have an active imagination, find pleasure in beauty, are attentive to their inner feelings, have a preference for variety, and are intellectually curious. Individuals who score high on openness are willing to entertain unique or novel ideas, maintain unconventional values, and experience

positive and negative emotions more so than closed-minded individuals. In contrast, persons who score low in openness often prefer the familiar, behave in conventional manners, and have a conservative viewpoint (Clark et al., 2007). The fourth domain is agreeableness. This domain is related to interpersonal tendencies. Individuals who score high on this domain are considered warm, altruistic, soft-hearted, forgiving, sympathetic, and trusting.

In contrast, those who are not agreeable are described as hard-hearted, intolerant, impatient, and argumentative. Conscientiousness, the fifth domain, focuses on a person's ability to control impulses and exercise self-control. Individuals who score high on conscientiousness are described as organized, thorough, efficient, determined, and strong-willed. Besides, those who are conscientious are more likely to achieve strong academic and occupational desires. In contrast, people who score low on this domain are thought to be careless, lazy, and more likely assign fault to others than to accept blame themselves (Clark et al., 2007). One personality study discovered that the personality traits of hostility, impulsivity, and narcissism are correlated with delinquent and criminal behavior. Another prominent figure who examined criminal personality is Hans Eysenck (1916–1997). Eysenck (1985) identified two antisocial personality traits: (1) extraversion and (2) neuroticism. Eysenck suggested that individuals who score at the ends of either domain of extraversion and neuroticism are more likely to be self-destructive and criminal (Eysenck & Eysenck, 1985). Moreover, neuroticism is associated with self-destructive behaviour (e.g., abusing drugs and alcohol and committing crimes).

Labeling Theory: Another perspective, which holds an entirely different view of delinquent behavior, is labeling theory (Edwin Schur, 1971 and Tannenbaum, 1938). Labeling theory attempts to evaluate the impact of the social control process on the etiology or causes

of delinquent behavior. In a broader sense, it is concerned with the entire process through which a child becomes officially labelled as a juvenile delinquent and how this process affects the individuals who experience it. This includes a consideration of how and why specific behaviors become defined as necessitating intervention by a government agency (Quinney, 1971). The label "delinquent "is most likely to be applied to offenders who are poor, male and members of minority groups. Labeling theorists would point to this type of selective enforcement as an example of how the process creates deviance; by definition, juveniledelinquents are only those persons to whom the specific, official label has been applied. As only "official" delinquents, it is essential to examine the policies, attitudes and assumptions of those who apply the labels if we are to obtain a balanced, realistic picture of delinquents.

The official delinquent suffers from the "stigma" of his or her label. Goffman (1963) defines stigma as "an attribute that is deeply discrediting". The youngster is discredited, or seen by others as "bad", a "troublemaker", or incorrigible". Teachers, peers and neighbors begin to view the child who bears this label as deviant and may react differently to the juvenile as a result of his or her new status. Stigmatized youngsters are more likely to be held responsible for the noise in the classroom or the broken window in the corner store. They may be excluded from school functions and ostracized from their peers. Parents may discourage their children from playing or being seen with such "delinquents".

The labeling perspective assumes that the initial contact with a police officer is traumatic for the youth and may inadvertently encourage further deviant behavior. As a juvenile progress through subsequent stages of the process from the probation department to juvenile court to incarceration- the stigma of the official label is reinforced. The negative

social attributes of the delinquency label alter the reactions of others to the now official delinquent. Teachers, peers and parents may encourage the juvenile in the belief that the negative label is indeed appropriate. The acceptance of a delinquent self-concept then serves to solidify further deviance. (See Figure 1.1)

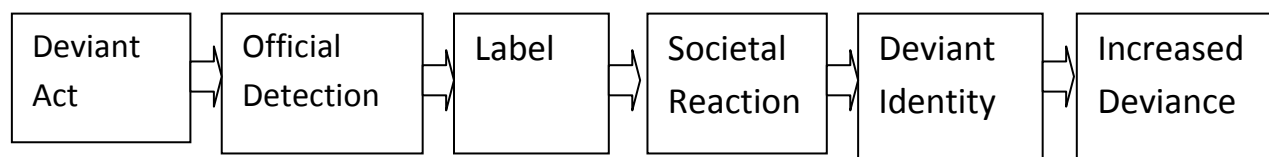


Figure 1.1 The labeling process (Adopted from **Introduction to Juvenile Delinquency**.

Murrell and Laster, 1981, p 59).

Middle-class theories: Middle-class delinquency theories have focused on changes in the structure of industrialized, modernized, and urbanized societies. Industrialization increases the wealth of society, social mobility, and the amount of leisure time available to its members. Family structures become less critical as agents of socialization, and other institutions such as the school are given a more critical role in the training and control of the young. The changing role of the family is considered by many to be a key factor in the etiology of middle-class delinquency. At the present time, the increased employment of women outside of the home and the amount of time children spend in educational institutions have expanded the role of the school in socialization, thus shifting the training of the young away from the domain of the family. Cohen (1955) suggested that the school now serves as a mean of social control since it must keep a large population of young people off the streets and out of the labour market. The school and traditional middle-class values have been superseded by a youth culture which was discussed by Hirsch (1971) in his control theory. According to this theory,

the child with the weakest attachments to parents (and school) was most likely to engage in delinquent acts regardless of social class. In another aspect of the middle-class theory, focus the child relationship to the parent as a cause of Delinquency. Bandura and Walters (1959) in a study of aggressive middle-class youngsters, emphasized similar factors in the interactions between the subjects and their parents. Inconsistency in parental warmth, the fulfilment of dependency needs, and punishment were found to be present in the backgrounds of all these children.

Another factor that has been related to delinquency among the affluent is increased democracy within the family, with each family member having an equal position in family decision making. Society's value systems have also been related to misconduct among middle-class juveniles. Much has been made of the influence of the "youth culture" on children in industrialized nations, which is thought to encourage hedonistic behavior (Wolfgang et.al., 1972). Alcohol use, sexual activity, and the importance of the automobile are all parts of the system of adult norms and behaviors. When young people attempt to act out these values, engaging in "adult" behaviors, the result is "middle-class delinquency." Robert Bohlke (1961) offered a different perspective on the role of values in middle-class Delinquency. Downwardly mobile middle-class families may experience Delinquency among their children when their middle-class values fail to bring the desired rewards, at which point rebellion may occur. Movement, within the social order causes dislocation or "status disequilibria" because the old value systems do not transfer well to the new social status environment.

Female Delinquency theories: Lombroso (1898) noted that women were less variable in their anatomical, physiological, and sensory traits and as a result of this lack of variation were less likely to be involved in crime.

Lombroso's (1898) ideas are interesting only in that they underscore some of the underlying assumptions and misconceptions about women that theorists have traditionally adopted. First, theorists have assumed that women are different creatures from men and are naturally less inclined toward criminality. Second, women are thought to commit sexual offences when they do become involved in illegal activity. Thomas (1967) emphasized the importance of socialization in female delinquent behavior. He described four basic wishes that he believed people sought to satisfy. These were desires for new experience, security, response, and recognition. According to his theory, the female delinquent attempted to fulfil these needs through inappropriate and often illegal means. Pollak (1950) questioned some of these assumptions about female offenders in his book 'The Criminality of Women' and he believed that the low official crime rates for women were incorrect because large numbers of offences committed by women were hidden. The reasons for these hidden crimes were that: 1) females commit offenses that are underreported such as shoplifting, domestic thefts, abortions; 2) women are not detected as often as men because they are more deceitful, and 3) law enforcement officials are more lenient with women.

Recently, the female sex role has received much attention as a determinant of delinquency among girls. Morris (1964) stated that failure to attain these goals through legitimate channels results in property offences among males (to impress peers) and sexual delinquency among females (to establish ties with members of the opposite sex). Female delinquency then is a manifestation of maladjustment or failure in the traditional female sex

role. Girls may seek security and emotional support but fail to fulfill these needs through legitimate channels.

Freda Adler (1975) has written a book called 'Sisters in Crime' and considered female delinquency in light of recent research. Adler notes that the traditional conception of the delinquent girl describes her as unadjusted, intropunitive, and as utilizing her sexuality as a coping mechanism. Adler (1975) explained female delinquency as originating from basically the same sources as male delinquency. Problems in transition from child to adult in society, the effects of societal changes, and opportunity structures push both sexes toward delinquent involvement. She notes the changes in crime rates and the concomitant change in the female role in our society.

Gang theories: Gangs have flourished in urban areas for a long time, and they have been studied, analyzed, and described by many writers. Often delinquency has been treated as if it were primarily a gang-related behavior. For example, the theories of Miller (1958), Cohen (1955), and Cloward and Ohlin (1960) focus on lower-class gang members rather than on Delinquency in general. Many people have assumed that members of gangs most often commit delinquent acts. The solitary or non-gang member who committed such acts was thought to be an exceptional case.

In general, the theories focus on the needs of the poor youngster, which delinquent involvement fulfils. The gang offers adventure and relief from boredom as well as a means of achieving status among one's peers. The importance of peer influence may account for delinquent behaviors within the gang since the dynamics of the group may encourage actions which the youngster would not pursue independently. Tognacci (1975) states that the more cohesive a group is, the higher such pressures will be. Conflict situations increase cohesion,

which in turn may increase conformity by members. Since the gang fulfills many of the needs of the youngsters, the possible threat of exclusion serves as a powerful means of social control. Derision and ridicule are often used to control the actions of members, and if this fails stronger sanctions can be applied. The strong dependency of some juveniles on the gang and the pressures exerted by the other boys may encourage more deviant behavior. The age-old notion of parents, who blame their children's behavior on their friends, may have some validity.

Violence theories: Most explanations of violent behavior are like other theories of delinquency and criminality. Some investigators focus on the social or cultural influences that encourage aggression, whereas others point to psychological or biological causes. All of these attempt to explain the etiology of violent behavior. The sociological explanations of violent behavior point to the social-class distribution of violent acts and conclude that these class differences result from differing values, family structures, and patterns of social interaction. Wolfgang and Ferracuti (1969) hypothesized the existence of a subculture of violence that condones and even requires aggressive behavior in particular social encounters. Family structures in these communities are unstable and often consist of a single parent with many children. In this type of structure, the amount of supervision given the young is reduced. In female-headed homes, males have difficulty adopting the male role owing to the absence of a consistent role model, and as Miller (1958) has noted this may produce anxiety, which in turn encourages a great concern over appearing tough and masculine. Patterns of social interactions in these communities may enhance violence since aggressive responses are appropriate. The use of alcohol is frequently found in the victims and perpetrators of violent acts as alcohol may reduce inhibitions or controls over aggressive impulses.

The victim may also play an important role in the onset of violence. Wolfgang (1957) emphasized the early events of a child's life, which may contribute to their violence as teenagers and adults. Henry and Short (1954) argued that child-rearing techniques were crucial in determining whether a child would get later violent. There is evidence that physical punishment facilitates the development of aggressive behavior. Bandura (1959) has also emphasized the modeling effects of agents. Parents who use violence the consequently they too resort to violence when frustrated. Who naturally ensiles on their parents and consequently they too will resort to violence when frustrated. Palmer (1960) compared the childhoods of a group of murderers with those of their brothers. He found that the murderers had experienced more frustrations of all kinds. Another approach to understanding the origins of violence involves genetic or biological influences. Studies have shown that identical twins tend to behave more similarly than no identical twins in their law-abiding or lawbreaking behavior. Other investigators have focused on the possibility of brain damage in violent offenders. Mark and Ervin (1970) have found that damage to parts of the limbic system can lead to epileptic-like electrical activity in that region of the brain, with accompanying violence. Mark and Ervin (1970) argued that many violent criminals might be suffering from mild brain damage to these areas of the brain. The damage may be so mild that it is undetectable by current neurological methods, but it may still be present.

2.3 Behavioral Manifestation of Juvenile Offenders

The framework proposed by Achenbach (1991) is applied to conceptualize behavioral manifestation of juvenile offenders in the study. According to Achenbach (1991) internalizing symptoms refer to problems of withdrawal, somatic complaints and anxiety/depression while externalizing symptoms exhibit themselves in delinquent and aggressive behavior. In the

following section the relevant research finding is discussed about depression, anxiety, anger and Self-concept with a juvenile offence.

Depression: Adolescence is a time during which developmental pathways for boys and girls begin to diverge, with girls become more vulnerable to internalizing problems (Werner & Smith, 1992) youth involved in the juvenile justice system, depression is a significant problem in this group which is often overlooked. Different studies provide data about the relation between Delinquency and depression (Ibabe, Arnoso, &Elgorriaga, 2014; Lalayants& Prince, 2014). McCarty, et.al (2006) conducted a study to explore the high prevalence of depression among incarcerated youth indicates a need to understand better factors that contribute to depression within this vulnerable subgroup. Previous research in general community samples has suggested that high levels of stress and low levels of parental support are associated with depression in young people. However, it was unclear whether or how they might be associated with depression among incarcerated youth who are already vulnerable.

Teplin et al., (2002) found that nearly two-thirds of males and nearly three-quarters of females met diagnostic criteria for one or more psychiatric disorders. Affective disorders were also prevalent, especially among females; more than 20% of females met criteria for a major depressive episode. Rates of many disorders were higher among females, non-Hispanic whites, and older adolescents. Kashani et al., (1980) have examined the prevalence of depression among incarcerated delinquents and non-incarcerated, non-delinquent adolescents and reported a prevalence of 18% and 4%, respectively. Of the 100 delinquents admitted consecutively to a detention center, 11 showed evidence of depression both during and before incarceration, while 7 developed a depressive disorder in the center. Concerning specific

symptoms, 100% of the depressed incarcerated adolescents were found to suffer from sleep difficulties, and 94% experienced disturbances of appetite such research findings on depression show that are highly prevalent among the offender's group and suggested the requirement of psychiatric and psychological care in the juvenile justice system.

Anxiety: Anxiety is a feeling of fear, worry and uneasiness; usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. These feelings may cause physical symptoms, such as a racing heart and shakiness. Nonetheless, some studies have evaluated the prevalence of anxiety disorders in this group. Neighbors et al (1992) conducted a study to examine the co-occurrence of substance abuse and three other psychiatric disorders (conduct disorder, depression, anxiety) in an incarcerated juvenile delinquent sample. The results indicated that the number of symptoms for conduct disorder, anxiety, and depression increased with substance abuse. Charlton et al., (2002) have conducted a study to examine these three factors such as personality, affect and family. Results of the study suggested three clusters of at-risk adolescents.

In a study on incarcerated young offenders, it was found that anxiety disorder to be present in 52% of young male offenders and 72% of female, young offenders (Timmons 1997). However, Ovaert, Cashel and Sewell (2003) noted young offenders are a particular subgroup of adolescents who are commonly exposed to very high levels of violence in both family and community settings. They are, therefore, a group more likely to suffer from post-traumatic stress disorder (PTSD). Wojciechowski (2018) explored the development of anxiety across adolescence and early adulthood among a sample of juvenile offenders comprising males and females. Besides, despite the understanding of maternal substance abuse and maternal unemployment as risk factors predicting the development of anxiety.

Analyses used group-based trajectory modelling to provide a descriptive representation of general developmental patterns of anxiety.

Anger/Aggression: Anger is a decisive factor in the appearance of aggressive behavior which is strongly related to other behaviors such as emotional instability, depression and anxiety. Cornell et al., (1999) conducted a study to examine the validity of trait anger as a predictor of aggressive behavior among juvenile offenders. Two standard self-report anger scales were administered to 65 recently incarcerated male adolescents. These youths were followed prospectively for physical and verbal aggression during three months of subsequent incarceration. Anger scores were not correlated with participant history of violent offending or staff ratings of anger. However, anger scores from both instruments were predictive of subsequent physical and verbal aggression. For example, the Trait Anger Scale successfully classified 66% of juvenile offenders into high and low aggressive groups.

Teplin et al., (2002) found that nearly two-thirds of males and nearly three-quarters of females met diagnostic criteria for one or more psychiatric disorders. More than 40% of males and females met criteria for disruptive behavior disorders. Charlton et al., (2002) have conducted a study to examine these three factors personality, affect and family. Results of the analysis of this study suggested three clusters of at-risk adolescents. Examination of the three cluster types found a distinction between groups on anger expression trait anger and trait anxiety but not family control. It was concluded that among male delinquents, elevated psychopathology is associated with higher anger but not higher family control.

Eftekhari et al., (2004) examined anger expression and avoidant coping and their relationship to substance use and use-related consequences in a sample of 270 incarcerated adolescents. Outwardly expressed that anger was significantly associated with both alcohol

and marijuana use and use-related consequences. Avoidant coping was also significantly associated with all outcome variables. There were no significant interactions between anger expression (outward or inward) and avoidant coping. Gender differences relating to aggression and criminality were noted in the literature. Raaijmakers et al., (2005) studied the relationship between moral reasoning and Delinquency in adolescence and young adulthood. No gender differences in moral reasoning were found between delinquent male and female adolescents, who were assumed to be in stage two (individualistic and instrumental) moral reasoning developments. The results of a study conducted by Dixon, Howie, and Starling (2005) in Sydney, Australia, also indicated that 70% of the female juvenile offenders with a post-traumatic stress disorder (PTSD) diagnosis in a detention center had experienced sexual abuse. Different research findings on anger and destructive behaviors are shared among the offender's group and expression of anger are associated with other psychological disturbance of staying as a resident at CDCs.

Self-concept: Self-concept theory suggests that juvenile delinquents tend to act out their disturbance rather than using a perspective process in accepting a negative valuation of themselves. Self-concept is seen to play a definitional role in regulating an individual's reactions and behaviors in society. Such theories suggest that delinquents and non-delinquents will manifest very different self-concept, and differentiation within the population may occur. Kaplan (1976) has conducted a study of over 4000 junior high school students who are asked about their attitude toward themselves using questionnaire and their deviant behaviors in previous years. A significant correlation was found between low Self-concept and commission of deviant behaviors. Chetiya et al., (2015) conducted a study on self-concept and emotional maturity of delinquency prone and non-delinquency prone adolescents of

secondary schools in Assam. This study was conducted on a sample of 500 adolescents comprised of 200 delinquency prone and 300 non-delinquency prone adolescents selected randomly from 12 secondary and higher secondary schools. Descriptive survey method was used for data collection. The study reported that delinquency prone adolescents have low self-concept.

Another study conducted by Shivakumara and Halyal (2010) on self-concept among delinquent adolescents and normal adolescents. The findings of their research revealed that delinquent adolescents have a lower level of self-concept than normal adolescents. It was also found that domicile had no significant influence on the self-concept of the delinquent adolescents and normal adolescents. Jadab et al., (2014) reported that delinquency prone adolescents have a low self-concept, low emotional maturity and poor academic achievement than non-delinquency prone adolescents.

2.4 Psychosocial Predictors of Juvenile Offenders

There is an argument that complex interaction exists between environmental factors (social, familial, economic) and personal factor (personality, aptitude, maturity and psychopathology). This interaction is correlated with increased aggression and deviant's behavior among adolescents. It is therefore, significant to understand the force as well as the interaction between these contributing factors in order to understand the phenomenon of the juvenile offence. For this study, the focus will be on the socio-economic and psychological predicting factors to juvenile's offence.

2.4.1 Socio-economic Predictors of Juvenile Offenders

Cloward and Ohlin (1960) published a book 'Delinquency and Opportunity' and focused their attention on the delinquent behavior found in lower-class urban neighborhoods.

Their explanation of juvenile misconduct focused on the lack of access to legitimate avenues of success for the poor. Since opportunities for legitimate success were significantly limited, juvenile from the lower class tended to engage in delinquent behaviors as a means of obtaining status, prestige, or wealth. Strain theorists suggest that there is a connection between poverty and delinquency and boys that live in poverty, lack school preparation and subsequent performance in school (Cohen, 1955). Again, the sub-cultural theory focuses on the structural and cultural differences arising from the isolation of the lower class to explain delinquent behaviour (Miller cited in Jarjoura et al., 2002). According to this theory, boys in female-headed households search for status and belonging among their peers.

Adolescents in poverty often face problems at home and school that present barriers to their learning (McLoyd, 2000). At home, they might have parents who do not set high standards for them, who are incapable of helping them study, and who do not have enough money to pay for their educational materials and experiences such as books and trips to zoos and museums. These students may live in areas where crime and violence are a way of life. Lower class juveniles are more likely to engage in Delinquency because of the need for money. A study on delinquency done by Elliot et al. (1980) discovered that the average number of crimes committed by a lower-class juvenile were about four times as high as the average number committed by a middle-class juvenile.

In the same study indicated that delinquency consequences among juveniles because lower-class values encourage behaviors defined as deviant by conventional standards. It is also essential to understand that the relationship of poverty to crime is the timing of poverty, or when during the individual's life poverty occurred. Although none of these theorists spells out the importance of timing and the idea that most people who become involved in crime do so

early in life. Poverty is an essential factor in criminality, especially when the individual is young.

Education has become the primary actor of economic and social status in modern society. Education holds the key to a job that makes one labelled as 'successful' hence the critical determinant of economic success. According to control theory, attachment to school was found to be most significant among the delinquent and lower delinquency subject. Students who do not conform to the educational standards choose to drop out of school, and those dropouts are more likely to continue offending into adulthood.

Control theory assumes that delinquency occurs when the bond between the individual and society weakens. Hirschi (1972) have proposed the control theory, and he has identified four aspects of a bond which are attachment, commitment, involvement and belief. Control theory assumed that attachment to others in society would decrease the possibility of deviant acts. For example, attachment to school was also found to be most significant among the non-delinquent and lower delinquency subject. Hirschi (1972) present data that support the causal chain that students who were unsuccessful academically and dislike school were more often involved in illegal behavior which is shown in the following figure.

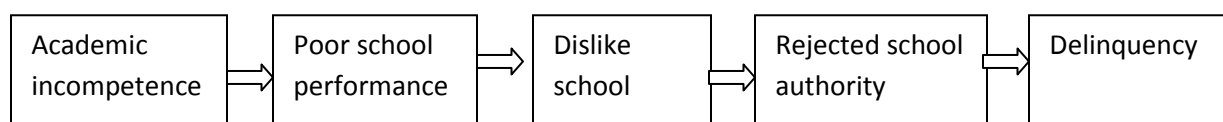


Figure 1.2 Hypothetical causal chain of delinquency (Adopted from Introduction to Juvenile Delinquency Murrell and Laster, 1981, p 45)

Studies have suggested that school-related variables are more significant contributing factors to delinquent behavior than the effects of either the family or friends (Delbert, et al 1974). The U.S Senate subcommittee on delinquency (1977) contends that many of the underlying problems of delinquency as well as their prevention and control are intimately connected with the nature and quality of the school experiences. Thus most therapists agree that the educational system bears some responsibility for the high rate of juvenile crime. The school plays a significant role in shaping the values and norms of children in society.

In new societies, most children were socialized in the family, but with the technological advancement and the global trend on compulsory public education, schooling has been made a legal obligation for everyone. The school has, therefore, become the primary instrument for socialization, the essential conduit through which the community and adult influences enter into the lives of adolescents, (Polk et al, 1972). Students' behavior which may have roots in school experience may range from minor breaking of school rules such as noise-making, loitering, name-calling, lateness and rudeness to teachers, to more severe crimes such as assault, arson, burglary, drug abuse, vandalism of school property (Siegel et al., 1997). A study done by Krohn et al., (1995) revealed that children who live with single parents receive less encouragement and less help with schoolwork. This means that these children achieve less in school academically and poor school achievement has been associated with delinquent behavior.

A study done by Gold (1978) showed that students who do well academically have a better attitude about themselves than weak students. Poor academic performance has been directly linked to delinquent behavior. There is a consensus that students who are chronic underachievers in school are also the most likely to be delinquent (Rathus, 1990). A research

done by Thomberry et al., (1991) concluded that students who report that they do not like school, do not do well in school and do not concentrate on their homework and are also the ones most likely to self-report delinquent acts. Dissatisfaction with the educational experience frequently sets the stage for more severe forms of delinquency both in and out of school.

Dissatisfied students choose to drop out of school as soon as they reach the legal age, and dropouts are more likely to continue offending into adulthood. It has been indicated from the studies that education-related factors such as educational enrolment; educational success and school dropout are correlated to the delinquent behaviors.

2.3 Psychological Predictors of Juvenile Offenders

Hepworth, Rooney and Larsen (1992) argue that the significance of the family is paramount because the family is the system that nourishes the individual. Family functioning has consistently been among the strongest predictors of risk for delinquent and criminal behavior. Families are a primary source of social integration and social control, which provides youth with feelings of belonging and establish both formal and informal boundaries that limit the possibility of youths engaging in delinquent activities (Unnever, Cullen & Agnew 2006; and Benekos & Merlo, 2009). Dimensions of family functioning such as parental neglect, family conflict and disruption, child sexual abuse and parental deviance can contribute to delinquent and aggressive behaviour in children and adolescents (Deschenes & Esbensen, 1999). Parental warmth, supervision, support and involvement help children cope despite challenging environments. The presence or absence of role models affects juvenile delinquency and may be associated with problem-behaviour, psychological well-being and academic engagement. The extent to which a boy's father is acceptable as a figure with whom

he identifies influences juvenile delinquency. The family structure is one factor that may predict patterns of delinquent behavior.

Therefore, it is essential to note that parents play an essential role in children's lives by teaching norms and values, regulating behavior, and providing emotional and financial support (Petts, 2009). Two parents may be better equipped to provide this support to their children as in the case of a single parent, resulting in increased well-being. By contrast, single parents may have less time to invest in their children, and the stress of raising a child by oneself may limit the support provided by a single parent. Consequently, children in single-parent families are more likely to be unsupervised, which may lead to increased delinquency (Demuth & Brown, 2004).

At least two in five adolescents have witnessed domestic violence, and these experiences are associated with increased risk of a wide range of psychiatric symptoms and problem behavior. Witnessing parental violence is associated with aggression, conduct problems, and other externalizing and internalizing symptoms (Kilpatrick, Saunders & Smith, 2003). Many researchers have found that substance use and involvement in delinquent behavior are interrelated. The more serious the youth's involvement in drug use, the more dangerous is his or her involvement in delinquency and vice versa. This is observed across age, gender, and ethnic groups (US Office of Juvenile Justice and Delinquency Prevention, 1994, p 11). Sharma et al., (2016) noted that substance use and criminal behavior are interrelated. Greater the involvement in substance abuse, more severe is the violence and criminality. There is an intimate relationship between drugs and criminal behaviour. The same study indicates that 86.44% of the sample had a history of substance use. Consumption of tobacco and cannabis were higher than other drugs. Consumption of psychotropic drugs

though relatively lesser, was related to more severe crimes. There is an increase in serious crimes such as rape, murder/attempt to murder, and burglary committed by juveniles.

The drug-crime correlation has been noted among consumption of cannabis with murder, inhalants with rape and opioids with snatching-related crimes. In Bangladesh, there are very few researches conducted to explore the relationship between substance abuse and juvenile delinquency. A study conducted by Sarker (2001) entitled “Juvenile Delinquency: Dhaka City Experiences” and it was reported that 60% of boys were addicted to smoking most frequently and 25% of boys were addicted to various form of drug and drinking. From the literature reviews, it has found that there is no academic research on mental health issues of juvenile offenders in Bangladesh.

Literature review suggested that family functioning and parenting practices, including parental styles and family relationships family/parental violence, are important in understanding delinquency risk. However, the parental engagement of criminal involvement, mental illness and substance abuse are also associated with the risk of offence. Moreover, studies also suggest that substance abuse of children is significant factors to be engaged in criminal activities.

2.4 Studies on Juvenile Offenders in the Context of Bangladesh

In Bangladesh, most of the researches about juvenile offender are primarily focused on the sociological perspective. In the 1960s, Salah Uddin Ahmed, a senior police official published journals and newspapers and many thought-provoking articles on this issue. He presented various manifestation of the problem and also analyzed it statistically and sociologically explained the problems. Ahmadullah et al., (1964) conducted a study and found a rapid rise of population and rapid industrial process of the country as background

determinants. Afsar (1965) examined all the relevant socio-economic issues connected with the life of the deviants. In the early 1980s Rahama (1982) conducted a study focusing community-based with slum areas. This study also reviewed the socio-economic background of the offenders. Sarker (2001) published a book 'Juvenile Delinquency: Dhaka City Experiences' based on his research findings and in the research, he also emphasized on the socio-economic factors and socio-culture aspects associated with juvenile delinquency

Literature review reveals that juvenile offenders exhibit internal and external bahviroal manifestation such as depression, anger, anxiety, Self-concept and aggression but there was no study has been conducted in the context of Bangladesh. There is need to be explored and assessed the mental state of the juvenile offenders who are staying into the CDCs for ensuring minimum mental health care. However, it is also found that there is few research that was conducted to explore social causes of the juvenile delinquency which was in three decade ago. So the intend of the study is to predict the psychosocial factors of the juvenile offenders in the present condition of the Bangladesh context due to taking necessary steps for preventing the juvenile offence.

Chapter Three

Method

3.1 Research Design

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the research problem. It is a framework that has been created to find answers to research questions. Both descriptive and exploratory research design have implemented in this study. The descriptive design is non-experimental as it involves merely measurement without changing its phenomenon or situation to be measured (Barker, Pinstang & Elliott, 2002). In this study, behavioral manifestation and psychosocial predictors of the offenders are described and at the same time, as comparing group, a non-offender group from mainstream educational institutions was also explored using a cross-sectional study. A cross-sectional study involves looking at people who differ on one key characteristic at one specific point in time. The data is collected from people who are similar in other characteristics but different in a critical factor of interest such as age, income levels, or geographic location

3.2 Participants

A total of 523 juveniles have been taken as participants of this study where 197 juvenile offenders were selected from three Child Development Centers (CDCs) of Gazipur and Jashore districts. Among the three CDCs, 100 participants from Tongi in Gazipur, 75 from Jashore and 22 from Konabari at Gazipur have been drawn as offenders' group sample. The male participants were residents of Tongi and Jashore CDCs, and the female participants were residents of Gazipur CDC. All the young offenders are subjected to arrest by the legal agencies for 'conflict with the laws' under the Children Act 2013 and children were sent to

CDCs by different court sentences. Rubbery, drug selling, arms carrying, sexual violence, kidnapping and murders were the common crimes for which the juveniles were sentenced and sent to the CDCs. In the offender's group, 88.30% of them were male (n=174) and 11.70% of were female (n= 22). Mean age and standard deviation of the offender group are consecutively 15. 63 and 1.69.

Table: 3.1

Mean Age and Percentage of Sex Characteristics of Sample

Types of group	n	Mean (SD)	Male %	Female %
Offenders	197	15. 63 (1.69.)	88.30 (n=174)	11.70 (n= 22)
Non-offenders	326	14.10 (1.69)	52.10 (n=170)	47.90 (n= 156)

As non-offender group, 326 young male and female were selected randomly from 8 educational institutions including public and private schools, and, madrashas from Dhaka (5 Non-govt. secondary school and 1 madrasha) and Jashore (1secondary school and 1 madrasha). For the non-offenders' group, the percentage of male participants is 52.10% (n=170) and female participants is 47.90% (n= 156). Mean age and standard deviation of the non-offender group are 14.10 and 1.69.

However, the educational attainment of the offenders and non-offenders indicates the difference between two groups (See table 3.2). The table indicates that, where 100% of non-offender juveniles are studying in secondary education level, 71.4% of the offenders were at the same level of education and 21.8% offenders had no schooling experiences and 4.1% were on primary education level.

Table 3.2

Percentage of Educational Attainment of the Total Sample

Educational attainment	Types of offenders	
	Offenders (n)	Non-offenders (n)
No school	21.8(43)	0.0(0)
Below primary pass	4.1(8)	0.0(0)
Secondary education	74.1(146)	100.0 (326)

3.3 Sampling Procedure

The sample of the study was drawn by applying both non probability and probability sampling procedure. For the sample of juvenile offenders' group, the non-probability sampling procedure was applied for the nature of the institutions where they are staying. These centers are functioned with highly legal and judiciary system and process. Before permitting data collection, the authority has given many restrictions for the procedure. There were some inclusion and exclusion criteria which were set up before data collection. The inclusion criteria were i) sample would be collected from three CDCs where juvenile are

staying for detention or correction ii) sample would be juveniles who are a conflict with laws iii) the age of the juvenile would be between 9 year to 18 years old iv) data would be collected from both male and female juveniles. Furthermore, there are few exclusion criteria followed when selecting the juvenile from the CDCs which are i) children with disabilities and ii) a juvenile who are staying at CDCs for the reason of ‘contact with the laws’.

In the comparison group of a sample, cluster sampling procedure was followed. Bangladesh Bureau of Educational Information and Statistics (BANBEIS) had randomly drawn the eight educational institutions from Dhaka and Jashore district. The researcher has asked BANBEIS to select the educational institutions from specially 2 Dhaka and Jashore. These two districts were chosen to match the characteristics of the juvenile offenders sample i.e. geographical location, economic conditions, living place and types of institutions where juvenile are studying. Moreover, other criteria’s such as govt or non-govt; school or madrasah; urban or rural school and co-education or single education system where selecting educational insinuations were randomly selected by BANBEIS.

The sample of the comparison group was selected randomly from each educational institution. All the selected educational institution is middle secondary (6th grade to 10th grade), and five samples were randomly drawn from each section of each grade from the selected educational institution.

3.4 Context and location of the study

The present study took place in three districts of Bangladesh which are Dhaka, Gazipur and Jashore. Two CDCs are in Gazipur and the other CDC is in Jashore district. It seemed that most of the juveniles come from Dhaka district and the CDCs are located near Dhaka, Gazipur and Jashore district, so educational institutions were chosen adjunct to Dhaka and

Jashore district. The name and address of the CDCs and randomly selected mainstream educational institutions are given in the following table (See table 3.5).

Table 3.3

Name and Address of the Selected CDCs and Education Institutions

	Name	Location	Category	Area
1.	Tongi Shishu Unnayna Kendra	Gazipur	CDC	Rural
2.	Gazipur Keshori Unnayan Kendra	Gazipur	CDC	Rural
3.	Jashore Shishu Unnayan Kendra	Jashore	CDC	Rural
4.	Kampapur She-r-Bangla High school, Mottijeel, Dhaka	Dhaka	School (both boys and girls)	Urban
5.	Hammadi High School, Kotoawali, Dhaka	Dhaka	School (both boys and girls)	Urban
6.	Halim Foundation Model High school, She-r- Bangla Nagar, Dhaka	Dhaka	School (both boys and girls)	Urban
7.	Ali Hossain Girls High School, Mohammadpur, Dhaka	Dhaka	School(Girls)	Urban
8.	Siraj Nagar High School, Keranigonj, Dhaka	Dhaka	School (both boys and girls)	Rural
9.	Pakshi Dakil Madrasa	Dhaka	Madrasa (both boys and girls)	Rural
10.	Jashore Zilla Schools	Jashore	Boys High School	Urban
11.	Shagordari Madrasha	Jashore	Madrasa (both boys and girls)	Rural

3.5 Instruments

Four (4) tools applied to collect data from the participants. The applied tools are described below;

3.5.1 Survey Questionnaires

For assessing the psychosocial predictors of the young offenders, a semi-structural questionnaire had been developed. Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, lifelong health and opportunity. So the research has focused on childhood experiences as an indicator of psychosocial predictors. The survey questionnaire was developed based on adverse childhood experiences (ACE) study and others relevant studies and documents. Besides the biological and family factors and institutional factors; 10 types of childhood trauma issues (Physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce and incarcerated household member) were incorporated. The summary of the survey questionnaire are presented in the following (See table 3.4).

Table 3.4

Section, Area of Questions, Number of Question and Types of Questions

Section	Focusing areas of questions	No of question	Types of question
1. Demographical information	Sex, age, education, marital status, family members, number of siblings, birth order, parents alive or not	09	Both close ended and open ended
2. Socio-economic status (SES)	Parental education, professions, family income, living place	07	Both close ended and open ended
3. Educational information	School admission, drop out and present condition	05	Both close ended and open ended
4. Psychological (Adverse childhood experience)	Living with family or not, family connection, parental relationship, parent-child relationship, family history of substance abuse, family history of criminal offence and family history of mental illness	12	Both close ended and open ended
5. Psychological (expose to family violence and abuse)	Family violence, types of family violence, abused by whom and information related to substance abuse by the juveniles	13	Both close ended and open ended

3.5.2 Beck Youth Inventories (BYI-II)

The Bangla version of the four out of five sub-scales of Beck Youth Inventories (BYI-II) such as depression, anxiety, anger, and Self-concept were applied in the study. Although the Bangla version of BYI-II is valid to apply, it was still modified for the purpose of the study. For exploring the behavior problem, a rating scale was prepared and used. Based on

the experience of field test of the questionnaire, it seemed that sub-scale of disruptive behavior were found similar and overlapped. So, the four sub-scales were used.

Beck Youth Inventories (BYI-II) published at 2011 and Judith S. Beck, PhD, Aaron T. Beck, MD, John B. Jolly, PsyD are the inventor of the scale. BYI-II inventories are used to assess the emotional and social impairment of children and young people. This scale can be applied to the children and young people aged 7 to 18 years. It has five sub-scales that are depression, anxiety, anger, disruptive behavior and self-concepts. Each sub-scale takes five minutes to fill-up. Originally, each inventory contained 20 items based on Likert scales (0 = never, 1 = sometime, 2 = often and 3 = always). For scoring, T scores are used to plot and profile individuals' scores with a mean=50 and SD=10 for all inventories. The following scoring criteria are applied as a reference value.

Table: 3.5

Scoring and Reference Values of the BYI-II for Interpretation

Scale/sub-scale	Scoring value	Reference
BYI-II	70+	extremely elevated
(depression, anxiety, anger,	60-69	moderately elevated
disruptive behavior and Self-	55-59	mildly elevated
concepts)	45-54	Average
	40-44	lower than average
	<40	much lower than average

When working with young people with emotional, social and behavioral difficulties the BYI-II provides a brief and easy to use measure that gives valid and reliable information based on the critical areas of the scale. As it can be used at all stages of intervention and

requires no specialized training, the BYI-II is useful as a primary screening tool that can be easily incorporated into practice to supplement other methods of inquiry.

Five Inventories: Questions about thoughts, feelings, and behaviors associated with emotional and social impairment in youth were in each part of the sub-scales of the inventories. Children and adolescents describe how frequently the statement has been true for them during the past two weeks, including the present day. The four specific areas which were used in the study as instruments to measure the juveniles' emotional and social impairments are presented in the following;

- **Depression Inventory:** In line with the depression criteria of the Diagnostic and Statistical Manual of Mental Health Disorders-Fourth Edition (DSM– IV), this inventory allows for early identification of symptoms of depression. It includes items related to a child's or adolescent's negative thoughts about self, life and the future, feelings of sadness and guilt, and sleep disturbance.
- **Anxiety Inventory:** This reflects children's and adolescents' specific worries about school performance, the future, adverse reactions of others, fears including loss of control, and physiological symptoms associated with anxiety.
- **Anger Inventory:** Evaluates a child's or adolescent's thoughts of being mistreated by others, feelings of anger and hatred.
- **Self-Concept Inventory:** Taps cognitions of competence, potency, and positive self-worth.

The BYI-II manual discusses three kinds of reliability that were studied using the general population normative samples:

Internal Consistency: An analysis of internal consistency yielded a Cronbach's alpha coefficient that ranged from .86 to .91 for ages 7-10, .86 to .92 for ages 11-14, and .91 to .96 for ages 15-18, across all five scales.

Test-retest Reliability: The test-retest reliabilities were calculated, and yielded correlation coefficients in the ranges of .74 to .90 for ages 7-10, .84 to .93 for ages 11-14, and .83 to .93 for ages 15-18. In general, test-retest reliabilities were the same for both males and females.

Convergent Validity: The BYI-II manual discusses several validation studies that were conducted. A study compared the BYI-II to the Children's Depression Inventory (CDI) using a subsample of 128 children ages 7-14. According to the manual, the BYI-II depression scale was correlated at .72 with the total score of the CDI scale, suggesting that the tools measure degrees of depression similarly. The authors also used a sub-sample of 26 youth (ages 15-18) whose scores yielded an averaged correlation coefficient of .67 between the BYI-II depression scale and the CDI total score.

The Bangla version of BYI –II was for assessed reliability and validity in Bangla language and culture through following psychometric principles by Uddin, Haque & Shimul (2011). The internal consistency reliability of all the Bangla BYI –II appeared acceptable or right as the Cronbach's alpha ranged between .77 and .88 and the test-retest reliability was found 0.76 to 0.88. The Bangla BYI appeared psychometrically sound and hence culturally appropriate. Therefore, professionals working with child and adolescent can confidently use the instrument on Bangladeshi sample for a variety of purposes (Uddin, Haque & Shimul, 2011).

3.5.3 Checklist for Identifying Behavioral Problems

A checklist for behavioral manifestation of young offenders was developed by the researcher under the guidance of a supervisor to identify the behavioral symptoms that represent external behavior, intrusive thoughts and feeling. It consists of 28 items from relevant research findings and working experiences of young adolescents living in institutional care in Bangladesh. This checklist has been developed with the assistance of ‘The Salford Needs Assessment Schedule for Adolescents (S.NASA) by Kroll et al., (1999) and this instrument assesses the needs of adolescents with chronic or complex problems. The adolescents may be involved with various agencies such as social services, the criminal justice system, psychiatric or forensic psychiatric services. Juvenile were asked to identify at least three (03) emotional and behavioral characteristics about their peers’ exhibited usually or naturally and they were asked to identify at least three (3) of their behavioral characteristics about themselves. They were also asked to scale up from 1 to 3 based on answers where most frequent observed behavior rated 1, secondly most frequent observed behavior rated as 2 and so on. Caregivers were asked to that least frequent observed behavior among youth rated

3.5.4 Functional Support and Care Scale

Bangla version of Support Function Scale (SFS) was used to identify the needs and strengths of institutional care and support. It was developed by Dunst et al., (1988). Items that indicate strength may be emphasized to help coping with institutional problems. It has 20 different types of assistance that children sometimes find helpful. This questionnaire asks children to indicate how much they need help in these areas. It is a five-point Likert type scale for answering the items where (1 = Not at all, 2 = Now and then, 3 = sometime, 4 = often and

5= all the time). For the scale, the lowest score is 20 and highest is 100. Lower score means lower functional support and care existed, and a higher score means higher functional support and care existed. The summary of measurement and tools have presented in the following (See table 3.6).

Table 3.6

Instruments, Participants and Purpose of Instruments used

Scale/checklist used	Objectives	Participants
Semi-structure questionnaire	<ul style="list-style-type: none"> to identify biological ,social and psychological factors i.e. age, sex, education of the juveniles, and relationship between parent, substance abuse and mental illness, criminal involvement among the family members etc. to explore the childhood adverse experiences of the juveniles 	Offender and non-offender
Back Youth Inventories (BYI-II)	<ul style="list-style-type: none"> to assess psychological state (Depression, Anxiety, Anger and self-concepts) for exploring the emotional and social impairment of juveniles 	
Checklist for behavioral problems	<ul style="list-style-type: none"> to identify the behavioral manifestation (external, intrusive thoughts and emotion) among the juveniles 	
Functional Support scale	<ul style="list-style-type: none"> to assess the functional support system of the CDCs 	

For ensuring the study results validity, interview questionnaire had been piloted and modified for easy to understand version, afterwards were determined whether the questions were valid, understandable and answerable. Ensuring the reliability and validity of the interview questionnaire were followed a process which are described in the data collection process.

3.6 Data Collection Process

After having the permission of the proposal from both the University of Dhaka and UGC, the data collection tools were prepared and finalized with the assistance of the supervisor. Survey questionnaire and checklist have been prepared based on the objective of the study and Beck Youth Inventories (BYI-II) were modified by changing the language of the existing Bangla version.

Preparing process of instruments: For preparing the set of data collection instruments, it has been verified through a process which followed are two steps; 1) expert opinion and 2) field test. Questionnaires were given to two experts in the field of psychology to explore the viability of the previous Bangla version of the scale BYI-II and other instruments, sequences of the questions and face validity. Based on the feedback of two experts, necessary modifications were made and prepared a draft questionnaire. Field test of the questionnaire was applied with 10 young people (5 male and five female) aged between 10 to 18 years. Participants were selected from one high school in Dhaka City for testing to identify the merit of questions, sensitivity and language and duration of the interview. It found the usability i.e. interviewing duration, items difficulties and sensitivity etc. Based on the field test and opinion of the two experts, the researcher has finalized the tools to apply for data collection with

juvenile offenders and non-offender groups. Data collection instruments are given as Appendix A.

Data collection: Collecting data from juvenile offenders who are staying at CDCs, the researcher had received permission from Directorate of Social Services (DSS) authority and the authority asked to communicate the local offices for collecting data. The researcher has visited into the CDCs and asked for permission for data collection with three local authorities, and they provided the space to take interview into their office premises. The space was confidential and comfortable and quiet. The researcher has acted as an interviewer in the study for face to face interview. The juvenile offenders have been explained the scope of the study and the benefit of the study verbally. The confidentiality issue were ensured. Furthermore, written consent forms were given and a copy is attached in the appendix with questionnaires.

The researcher communicated with the head of the offices before visiting the educational institutions and explained about the study. The randomization processes of selecting the educational institutions were also explained also. It took several days to collect data from each educational institution, and the authority provided all kinds of supports like a private room.

Each interview lasted 35-40 minutes, and after finishing the interview, a soothing techniques were applied to stabilize the participants with the approval of the supervisor. The stabilization techniques were 'Breathing Exercise' and 'Butterfly Hug' (Artigas et al., 2002). During the interview, the researcher played an essential role in obtaining the necessary information needed to address the questionnaire by probing and asking the interviewees to explain their answers for validation their opinion. After having all the information

documented in the questionnaires, the interviewer checked the data for any unanswered questions.

The data collection process took place from January 2018 to December 2018. All the items of the questionnaire were in Bangla, which is the mother language of participants and the researcher in Bangla. As the data have been collected through interviews, all the documents regarding research were checked.

Data entry and analysis: The study data has been processed in SPSS by the researcher and his three assistances. Before processing the data into SPSS, the three assistances were properly trained. Among three, there are two assistances imputed the data into SPSS software, and other has checked and cleaned the data. The researcher analyzed the data.

3.7 Data Processing and Analysis

After collecting the data, the researcher checked all the data and recoded it digitally. Coding was the process of examining the raw qualitative data assigning the number or score. The demographical information such as gender, age, family income and educational background has been coded. Socio-economic status (SES) of the juveniles was defined according to modified Kuppaswamy (2015) socio-economic status (SES) scale.

Table 3.7

Modified Kuppuswamy Socio-economic Status (SES) Scale

Category	Score
A. Education	
Professors or honors	7
Graduate or post graduate	6
Higher secondary school or diploma certificate	5
Secondary school certificate	4
Junior school certificate	3
Primary school certificate	2
Illiterate	1
B. Occupation	
Professional	10
Semi-professional	6
Clerical, shop-owner, farmer	5
Skilled worker	4
Semi-skilled worker	3
Unskilled worker	2
Unemployed	1
C. Family income per month in Bangladeshi Taka	
>50,000	12
25,000 to 50,000	10
15,000 to 25,000	6

For the quantitative analysis of the data, Statistical Package for Social Science (SPSS) version 16.0 was applied. With the support of the supervisor, the researcher coded, transformed and analyzed. Three types of statistical analysis were applied for interpreting the results of the study, which are descriptive analyses, comparative analyses and predictive analyses in general to address the objective of the study.

Descriptive analyses: For analyzing the data, the descriptive analyses i.e. percentage, mean, standard deviation were applied to explore the selected characteristics of both offender and non-offender groups.

Comparative analyses: various comparative analyses were applied to see the difference between the two groups in various factors:

- i) To explore the top first ranking out of the three of behavioral manifestation among self, and others of both groups percentage was used. This statistical tool was applied to list the manifestation of the top behavior exhibited by the offender and non-offender juveniles
- ii) In order to investigate the manifested behaviors among the juvenile offender and non-offender groups, the mean rank was computed. The rank order from the mean ranking of perceived about the self and others behaviors was presented into the same table with both groups
- iii) Significance test by using t-test was carried out to see the mean differences of the social and emotional impairment variables i.e. depression, anger, anxiety and Self-concept of the juvenile offender and non-offender group
- iv) Chi-square is essential for analyzing categorical data. To see the significant differences of categories (average and below, mildly elevated, moderately elevated,

and extremely elevated) of the social and emotional impairment variables i.e. depression, anger, anxiety and Self-concept of the total sample, the Pearson's chi-square (X^2) test were applied

- v) For analyzing the mean difference of the practical support and care of the Child Development Centers where the juveniles' offenders are living, the analyses of variance show differences among the three CDCs

Predictive Analyses: To identify the predictive analysis of the psychosocial factors of juvenile offender, the logistic regression analysis was justified. Here, the outcome variable is dichotomous (juvenile offenders and not offenders) variables, logistic regression analysis (binary) is rationale to prefer logistic regression analysis. Logistic regression is a technique for fitting a regression surface to data in which the dependent variables is a dichotomy (Howell, 2007). Logistic regression is used to describe data and to explain the relationship between one dependent binary variable and one or more nominal, ordinal, interval or ratio-level independent variables. For the analysis of the result, the individual predictors were applied to outcome variables. For analyzing the binary logistic regression, the following (see table-3.8) shows the coding of the answer the survey questions.

Table 3.8

Selected some Section, Question and Coding of the Survey Questions for Analyzing the Binary Logistic Regression

Section	Questions	Coding
Social (education) factors		
Educational attainment	Educational qualification?	No school = 0 Pass 1 education year = 1
Enrollment of school	Did you ever go to school?	No=0 Yes =1
Dropout of education	Did you drop out from school	No=0 Yes =1
Socio-economic factors		
SES*		
Living Place	What is your living place?	Village = 0 Town =1
Psychological (familial) factors		
Parents alive or not	Are your parents alive or not?	No=0 Yes =1
Living with family	Are you living with your family before coming to the center?	No=0 Yes =1
Connection with family	Do you have any connection with your family?	No=0 Yes =1
Living with parents or not	Did you live with your family before coming to the center?	No=0 Yes =1
Child-parent relationship	What are the natures of relationship between you and your parents?	Abusive = 1 Conflicting =2 Good =3 Friendly =4
Psychological (adverse childhood experiences) factors		
Family history of substance abuse	Are there any family members of your family drug addicted?	No=0 Yes =1
Family history of criminal involvement	Did your family members in jail for criminal offence or are in jail now?	No=0 Yes =1
Family history of mental illness	Did your family members suffering from mental illness or are suffering from mental illness now?	No=0 Yes =1
Experiences of family violence	Have you abused in general by your family members?	No=0 Yes =1
Experience of physical abused by family	Have you experienced physical abuse by your family members	No=0 Yes =1
Experience of emotional abuse by family	Have you experienced emotional abuse by your family members	No=0 Yes =1
Experience of substance abuse of the juveniles	Have you taken any kinds of substance in your life ?	No=0 Yes =1

* Composite score of income and parental education (page 77)

3.8 Ethical Consideration

For ethical approval of the procedure of data collection of the study, the researcher applied to the Department of Educational and Counselling Psychology, University of Dhaka. The Department Review Committee reviewed the documents. Then, the documents were submitted to the Institutional Review Board (IRB) of the University of Dhaka presenting the purpose of sampling, size of the sample, location of the study site, questionnaire and interview of guidelines and ensuring the privacy of human subject consent form. IRB of Dhaka University approved the data collection process (Appendix- B).

The sample of the present study was juvenile offenders who are living in Child Development Centers (CDCs), and these centres are managed and operated by the judiciary committee and Children Act- 2013. Therefore, to collect the data from three CDC setting, the researcher submitted application to Director, Directorate of Social Services (DSS) under the Ministry of Social Welfare (MoSW) through e-filing system presenting purpose of sampling, size of sample, location of study site, questionnaire and interview of guidelines and ensuring the privacy of human subject consent form. After reviewing the tools of data collection and documents and having an interview of researchers, the authority has given an approval letter with certain conditions (Appendix- C).

For the non-offender group, the sample was selected from middle secondary educational institutions which were random selected by BANBEIS (Appendix- D) and the approval of data collection procedure was obtained from Director of Dhaka Zone (Appendix- E) as a concerned authority. Before giving permission, the authority has also observed and checked the data collection tools regarding the confidentiality issues of the students.

Chapter Four

Results

This chapter presents the result section of the study. The appropriate statistical analyses have been applied for analyzing the data. The first paragraphs of this section have described the rationale of applying the statistics. The results are presented in the table format and the descriptions of the tables are presented in following after respective tables.

This research is designed to explore the behavioral manifestation and psycho-social predictors of the juvenile offenders. To accomplish this goal, a cross-sectional survey had been carried out using semi-structure questionnaire, scales and checklist. The study objectives were to explore depression, anger, anxiety and Self-concepts; to identify the common behavioral manifestation and to ascertain the social and psychological predictors of juvenile offenders in the context of Bangladesh. The other study objective was to identify the gaps of the functional support system of the CDCs. To compare the juvenile offender group, a group of non-offender juvenile samples were investigated in the study. The non-offender juveniles group was drawn from the mainstream educational institutions. For analyzing the data, percentage, mean, SD, rank order (mean rank), t-test, one way analysis of variance (F-test), chi-square (X^2) test and binary logistic regression (Exp(B) / OR) analysis were applied.

The final results of the quantitative findings are presented in five main sections focusing on the objectives of the study. In the first section, descriptive analyses are presented.

Section 4.1 Descriptive Analysis of the Juvenile offenders and Non-offenders

The objective of this section is to describe some selected demographical factors i.e. age of sample (years), level of education of sample, monthly family income, number of family member, number of sibling, level of parents' education and categories of family income.

Socio-economic (educational, socioeconomic status and living place) factors and psychological (familial and adverse childhood experiences) factors are also presented in the section. The first section of the descriptive analyses of the study is presented in the tables of 4.1 to 4.4.

Table 4.1

Mean and Standard Deviation Score of Selected Demographical factors of Juvenile Offender and Non-offender Group

Selected some Demographical factors	Offenders (n=197)		Non-offenders (n=326)	
	Mean (SD)	Range	Mean (SD)	Range
Age of sample (years)	15.63(1.69)	9-18	14.10(1.69)	9-18
Level of education of sample	6.95(3.59)	0-12	8.17(1.55)	6-10
Number of family member	5.17(1.76)	0-11	4.81(1.33)	0-11
Number of sibling	2.92(1.64)	0-9	2.38(1.14)	0-7
Level of father's education	4.94(5.46)	0-17	6.59(5.69)	0-17
Level of mother's education	4.62(4.68)	0-17	6.31(5.05)	0-20

Table 4.1 shows that the mean score of juvenile offenders' group and non-offenders' group are 15.63 and 14.10 where the SD of the two groups is equal, which is 1.69. From the score, it seems that the groups are homogeneous. According to the family income of the two groups it is found distinctive. The family size of the juvenile offenders (mean = 5.17, sd = 1.76) is bigger than the size of non-offenders' (mean = 4.81 and sd = 1.33) and even the number of siblings are also large in juvenile offenders group. The mean and SD scores of

siblings of the juvenile offenders are 2.92 and 1.64 where and non-offender juveniles' scores are 2.38 and 1.14.

The mean and SD of the level of formal academic education of juvenile offenders are 6.95 and 3.59 where the mean and SD of non-offenders group are 8.17 and 1.55. It appeared that the level of education of juvenile offenders is lower than the non-offenders. Educational level of the parents of juvenile offenders is lower than the non-offenders' parents. The mean and SD level of education of the fathers of the offenders are 4.94 and 5.46 where for non-offenders the scores are 6.59 and 5.69. The mean and SD level of education of offenders' mothers are 4.62 and 4.68 where non-offenders' mothers' levels are 6.31 and 5.05 respectively.

Table: 4.2

Percentage of Monthly Income of the Family of Juvenile Offenders and Non-offenders

Range (BDT)	Offenders Income (n=197)		Non-offenders (n=326)		Total	
	N	%	n	%	n	%
>2000	6	1.1	15	2.9	21	4.0
2001 – 5000	47	9.0	26	5.0	73	14.0
5001 – 10000	23	4.4	60	11.5	83	15.9
10001 – 15000	24	4.6	37	7.1	61	11.7
15001 – 25000	45	8.6	69	13.2	114	21.8
25001 – 50000	39	7.5	95	18.2	134	25.6
< 50000	13	2.5	24	4.6	37	7.1
Total	197	37	326	62	523	100

It reveals from the table (See table 4.2) that there is a difference in monthly income between two families. In the categories > 2000 BDT, only 1.1% is juvenile offender group

and 2.9% is non offender group. For the range of 2001 to 5000 BDT, juvenile offender (9.0%) is higher than non-offender group (5.0%). The categories of 5001 to 10000 BDT, the non-offender group (11.5%) is higher than offender group (4.4%). Even in 10001 to 15000 BDT and above range of family income, the non-offender group is found higher percentage than offender group.

Table 4.3

Percentage of Selected Socio-economic Factors of the Juvenile Offenders and Non-Offenders' Group

Socio-economic Factors	Level	Offenders (n=197)		Non-offenders (n= 326)	
		N	%	N	%
Social (educational) factors					
Educational attainment	Illiterate	43	21.8	0	0.00
	Below 5 th grade	8	4.1	0	0.00
	6 th grade to 10 th grade	146	74.1	326	100.00
Admitted to school	Yes	172	87.3	326	100.00
	No	25	12.7	0	0.00
School drop out	Yes	25	12.7	0	0.00
	No	172	87.3	326	100.00
Social (economical) factors					
Residents	City/Town	120	60.9	201	61.7
	Village	77	39.7	125	38.3
SES*	Lower class	64	32.5	83	25.5
	Middle class	129	65.5	226	69.3
	Upper class	4	2.0	17	5.2

*composite score of income and parental education (page 77)

It can be observed that (See table 4.3) about a significant number of juvenile offenders (22%) cannot read and write and a few juvenile offenders (4.0%) have completed

the primary level of education. About a three-fourths of juvenile offenders (74%) has completed 10th grade of the education level. On the other hand, 100% non-offender juveniles are studying in between 6th to 10th . It has also been found that 12.7% juvenile offenders were not admitted in any educational institution in their life and about a significant number of juvenile offenders have been dropped out from the educational institution because of various reasons before coming to the Child Development Centers. In the contrast group, all participants were studying in different schools or madrashas between 6th to 10th grades.

It has been seen that a large number of juvenile offenders (60.9%) and non-offenders (61.7%) live in city or town areas where rest of the juvenile offenders (39.7%) and non-offenders (38.3%) live in village areas.

Considering the socio-economic status (SES), majority of the juvenile offenders belong to middle class (65.5%) and lower class family (32.5%). Very few of the juvenile offenders come from upper economic class family (2.0%). The percentage of middle class family (69.3%) of the non-offenders is similar to offenders group. But lower class family (25.5%) is lesser and upper class family (5.2%) is more than the juvenile offenders group.

Table 4.4

Percentage of the Selected Psychological Factors of Offenders' and Non-offenders' Group

Psychological factors	Level	Offenders (n=197)		Non-offenders (n= 326)	
		N	%	N	%
Psychological (familial factors) factors					
Living with family	Yes	171	86.8	310	95.1
	No	26	13.2	16	4.9
Parents alive or not	Yes	168	85.3	317	97.2
	No	29	14.7	9	2.8
Have any connection with family	Yes	184	93.4	325	99.7
	No	13	6.6	1	0.3
Parental relationship (Living together)	Yes	161	81.7	312	95.7
	No	36	18.3	14	4.3
Relationship between child and parents	Friendly	43	21.8	162	49.7
	Well	134	68.0	162	49.7
	Conflicting	11	5.6	2	0.6
	Abusive	9	4.5	00	0.00
Psychological (adverse experiences) factors					
Family history of substance abuse	Yes	57	28.9	80	24.5
	No	140	71.1	246	75.5
Family history of criminal offence	Yes	29	14.7	6	1.8
	No	168	85.3	320	98.2
Family history of mental disorders	Yes	20	10.2	8	2.5
	No	177	89.8	318	95.7
Experiences of Family violence	Yes	154	78.2	198	60.7
	No	43	21.8	128	39.3
Types of abuse by the family	Physical	127	64.5	98	30.1
	Emotional	178	90.4	320	98.2
	Neglected	21	10.7	0	0.0
	Sexual	5	2.5	0	0.0
Experience of substance abuse	Yes	78	39.6	17	5.2
	No	119	60.4	309	94.8

Table 4.4 shows that a large number of juvenile offenders (13.2%) were growing up without a family relationship compared with non-offenders (4.9%). A significant difference

was observed where a juvenile offenders had lost either or both parents (14.7%) and the percentage for non-offenders (2.8 %). A high proportion of juvenile offenders (6.6%) do not have any connection with family members, where it is very rare for non-offenders (0.3%). About 81.7% juvenile offenders and 4.3% non-offenders have come from broken families. Juvenile offenders are perceived more negatively about their relationship with parents such as friendly (21.8%), well (68.0%), conflicting (5.6%) and abusive (4.5%) than non-offenders as friendly (49.7%), well (49.7%) and conflicting (0.6%). Living without family, no family bonding, broken family and negative child-parent relationship are found high in percentage among the juvenile offenders' groups.

Experiencing adverse conditions in childhood was found more common among the juvenile offenders rather than non-offenders. Higher percentage of history of substance abuse (28.9%), criminal involvement (14.7%), mental disorder of the family members (10.2%) and being abused by the family members (78.2%) were found among the juvenile offenders than the counterpart. However, non-offender juveniles also experienced the adverse condition such as history of substance abuse (24.5%), criminal involvement (1.8%), mental disorder of the family members (2.5%) and being abused by the family members (60.7%). It seemed that criminal involvement and mental disorder of the family members among the juvenile offenders are significantly higher than that of the counterparts.

The table also indicates that juvenile offenders are abused physically (64.5%), emotionally or mentally (90.4%), being neglected (10.7%) and sexually (2.5%) where non-offenders were abused physically (30.1%), emotionally or mentally (98.2%).

About 40% juvenile offenders have experiences of substance abused before coming to the CDSs where only 5.2 % mainstream school going juvenile have experiences of substance abused.

Section 4.2 Comparative Analysis of psychological state i.e. Depression, Anger, Anxiety and Self-concept

The objective of this section is to assess the psychological state i.e. depression, anger, anxiety and Self-concept between offender and non-offender juveniles that reflect research objective 1. The mean differences (t-test) and category differences of level (X^2) among the depression, anger, anxiety and Self-concept are presented in the table 4.5 and table 4.6 respectively.

Table: 4.5

Mean, Standard Deviation and t value of Depression, Anger, Anxiety and Self-Concept of Total Sample

Social and emotional impairment variables	Types of offenders	n	Mean	SD	df	t
Depression	Juvenile offenders	197	76.90	10.37	521	7.25***
	Non-offenders	326	70.65	8.99		
Anger	Juvenile offenders	197	71.39	9.36	521	6.96**
	Non-offenders	326	67.88	8.94		
Anxiety	Juvenile offenders	197	76.70	11.30	521	4.26***
	Non-offenders	326	70.40	9.15		
Self-concept	Juvenile offenders	197	60.48	6.36	521	0.41
	Non-offenders	326	60.23	7.01		

P<.01*P<.001

Table 4.5 shows that as a social and emotional impairment variable, depression score of the juvenile offenders (mean = 76.90; sd = 10.37) was higher than the non-offenders (mean = 70.65; sd = 8.99) and the difference is statistically significant ($t = 7.25, P < .001$). The mean score of anger of the juvenile offenders (mean = 71.39; sd = 9.36) was found higher than the non-offenders (mean = 67.88; sd = 8.94) score and t value is 6.96 ($P < .01$), which is significant. Results also show that anxiety score of the juvenile offenders (mean = 76.70; sd = 11.30) was significantly higher than the non-offenders' group (mean = 70.40; sd = 9.15) and t value is 4.26 ($P < .001$). The mean scores of Self-concept of juvenile offenders (mean = 60.48; sd = 6.36) and the non-offenders (mean = 60.23; sd = 7.01) were similar and the difference was not significant.

The findings reveal that three out of four social and emotional impairment variables such as depression, anger and anxiety are significantly high among the juvenile offenders than that of counterparts. The scores of the Self-concept of the two groups are not found statistically significant.

Table 4.6

Percentage of Categories with Chi-Square of Depression, Anger, Anxiety and Self-concept of Total Sample

Social and emotional impairment Variables	Types of offenders	n	Average and below		Mildly elevated		Moderately elevated		Extremely elevated		X ²
			n	%	n	%	n	%	n	%	
			Depression	Juvenile offenders	197	0	0	1	0.5	49	
	Non-offenders	326	6	1.8	11	3.4	152	46.6	157	48.2	
Anger	Juvenile offenders	197	3	1.5	14	7.1	71	36.0	109	55.3	22.53***
	Non-offenders	326	11	3.4	32	9.8	171	52.5	112	34.4	
Anxiety	Juvenile offenders	197	2	1.0	9	4.6	44	22.3	142	72.1	15.22*
	Non-offenders	326	16	4.9	16	4.9	109	33.4	185	56.7	
Self-concept	Juvenile offenders	197	32	6.2	39	19.8	120	60.9	6	3.0	3.63
	Non-offenders	326	54	16.6	73	22.4	196	60.1	3	0.9	

*P<0.05, **P<0.01, ***P<0.001

The chi-square results (See table 4.6) show that three-fourths juvenile offenders are extremely elevated and about one-fourth are moderately elevated impairment of depression scale where 48.2% and 46.6% non-offenders are extremely elevated and moderately elevated impairment of depression scale respectively. The value of chi-square was 37.97 which is highly significant (P<0.001). In the anger score, average and below (1.5%), mildly elevated (7.1%), moderately elevated (36.0%) and extremely elevated (55.3%) were found among the juvenile offender group, and, average and below (3.4%), mildly elevated (9.8%), moderately elevated (52.5%) and extremely elevated (34.4%) were found among the non-offender group. The difference among the two groups is statistically significant (X² = 22.53; P<0.001). It was

found that the anxiety related impairment were average and below (1.0%), mildly elevated (4.6%), moderately elevated (22.3%) and extremely elevated (72.1%). for the juvenile offender group, where average and below (4.9%), mildly elevated (4.9%), moderately elevated (33.4%) and extremely elevated (56.7%) have been sufferings from the same impairment in the non-offender group.

The anxiety related impairment is found higher among the juvenile offenders and its difference is statistically significant ($X^2 = 15.22$; $P < 0.05$). Furthermore, the percentages of Self-concept categories of impairment among the juvenile offender and non-offender group are found different which is not significant ($X^2 = 3.63$). The percentages of impairment categories of Self-concept are average and below (6.2%), mildly elevated (19.8%), moderately elevated (60.9%) and extremely elevated (3.0%) for juvenile offenders. The percentages of impairment of Self-concept are average and below (16.6%), mildly elevated (22.4%), moderately elevated (60.1%) and extremely elevated (0.9%) for non-offenders.

From the discussion, it can be observed that the juvenile offenders those who are living in CDCs are suffering from depression, anger and anxiety related social and emotional impairment. These kinds of behavioral manifestation are exhibited moderately and extremely high level among the juvenile offenders rather than mainstream school going group. On the other hand, self-concept as a behavioral manifestation is found moderately high in both groups.

Section 4.3 Behavioral indicators of the juvenile offenders and non-offenders

The objective of the section is to identify the common behavioral indicators which are exhibited into internalized and externalized behaviors of juvenile offenders and non offender

group. This section describes the study objective 2. The results of the section are presented by rank order (mean ranking) in the table 4.7 and percentage of top ranking table 4.8 respectively

Table 4.7

Rank Order (mean ranking) of the Top Three Behavioral Manifestation of the Juvenile Offenders and Non-Offenders Group

S L	Perception of behavioral indicators about self and others selves	Mean rank of self evaluation		Mean rank of others self evaluation	
		Offenders (n=197)	Non-offender (n=326)	Offenders (n=197)	Non-offender (n=326)
01	Quarreling with others	1.70(10)	2.20(10)	1.63(73)	1.53(132)
02	Guilty feeling	1.80(21)	1.64(17)	1.81(11)	2.00(12)
03	Crying /shouting without any reasons	1.89(19)	1.91(12)	2.08(25)	2.33(15)
04	Mistrust	1.91(12)	1.93 (45)	1.80(20)	1.91(45)
05	Feeling bad in mind	1.62 (95)	2.06(104)	1.72(40)	1.65(52)
06	Feeling of loneliness	1.82(80)	1.93(58)	1.80(15)	1.76(13)
07	Self mutilation	1.83(6)	2.16(12)	2.38(21)	2.11(26)
08	Arguing with others without any reasons	2.75(4)	2.08(23)	2.00(22)	2.25(46)
09	Inattentive to reading and writing	1.84(13)	2.0(30)	2.29(17)	2.02(87)
10	Aggressive behavior with others	2.5(2)	2.0(3)	1.64(50)	1.78(56)
11	Locking self in room	2.00(9)	2.00(16)	1.50(2)	2.71(7)
12	Lack of interest to participate at work	2.27(11)	2.0(46)	2.10(6)	2.00(46)
13	Sexualized behaviors	2.50(2)	1.50(10)	2.11(9)	1.88(17)
14	Attention seeking	2.0(27)	1.93(90)	2.00(11)	2.15(26)

S L	Perception of behavioral indicators about self and others selves	Mean rank of self evaluation		Mean rank of others self evaluation	
		Offenders (n=197)	Non-offender (n=326)	Offenders (n=197)	Non-offender (n=326)
15	Scared without any reasons	2.5(16)	2.09(33)	2.66(6)	2.55(9)
16	Tendency of pick pocketing	-	-	2.08(25)	2.28(07)
17	Drug addiction	2.5(4)	2.33(3)	1.83(42)	2.21(37)
18	Anxious	2.21(61)	2.07(52)	2.23(21)	2.53(15)
19	Playing games and enjoying all the time	1.82(63)	1.71(144)	2.00(55)	1.82(69)
20	Irritate others	1.66(3)	2.60(10)	2.66(6)	2.25(35)
21	Become bore easily	2.46(13)	2.27(37)	2.25(8)	2.03(27)
22	Disagreeing to wear appropriate dress	2.00(3)	2.00(3)	2.25(4)	2.25(4)
23	Irrelevant dress up and make up	2.40(5)	2.00(10)	2.40(5)	2.50(10)
24	Feeling shyness all the time	2.22(9)	1.94(52)	2.50(2)	2.07(27)
25	Disobey the rules	2.25(4)	2.30(13)	2.57(26)	2.42(54)
26	Telling lie	2.66(6)	2.08(12)	2.40(35)	2.22(50)
27	Low self esteem	2.20(25)	2.23(21)	1.83(6)	2.00(10)
28	Obsessive thoughts	2.36(55)	2.25(104)	2.42(14)	2.91(24)

Table 4.7 shows that juvenile offenders identified more internalized behaviors about the perceived behavioral manifestation of themselves where the non-offender juveniles explored more externalized behaviors. It can be seen that the top mean rank out of the selected 28 behavioral manifestation is perceived by the juvenile offenders and non-offenders about themselves and others. The top ten lowest mean ranks about the perception of the behaviors of self by the juvenile offenders are 1) feeling bad in mind (1.62) ; 2) irritating others (1.66); 3) quarreling with others (1.70); 4) guilt feeling(1.80); 5) feeling of loneliness (1.82); 6) playing

games and enjoying all the time (1.82); 7) self mutilation (1.83); 8) inattentive reading and writing (1.84); 9) crying without any reasons (1.89) and 10) mistrust (1.91). As for the counterparts, the perception of the non-offender juveniles about their behaviors are 1) sexualized behaviors (1.50) ; 2) guilt feeling (1.64); 3) playing games and enjoying all the time (1.71); 4) crying without reasons/shouting without any reasons (1.91); 5) mistrust (1.93); 6) feeling of loneliness (1.93); 7) attention seeking behaviors (1.93); 8) feeling shyness all the time (1.94); 9) aggressive behavior with others (2.0); and 10) inattentive to reading and writing (2.0).

The top ten lowest mean rank about the perception of the behaviors of others by the juvenile offenders are 1) locking self in room (1.50); 2) quarreling with others (1.63); 3) aggressive behaviors with others (1.64); 4) feeling bad in mind (1.72); 5) feeling of loneliness (1.80); 6) mistrust (1.80); 7) guilt feeling (1.81); 8) drug addiction (1.83); 9) low self esteem (1.83) and 10) attention seeking behaviors (2.00). The counterpart of the juvenile offender group, the non-offender juvenile group, perceived the following about other juveniles of the same age: 1) quarreling with others (1.53) ; 2) feeling bad in mind(1.65); 3) feeling of loneliness (1.76); 4) having aggressive behaviors (1.78); 5) playing games and enjoying all the time(1.82); 6) having sexualize behaviors (1.88); 7) mistrust (1.91); 8) having low self esteem (2.00); 9) guilt feeling(2.0); and 10) lack of interest to participate at work (2.0).

From the discussion it can be reflected that juvenile offender and non-offender group have explored the same number of internalized behaviors and externalized about the perceived behavioral manifestation of other juveniles.

Table 4.8

Percentage of Top First Ranking of Behavioral Manifestation of the Juvenile Offenders and Non-offenders Group

S L	Perception of behavioral indicators about self and other selves	Top ranking by self (%)		Top ranking about other self (%)	
		Offenders (n= 197)	Non-offenders (n=326)	Offenders (n=197)	Non-offender (n=326)
01	Quarreling with others	2.5	0.6	19.8	25.5
02	Guilty Feeling	4.1	3.4	2.0	0.6
03	Crying /shouting without reasons without any reasons	4.6	1.8	4.1	0.9
04	Mistrust	3.0	5.5	4.6	5.2
05	Feeling bad in mind	26.4	10.1	9.1	8.9
06	Feeling of loneliness	16.2	6.4	3.0	1.8
07	Self mutilation	0.5	0.9	1.5	2.1
08	Arguing with others without any reasons	0.0	2.1	3.6	4.6
09	Inattentive to reading and writing	2.5	2.1	2.0	8.3
10	Aggressive behavior with others	0.0	0.3	12.7	7.4
11	Locking self in room	1.5	1.8	0.5	0.0
12	Lack of interest to participate at work	0.5	4.6	0.0	4.3
13	Sexualized behaviors	0.0	1.8	1.0	1.5
14	Attention seeking	5.1	9.2	1.5	1.5
15	Scared without any reasons	1.0	2.5	0.0	0.3

S L	Perception of behavioral indicators about self and other selves	Top ranking by self (%)		Top ranking about other self (%)	
		Offenders (n= 197)	Non- offenders (n=326)	Offenders (n= 197)	Offenders (n= 197)
16	Tendency of pickpocketing	0.0	0.0	3.6	0.0
17	Drug addiction	0.5	0.0	8.1	1.8
18	Anxious	6.6	4.0	1.5	0.6
19	Playing games and enjoying all the time	13.7	22.1	10.2	9.5
20	Irritate others	0.5	0.3	0.0	1.8
21	Become bore easily	0.0	2.1	0.0	2.1
22	Disagreeing to wear appropriate dress	0.0	0.3	0.0	0.3
23	Irrelevant dress up and make up	0.0	0.9	0.5	0.6
24	Feeling shyness all the time	1.0	6.1	0.0	2.5
25	Disobey the rules	0.0	.6	1.5	2.1
26	Telling lie	0.5	0.3	3.6	3.1
27	Low self esteem	2.0	1.5	1.5	0.3
28	Obsessive thoughts	5.6	6.7	1.0	2.1

Table 4.8 indicates top ranking of the behavioral manifestation perceived by juvenile offenders of themselves. It has been found that, 1) feeling bad in mind (26.4%), 2) feeling of loneliness (16.2%), 3) playing games and enjoying all the time (13.7%), 4) anxious (6.6%), 5) obsessive thoughts (5.6%), 6) attention seeking behaviors (5.1%), 7) crying without any reasons(4.6%), 8) guilt feeling(4.1%), 9) mistrust(3.0%) and 10) quarreling with others (2.5%) expressed as common behavioral manifestation by the juvenile offenders. The non-

offender juveniles have identified as behavioral manifestation about themselves: 1) playing games and enjoying all the time (22.1%), 2) feeling bad in mind (10.1%), 3) attention seeking (9.2%) 4) obsessive thoughts (6.7%), 5) feeling of loneliness (6.4%), 6) feeling shyness all the time (6.1%), 7) mistrust (5.5%), 8) lack of interest to participate at work (4.6%), 9) anxious(4.0%) and 10) guilt feeling (3.4%).

Juvenile offenders have expressed behavioral manifestation about others which are: quarreling with others (19.8%), aggressive behavior with others (12.7%), playing games and enjoying all the time (10.2%), bad feeling in mind (9.1%), drug addiction (8.1%), mistrust (4.6%), crying without reasons/shouting without any reasons (4.1%) , arguing with others without any reasons (3.6%), telling lie (3.6%) , and tendency of pickpocketing (3.6%). Furthermore, the non-offender juveniles have identified as behavioral manifestation of others which are: quarreling with others (25.5%), playing games and enjoying all the time (9.5%), feeling bad in mind (8.9%), inattentive to reading and writing (8.3%), aggressive behavior with others (7.4%), mistrust (5.2%), arguing with others without any reasons (4.6%), lack of interest to participate at work (4.3%), disagreeing for making wrong /telling lie (3.1%) and feeling shy all the time (2.5%).

It seems that offenders group has explored internalized behaviors i.e. feeling bad in mind, loneliness, anxious, obsessive thoughts, guilt feeling and mistrust for themselves and externalized behaviors, such as, quarreling with others, aggressive behavior with others playing games and enjoying all the time , drug addiction, crying without reasons/shouting without any reasons , arguing with others without any reasons, telling lie , and tendency of pickpocketing.

Section 4.4 Socio-economic and Psychological Predictors of Juvenile Offenders

The objective of the section is to ascertain the psycho-social predictors such as socio-economical (educational, SES and living place) and psychological (familial and adverse childhood) factors of the juvenile offenders by considering the total sample. The results of the section are presented in the tables of 4.9 to 4.11 and it reflects the study objective 3.

Table 4.9

Binary Logistic Regression Analysis of the Social Predictors of the Juvenile Offenders

Educational and SES Factors	Coefficients	S.E.	Wald	Exp(B)/	95.0% CI EXP(B)	
	B		(X ²)	OR	Lower	Upper
Social (Educational)factors						
Educational attainment	-.179	0.04	24.16***	0.83	0.77	0.89
Enrollment of school	-.342	0.19	3.30	0.70	.487	1.027
Dropout from education	.030	.012	5.97**	1.03	1.006	1.055
Socio-economic factors						
SES	-.061	.016	14.63***	0.94	0.91	0.97
Living place	.091	.171	.282	1.09	0.78	1.53

*P<0.05, **P<0.01, ***P<0.001

Table 4.9 shows the logistic regression equation that the coefficient for educational attainment is – 0.179, which is negative. The logistic regression analysis shows that educational attainment is a significant predictor as tested by Wald's $X^2 = 24.16$ on 1 df, which is significant at $p = 0.001$. The value of log odds ratio (OR) or Exp (B) is 0.83. It means that

one point deterioration in educational attainment, the chance of juvenile offenders increase by 0.83.

Enrollment of school has been found as one of the predictive factors with juvenile offenders. The negative coefficient for enrollment of school with juvenile offenders is -0.342 . The value of logistic regression is a predictor as tested by Wald's $X^2 = 3.30$ on 1 df, which is not statistically significant. It indicates that one point deterioration in enrollment of school, the chance of juvenile offenders increase by 0.70.

The logistic regression equation shows that the coefficient for school dropout is 0.030 and it is positive. The logistic regression analysis shows that school dropout is a significant predictor as tested by Wald's $X^2 = 5.97$ on 1 df, which is significant at $p = 0.01$. The value of log OR or Exp (B) is 1.03. If dropout rate increases in one point, there will be a 3% higher chance to be juvenile offender.

For considering the socio-economic status (SES), the coefficient of logistic regression equation is -0.061 and it is negative. The logistic regression analysis shows that SES is a significant predictor as tested by Wald's $X^2 = 14.63$ on 1 df, which is significant at $p = 0.001$. The value of log odds ratio or Exp (B) is 0.94. It means that if SES increases in one point, the chance of juvenile offence among the juveniles by 0.94.

The logistic regression equation shows that the coefficient for living place either is town/city or village area is 0.09 and it is positive. The logistic regression analysis shows that living place is a predictor as tested by Wald's $X^2 = 0.282$ on 1 df, which is not significant. The value of log OR or Exp (B) is 1.09. It indicates that if the increase on point in the living place at town, there will be a 9% higher chance to be a juvenile offender

Table 4.10

Binary Logistic Regression Analysis of the Psychological Predictors of the Juvenile Offenders

Familial Factors	Coefficients B	S.E.	Wald (X^2)	Exp(B)/ OR	95.0% C.I. for EXP(B)	
					Lower	Upper
Parents alive or not	1.805	0.393	21.06***	6.080	2.81	13.14
Living with family	.350	0.110	10.10**	1.419	1.14	1.76
Connection with family	-.074	0.039	3.58*	.928	.86	1.00
Living with parents or not	.006	0.006	1.15	1.00	.99	1.01
Child-parent relationship	1.27	0.183	48.36***	3.56	2.49	5.10

* $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$

It shows (See table 4.10) from the binary logistic regression equation that the coefficient of parental alive with juvenile offenders is 1.80 and this predictor as tested by Wald's $X^2 = 21.06$ on 1 df, which is significant ($p = 0.001$). The value of log odds ratio or Exp (B) is 6.08. It indicates that if parents are alive, there is a 6 times more chance to be an offender.

Living with family has been found as a predictor for being a juvenile offender. The coefficient of the regression equation is 0.35 ($X^2 = 10.10$; $df = 1$) which is significant at $p = 0.01$. The value of log odds ratio or Exp (B) is 1.41. It indicates that juveniles who are living with family have a 41% chance to be an offender compared to those who are not living with family.

The juveniles who do not have a connection with family are at a higher risk to become offenders. The coefficient of the regression equation is -0.07, which is a predictor as tested by Wald's $X^2 = 3.58$ on 1 df, which is significant at $p = 0.05$. The value of log odds ratio or

Exp (B) is 0.928. It means that connection with family increases, the more chance is to be juvenile offender

Parent living with together or not is not found as a predictor to become juvenile offender. The coefficient of regression equation is 0.006 ($X^2 = 1.15$; and $df=1$) and it is not significant. The value of log odds ratio or Exp (B) is 1.00. Finding indicates that if the parent living together increases, the chance of becoming juvenile offender is found same.

Considering the child-parent relationship of the juvenile, the coefficient of logistic regression equation is 1.27. The logistic regression analysis shows that child-parent relationship is a significant predictor as tested by Wald's $X^2 = 48.36$ ($df=1$ and $p = 0.001$) which is significant. The value of log odds ratio (OR) or Exp (B) is 3.56. It indicates that having good relation with parents increase the chance of being an offender.

Table 4.11

Binary Logistic Regression Analysis of the Psychological Predictors of the Juvenile Offenders

Adverse Childhood Factors	Coefficient	S.E.	Wald	Exp(B)/	95.0% C.I. for EXP(B)	
	B		(X ²)	OR	Lower	Upper
Family history of substance abuse	.225	0.20	1.22	1.25	.841	1.86
Family history of criminal involvement	2.22	0.45	23.44***	9.20	3.74	22.61
Family history of mental illness	1.502	0.42	12.27***	4.49	1.93	10.40
Experiences of family violence	.840	.20	16.54***	2.31	1.54	3.47
Experience of physical abused by family	1.44	.19	56.43***	4.22	2.89	6.14
Experience of emotional abuse by family	-1.73	.47	13.26***	0.176	.069	.448
Experience of substance abuse of the juveniles	2.48	.289	73.71***	11.91	6.76	20.97

*P<0.05, **P<0.01, ***P<0.001

Table 4.11 shows the binary logistic regression equation that the coefficient of history of substance abuse of the family members with juvenile offenders is 0.22 and this predictor as tested by Wald's $X^2 = 1.22$ on 1 df, which is not found significant. The value of log odds ratio or Exp (B) is 1.25. It indicates that those who have family history of substance abuse, juveniles have a 25% more chance to be offender than those who have not.

The coefficient logistic regression (binary) equation of having criminal involvement history of the family members with juvenile offenders is 2.22. The logistic regression analysis

shows that having criminal involvement history of family member is a significant predictor as tested by Wald's $X^2 = 23.44$ (df= 1; p = 0.001). The value of log odds ratio or Exp (B) is 9.20. It indicates that if the family history of criminal engagement of the juvenile, they have more than 9 times higher chance to be offender than those who have not.

For considering the mental disorder of the family members, the coefficient logistic regression (binary) equation is 1.50. The logistic regression analysis shows that having criminal involvement history of family member is a significant predictor as tested by Wald's $X^2 = 12.27$ on 1 df which is significant at p = 0.001. The value of log odds ratio or Exp (B) is 4.49. The finding suggests that those who have family history of mental illness, juveniles have more than 4 times higher chance to be offender than those who have not.

Table 4.11 shows that the coefficient of experiences of the family violence towards juvenile offenders is 0.84 and this predictor as tested by Wald's $X^2 = 16.54$ on 1 df, which is found significant. The value of log odds ratio or Exp (B) is 2.31. The coefficient logistic regression of being abused physically by the family members of juvenile offenders is 1.44. The logistic regression analysis shows that having experiences of physically abused is a significant predictor as tested by Wald's $X^2 = 56.43$ (df= 1; p = 0.001). The value of log odds ratio or Exp (B) is 4.22. It reveals that juveniles, who have experience of physical abuse by the family members, have more than 4 times higher chance to be offender than those who did not experience of physical abuse.

It also shows that having experiences of emotional abuse by family members of juvenile offenders, the coefficient logistic regression (binary) equation is -1.73 and the relationship is negative. The predictor as tested by Wald's $X^2 = 13.26$ on 1 df which is

significant at $p = 0.001$. The value of log odds ratio or Exp (B) is 0.17. It indicates that juveniles who have experiences of emotional abuse by the family members, there are 17% more chance to be offender than those who are not experienced of emotional abuse

For considering the experiences of substance abuse of the juvenile, the coefficient logistic regression (binary) equation is 2.48. The logistic regression analysis shows that having substance abuse of the juvenile is a predictor as tested by Wald's $X^2 = 73.71$ on 1 df which is significant at $p = 0.001$. The value of log odds ratio or Exp (B) is 11.91. It suggests that juveniles who have experienced substance abuse, they have about 12 times higher chance to be offender than those who are not experienced of substance abused.

Section 5 Functional Support and Care System for Juvenile Offenders

The objective of the section is to identify the gaps of the functional support and care for the juveniles according to the perception of the offenders' and non-offenders' group. The section also aims to see the differences of functional support system of the three CDCs. Tables 4.12 to 4.13 show the results of this section and it reflects the objective 4.

Table 4.12

Mean, Standard Deviation and t value of the Functional Support and Care Scale for Offenders and Non-offenders Group

Types of offenders	n	Mean	Standard deviation	df	t
Juvenile offenders	197	60.34	13.99	521	4.50***
Non-offenders	326	55.60	10.01		

*** $P < 0.001$

It shows (See table 4.12) the mean difference of the functional support and care of the CDCs where the juvenile offenders are staying and mainstream school environment. The findings shows that juvenile offenders' group (mean = 60.34; sd = 13.99) has showed positive perception about the functional support and care of the center rather than the non-offender group (mean = 55.60; sd = 10.01) and this difference found statistically significant ($t = 4.50$; $P < 0.001$).

Table 4.13

Mean and Standard Deviation of the Functional Support and Care Score for the Juvenile Offender according to Child Development Centers

Types of offenders	n	Mean	SD	F
Tongi (boys)	100	61.65	14.39	
Gazipur (girls)	22	67.54	10.85	6.54**
Jashore (boys)	75	56.49	13.23	

Note: df (2, 194), ** $P < 0.01$,

Table 4.13 shows the mean difference of the functional support and care of the three CDCs where the juvenile offenders are staying and the differences are found statistically significant ($F = 6.54$; $df = 2 \text{ \& } 194$ and $P < 0.01$). The findings shows that girls' offender group (mean = 67.54; sd = 10.85) have evaluated high functional support and care than that of other two centers (Dhaka and Jashore) where male offenders are staying. The mean shows (See table 3.12) that juvenile offenders of Tongi center (mean = 61.65; sd = 14.39) have been positively evaluated in the functional support and care than the offenders of Jashore center (mean = 56.49; sd = 13.23).

Chapter Five

Discussion

This chapter presents the discussion of the research findings. Besides the discussion, the limitations and recommendations of the study are discussed and at the end of the section and the concluding remarks have been presented. In the following paragraphs, the discussion section will review the objectives and methodological information of the study.

5.1 Overview of the Discussion of the Study

In order to explore the behavioral manifestation and psycho-social predictors of the juvenile offenders, the study aims were to ascertain the depression, anger, anxiety and self-concepts; to identify the common behavioral outcome and to predict the social and psychological factor of juvenile offenders in the context of Bangladesh. The research has also been conducted to identify the gaps of the functional support and care of the CDCs. Juvenile offenders' group as sample of the study, was drawn from the CDCs which is operated by Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW) of the Government of Bangladesh. A same aged group of juveniles were selected from the mainstream educational institutions under the Ministry of Education (MoE) as the comparison group.

By the completion of data collection as reflected in the results, the mean ages of both groups are almost same which is 15.63 years for offender group and non-offender group is 14.10 years. The gender distribution is found largely different in juvenile offenders group. Male offender group is 88.30% and non-offender is 52.10%. The mean of the number of family members of the offender and non-offender group are 5.17 and 4.81, respectively.

The data were collected through interview technique. The discussion looks at the results representing the designed research objectives (see chapter one).

5.1.1 Identifying the Socio-economic and Psychological factors

Socio-economic factors: Considering the educational attainment of the sample, the juvenile offenders completed near about seven years of education which is below the secondary school certificate level. About one-fifth of the juvenile offenders are illiterate and did not go to school. It is also found that one-fourth of juvenile offenders did not complete primary education (Up to 5th grade). A significant number (12.7%) of juvenile offenders had to leave their education for various reasons mainly family. The family income of this group is less than the average per capita income of the population in Bangladesh (USD 1466).

Juvenile offenders have more than five members in their family where non-offender group has more than three members. The education level of the parents of the offender group is low. On average, both father and mother of the sample group did not complete primary education.

Results show that two-thirds of juvenile offenders are living in a town or city area. Along with the discussion about the income of the family, educational attainment of the parents and professionals of the father, the social classes are categorized as lower class, middle class and upper class. Findings show that more than half of the juvenile offenders are from a middle-class family, and one third are from the lower-class family background. About 2% of juvenile offenders are from upper social economic class.

Psychological factors: Focusing on the familial condition i.e. living with the family or not, if parents are alive, connection with family, parental relationship and relationship between parents and child are explored as psychological factors in the study. Finding suggested that significant number of juvenile offenders did not live with the family. It seems that before engaging in unlawful behaviors, juvenile offenders lived without the guidance of

family or involved in child labor condition. A high number of juvenile offenders (15%) are growing as an orphan that indicates that either mother or father or both were not alive. No connection with family is another high-risk factor found to be involved in unlawful behaviors by juvenile offenders. About 7% of juvenile offenders reported that they did not have any connection with their family before engaging the criminal activities. Broken family is one of the risk factors to be the offender for juveniles. The study finding shows that near about one-fifth of juvenile offenders have come from the broken family, their parents are either separated or divorced. The relationship between parents and juvenile offenders is also found as a risk factor for getting involved in unlawful activities. The data shows that about 10% of offender reported that they have abusive and conflicting relationship with their parents.

Adverse childhood experiences are identified as risk factors of engaging in criminal offence by the juveniles. In the study: history of substance abuse of the family, criminal involvement of the family, mental disorders of the family, family violence, physical abused by the family members and being neglected were found more associated with juvenile offenders than non offenders group.

Experiences of substances abuse have been considered as adverse childhood factor. The data of the study shows that there is a link between adverse childhood experiences and getting engaged in juvenile offences. About one-third of the juvenile offenders have a history of substance abuse by the family members, either their parents or brothers were addicted to substances. A significant number of juvenile offenders' family members were in jail or arrested by law enforcement agencies for engaging in criminal offences. About 10% of juvenile offenders had lived with a mentally ill or disorderly person within the family. High exposure to family violence is found as a risk factor for juvenile offenders. More than two-

thirds juvenile offenders reported that they were exposed to violence within their family environment. In terms of types of violence generated by the family members, emotional abuse (90.4%) were rated the highest. Near about two-thirds of the juvenile offenders have been abused physically and more than 10% of juvenile offenders have experienced negligence of the basic needs of their lives. About 2.5% of juvenile offenders have been abused sexually within the family environment before engaging the unlawful activities as juveniles.

Exposure by the substance abuse of the juveniles is one of the risk factors to be involved in criminal activities. The results indicated that about 40% of juvenile offenders abused substance such as cigarette, ganja, gull, alcohol, yabba and other types of substances before coming to the CDCs.

5.1.2 Assessing the Depression, Anger, Anxiety and Self-concept

As measurement of social and emotional impairments of mental health problems of the juvenile offenders, depression, anger, anxiety and self-concept were assessed. Findings revealed that three to four mental health problems such as depression, anger and anxiety were found significantly high among the juvenile offenders than that of the compared group.

The score of depression indicated that three-fourth (74.6%) of the juvenile offenders seem extremely elevated and the rest of the offenders seems to belong to moderately elevated category. This finding indicates the juvenile offenders are suffering from a high level of depression in the CDCs. Different studies have found similar findings. Abram, McClelland, Dulcan & Mericle (2002) pointed out that young offenders' experience depression in a high percentage. In the juvenile justice system, estimates suggest that approximately 15% to 30% have been diagnosed with depression (Weiss and Garber, 2003) and 3%–7% have diagnoses of bipolar disorder (Topline and others; 2002) and 10%-25% of youth in the juvenile system

have been seen mood disorders, mostly depression (Wasserman and other, 2002). Near about half of the non-offender juveniles are seen as extraordinarily elevated and moderately elevated category, respectively of depression.

Anger is one of the constructs of externalized behavioral manifestation of juvenile offenders which is assessed in the study. Results suggested that more than half of the juvenile offenders (53.3%) are in the extraordinarily elevated and one-third are in the moderately elevated category of anger respectively. As the counterpart of the group, one-third and half of the non-offender juveniles are in extremely elevated and moderately elevated level anger respectively. A recent study conducted by Yang Shao (2019) found that compared to a healthy control group, the intermittent group displayed a higher level of state anger, trait anger, and anger expression-out. Connor (2002) acknowledges that there is a more significant threat of aggression or harm than any other youth.

Like other two social and emotional impairments, anxiety is found high among the juvenile offenders as outcome of behavioral manifestation within the CDCs. Near about three-fourths (72.1%) of the juvenile offenders have been suffering from anxiety in extremely elevated category. These findings are consistent with other studies (Timmons, 1997; Ovaert, Cashel and Sewell, 2003; & Wasserman and colleagues 2010) where anxiety disorders were found less frequently investigate in young offenders than other psychiatric problems (Vermeiren, 2003) but anxiety disorder was found to be present in 52% of young male offenders and 72% of young female offenders (Timmons 1997). Ovaert, Cashel and Sewell (2003) noted, that, young offenders are commonly exposed to very high levels of violence in both family and community settings. Across three-justice settings (system intake, detention, and secure post-adjudication) it was found that 20 per cent met the criteria for anxiety

disorders (Wasserman et al., 2010). More than one-fifth of the offenders exhibited moderately elevated level of anxiety. The non-offender juveniles also exhibited one-third of moderately elevated and half of the extremely elevated level of anxiety. However, in a recent study, Roshni and colleagues (2018) found that there is no significant difference between the delinquent and non-delinquent group concerning the levels of anxiety.

Findings indicate that more than half of the juvenile offenders and non-offenders demonstrated moderately elevated level of Self-concepts. For the Self-concepts, 19.8% offenders and 22.4% non-offenders are respectively exhibited mildly elevated. However, self-concept category of impairment among the juvenile offender and non-offender group are found different but not statistically significant. A study conducted by Shivakumara and Halyal (2010) found that delinquent adolescents have a lower level of self-concept than normal adolescents. Another study showed that higher self-concept would be related to lower delinquency. Self-concept scores of delinquents are highest for non-delinquents (Levy, 1997).

In summary, the findings reveal that depression, anger and anxiety-related social and emotional impairments of mental health are more common among the juvenile offenders. These kinds of mental health problems of the juvenile offenders are found moderately and in extreme high level than non-offender juveniles. On the other hand, a self-concept as a mental health problem is found moderately high in both groups, which does not significantly differ.

5.1.3 Exploring the Behavioral Manifestation

This section of the discussion presents the behavioral indicator as behavioral manifestation of the juvenile offenders and non-offenders by perceiving themselves and others' self through rating scale. There were 28 behavioral indicators, and they had to identify from the 28, three and rate that in ordinal scale.

Results show that juvenile offenders perceived about their top ten behaviors shown by themselves through rank order (mean ranking) techniques which are i) feeling sad in mind, ii) irritating others, iii) quarreling with others, iv) guilt feeling, v) playing games and enjoying all the time, vi) feeling of loneliness, vii) self-mutilation, viii) inattentive to reading and writing, ix) crying without reasons/shouting without any reasons, and x) mistrust. On the other hand, the perception about others peers' behaviors are i) locking self in the room, ii) quarreling with others iii) aggressive behavior with others iv) feeling bad in mind, v) feeling of loneliness, vi) mistrust, vii) guilt feeling, viii) drug addiction, ix) low self esteem and x) attention seeking behaviors. The results show that five to ten behavioral traits inclined to internalized and the rest externalized. It is also seen that sad feeling in mind, feeling of loneliness, guilt feeling and mistrust were identified as the common internalized behavioral outcome which is more related to emotional expression or feelings. It is also found that when juvenile offenders rated others behavior, they manifested extreme level of expressive behaviors such as locking self in room, quarreling with others, aggressive behavior with others, drug addiction, and attention-seeking behaviors.

For the top-ranking category of the perceived behaviors' exhibited by the juvenile offenders, it has also been found that out of top ten, six are of internalized nature. The order of the six is i) sad feeling in mind, ii) feeling of loneliness, iii) anxious, iv) obsessive thoughts, v) guilt feeling vi) mistrust. The rest of four are in externalized nature which are i) playing games and enjoying all the time, ii) attention-seeking, iii) crying without reasons/shouting without any reasons and iv) quarrelling with others.

Interestingly, the top-ranking category of perception of the behaviors manifested by the juvenile offenders, it was found that out of top ten, eight were in externalized nature. The

order of the eight i) quarrelling with others, ii) aggressive behavior with others, iii) playing games and enjoying all the time, iv) drug addiction, v) crying without reasons/shouting without any reasons, vi) arguing with others without any reasons vii) telling lie and viii) tendency of pickpocketing. The rest two are of internalized behaviors which are i) feeling bad in mind and ii) mistrust. The discussion indicates that eight to ten behaviors incline into externalized and rests of two are internalized. It is seen that feeling sad in mind and mistrust were in common in both self and other top-ranking categories. However, offenders group were given top ranking to feeling of loneliness, anxious, obsessive thoughts, and guilt feeling about themselves which are categorized as internalized behaviors. Furthermore, offenders manifested extreme level of externalized behaviors when rating others behavior such as quarrelling with others, aggressive behavior with others, playing games and enjoying all the time, drug addiction, crying without reasons/shouting without any reasons, arguing with others without any reasons, telling lie and tendency to pickpocket.

It can be summarized from this section that juvenile offenders at CDCs are perceived their behaviors which are needed to focus emotional expression or feelings. On the other hand when they rated others behaviors, they manifested more externalized behavior indicators. The findings suggest that the understanding of implicit behavior i.e. emotion or feeling expression of the juvenile offenders are emphasized rather than explicit behaviors which are observable to others.

5.1.4 Ascertaining the Socio-economic and Psychological Predictors

One of the objectives of the study is to investigate the psycho-social predictors, where both socio-economic and psychological factors are considered. As social factors, educational attainment, enrollment of school and school drop-out were selected.

Socio-economic predictors: Findings show that two factors out of three (educational attainment and school drop-out) were found significant correlated with juvenile offence. The school enrollment was not found significantly contributive to be juvenile offenders. Study findings also suggested that enrollment in educational institution does not contribute to juvenile offender. Dropping out from the school is found as one of the predictors for engaging offences by the juveniles. It appears that the drop-out of the juveniles is 3% of higher among offenders than the non-offenders. Educational attainment is negatively correlated with juvenile offenders, and was not found as a predictor. It seems that the less educational attainment is a risk, and more educational achievement is less risk of being juvenile offenders. Various studies have found that school-related variables are more significant contributing factors to delinquent behavior than the effects of either the family or friends (Delbert and Harwin 1974). These findings can be explained with control theory which assumed that attachment to others in society will decrease the possibility of deviant acts. Like, attachment to school was also found to be most significant among the non-delinquent and lower delinquency subject. Hirschi (1972) presented data that supports the causal chain that students who were unsuccessful academically and dislike school were more often involved in illegal behavior. Many studies point out that poor school performance was related positively with delinquent acts (Cohen, 1955 cited in Phillips and Kelly, 1979; Rhodes and Reiss, 1969; Agnew, 2001), while some studies reported the opposite (Offord et al., 1978). It can be expected from the studies that failure in school will be associated positively with delinquency.

Socio-economic status (SES) and the living place of the sample are considered as socio-economic factors for social predictors' section of this study. The results indicated that

there is a negative relationship between SES and becoming juvenile offenders. The study findings show that the lower economic condition is the higher risk of becoming juvenile offenders and the relationship of higher educational conditions with juvenile offences reverses. However, SES is not found as a positive predictor in the study. Moreover, it is found (See table 4.3) that middle-class group is in the highest percentage of juvenile offenders (65.5%) than the lower and upper class. The finding is evident with the theories of middle class of juvenile offenders. Middle-class delinquency theories have focused on changes in the structure of industrialized, modernized, and urbanized societies. Industrialization increases the wealth of society, social mobility, and the amount of leisure time available to its members. Family structures become less critical as agents of socialization, and other institutions such as the school are given a more critical role in the training and control of the young. The changing role of the family is considered by many to be a critical factor in the etiology of middle-class delinquency (Murrell and Lester, 1981). Albert Cohen (1955) noted that delinquency was not exclusively a working-class or lower-class phenomenon but in fact was found among adolescents at all levels of society. The finding is also supported by other researchers (Hirsch, 1971; Bandura & Walters, 1959; Wolfgang et al., 1972; Bohlke, 1961). However, a recent study revealed that engaged parenting and the mothers' social network support were linked to a lower level of delinquency in low-income families (Ghazarian & Roche, 2010). Another recent study found that youth whose families had experienced repeated poverty were more than twice as likely to be delinquent at 14 and 21 years of age (Najman & others 2010).

Moreover, the study conducted by Sarker (2001) in Bangladesh, showed more than 70% of the boys came from disadvantaged family under the poverty line. Studies conducted by Ahmadullah (1964) and Afsaruddin (1965) also in Bangladesh came with the similar

findings. Living place of juvenile offenders is found as a predictor, but it is not statistically significant. Living in the urban or rural areas do not matter anymore to be juvenile offenders. For further observation, it has been seen that the juvenile offenders come from the crowded areas of city areas specially in Dhaka city.

Psychological predictors: This study has also aimed to identify psychological predictors of juvenile offenders in the context of Bangladesh. Among the psychological predictors, the familial (parents alive or not, living with family, having connection with family, parental relationship living together or not and child-parent relationship) and adverse childhood experiences (family history of substance abuse, criminal involvement of family, family history of mental disorders, experiences of family violence in general and physical, mental and sexual abused by family) factors were explored in this research. The experience of substance abuse of juveniles is considered as a psychological factor for adverse childhood experiences.

In this study, four out of five familial factors i.e. parents living or not, living with family, having a connection with family and child-parent relationship, are found significantly associated with juvenile offenders. Parental living or not is found a significant positive relationship with juvenile offences. The odds of persistent parental living or not of juvenile offenders are found six times higher than the non-offender group (OR 6.08, 95% CI: 2.81-13.14) and was statistically significant ($p < 0.001$). The finding indicated that parental alive contribute 6 times more to be offender than those who do not have living parents. Other factor, living with family is also found positively associated with juvenile offender and it is also found as predictor (OR 1.41, 95% CI: 1.41-1.76; $p < 0.01$). This finding suggests that there is no relationship between staying with family or not and become juvenile offenders. It also

revealed that there are 41% higher chances to be offenders for those who live with their family member.

Moreover, connection with family is negatively significant and correlated ($X^2 = 3.58, p = 0.05$.) with juvenile offenders and it is not found as a predictor. The value of log odds ratio or Exp (B) is 0.928. The finding indicates that the juveniles who do not have a connection with family are more at risk to be offenders than those who have a family connection. The findings also indicate that the parental separation or living together is not associated with the juvenile offender and it is also not found as a predictor in the study. Furthermore, the nature of parent- child relationship is positively significant and correlated with juvenile offenders which reflected that friendly, good, conflicting and abusive relationship with parents and child are not found different. The result also shows that child-parent relationship is found as predictors (OR 3.65, 95% CI: 2.49- 5.10), and it is statistically significant ($p < 0.001$). As the opinion of the juveniles, positive child-parent relationship contributes three times more likely to be juvenile offenders. It seems that more positive child-parents relationship with juveniles is more risk of being an offender. These findings related to parental factors are found contradictory, but others findings showed that parenting factors play a crucial role in delinquency (Roche et al., 2011). The description of the developmental cascade approach of Patterson and his colleagues (2010) indicated the high levels of coercive parenting and low levels of positive parenting lead to be the development of antisocial behavior of children.

For juvenile offenders, adverse childhood experiences are related to the abusive family environment in childhood. Some selected psychological factors i.e. criminal involvement of family, family history of mental disorders, experiences of family violence in general and

physically and emotionally abused by family are found significant predictors of juvenile offenders. However, family history of substance abuse is not found as a predictor of juvenile offenders. Moreover, experiences of substance abuse by the juveniles are also found strong predictors of juvenile offenders. The odds of persistent of criminal involvement of family members of juvenile offenders are found nine (09) times higher than the non-offender group (OR 9.29, 95% CI: 3.74-22.61) and were statistically significant (p 0.001).

Family history of mental disorders among the members is also found as significantly strong predictor (OR 4.49, 95% CI: 1.93- 10.40 and p 0.001). It suggests that the juvenile those who have mental disorder among the family members are more than four times greater chance to be offender than those who do not have mental disorder patient within the family. Family violence towards the juveniles is also found significantly strong predictor (OR 2.31, 95% CI: 1.54- 3.47 and p 0.001). The finding suggests that experiences of family violence are more than three-time more significant impact to be the offender of a juvenile. Physically abused by the family members is found strong predictor (OR 4.22, 95% CI: 2.89- 6.14 and p 0.001) of a juvenile offender in the study. Juveniles who are physically abused by the family are at four-time more risk to be offender than those who are not.

In contrast, mental abuse is found negatively associated with juvenile offenders. The results indicate that the more emotional abuse is less likely to contribute to be offenders (OR 0.176, 95% CI: .069- .44 and p 0.001). This contrast finding suggests that physical violence is a highly traumatic experience and emotional threats inbuilt within it. There might be other explanation that juvenile has less insight about emotional abuse than the non-offender group. It might be the cause that the non-offender group is in mainstream educational institution.

Percentage results show that (See table 3.4) offender group had experienced less emotional abused from their family members than non-offender. It might be explained that the offender group faced too much physically abuse to understand emotional abuse and at the same time, every physically abuse have an inbuilt part. In contrast, more educated and high SES juveniles have more knowledge and understanding about the emotional abuse within their family. There are studies that focused on the association between child maltreatment and later delinquent behaviour (Lansford et al., 2007). Child maltreatment involves a wide range of harmful behaviors directed towards children (i.e., physical abuse, sexual abuse and neglect) which may have different effects on criminal recidivism (Dembo et al.,1998). Kingree, Phan, and Thompson (2003) noted that the effects of physical abuse, sexual abuse, emotional abuse, physical neglect and emotional neglect on recidivism, and found to be significantly associated with antisocial behaviors. Steward et al., (2003) and Zingraff, et al. (1994) found that there were indications that victims of neglect and physical abuse are at the greatest risk of delinquency. The impact of different types of child maltreatment (physical abuse, sexual abuse and neglect) and found that physically abused juveniles showed more externalizing problems (Trickett and McBride-Chang, 1995). Theories of violence also supported these findings. Most explanations of violent behavior are similar to other theories of delinquency and criminality. Family structures in these communities are unstable, which in turn encourages a great concern over appearing tough. Henry and Short (1954) noted that physical punishment facilitates the development of aggressive behaviour.

Among the studied factors, the experience of substance use by the juvenile is found powerful prevailing predictor to be offender (OR 11.91, 95% CI: 6.76-20.97), and was statistically significant (p 0.001). According to the findings (See table 3.11) juveniles who

misuse substance are almost 12 times more likely to be offenders than those who do not use substances. The study suggests that more engagement in substances use has more probability of being offender as a juvenile. An understanding of the problem of drug abuse and consequent juvenile offenders seems to be more relevant in the present study. This finding is consistent with others study's results. Sarker (2001) noted that 60% of the boys were reportedly found addicted to smoking most frequently. About 41 per cent were found to be urine positive for recent drug use at the time of detention (Dembo et al., 1991). The only onset offense type that was significantly associated with all criminal career outcomes was juvenile drug use (Delisi, Angton, Behnken & Kusow, 2013). Substance use are mentioned as associated to juvenile delinquency (Dishion, Capaldi, & Yoerger, 1999; Teplin et al., 2002), and some studies indicate that substance use seems to be a better indicator of juvenile delinquency for boys than for girls (Huizinga et al., 2000).

5.1.5 Identifying the Functional Support and Care System of CDCs

The section of the study was designed to know the perception of the juvenile offenders about the functional support and care system within the CDCs. The findings suggested that in general, the juvenile offenders in three CDCs have been identified more positive regarding the functional support and care than the juveniles of mainstream educational institution. The scale that was used for assessing the needs of daily life, peer support system, the cohesiveness of the peer group, the relationship between juvenile and officials which are common in center based intuitional care and support system. So, they could internalize the items of the scale more.

Moreover, the findings indicate the significant differences of functional support and care among three CDCs. Among the three, CDCs, female juvenile offenders show more

positive functional care and support than male offenders. For exploring the difference between two boys' centers, it was seen that juveniles of Tongi centers seemed to have more positive support system than Jashore center. It has been observed that girls' juveniles living in Gazipur (Konabir) center has fewer inhabitants than the other two centres and authority has given protection and care due to the nature of the residents. On the other hand, Tongi center is close to the capital city and more frequent visits have been occurred by the high officials and national and district monitoring board of jurisdiction under the Children Act-2013.

5.2 Limitations of the study

As a part of the scientific inquiry, this study also has some limitations. There are some limitations of the study process are presented below:

- i. In order to obtain permission from the Director of Social Services (DSS), the process of permission was limited. After reviewing the questionnaire with their review committee, the permission was given with mentioning of various obligations and restriction to follow for data collection. Besides, ineffective use of time due to procedural difficulties to obtain permission from DSS.
- ii. Juvenile offenders are selected from the three CDCs which are operated under the judiciary and legal framework. For these reasons, the researcher had to follow restriction and obligation to collect the data from the juvenile offenders.
- iii. The samples of the study have been collected from two distinct types of institutional set-up. The sampling methods were different, and the sample size also varied. Non-probability sampling technique was followed to collect data from the CDCs due to the legal nature of the centers.

- iv. The authorities of the CDCs provided a confidential and comfortable place to collect the information from the juvenile offenders, but they did not permit to select the offenders randomly, Event through, the researcher has requested to follow the primary inclusion criteria for selecting sample.
- v. For the female juvenile offenders, the sample size was small and that is why blanket coverage of the data was applied. However, the researcher had to wait for three months visit to collect data.
- vi. Due to the nature of questionnaires, the participants, especially juvenile offenders were at times stressed and often showed indifference to fill up the questionnaire. For this reason, the researcher has applied stabilization techniques called ‘Breathing’ and ‘Butterfly Hug’ to soothe their stress and hypoarousal state.
- vii. The questionnaire was extended and that is why the researcher also felt stressed after completing 3 to 5 interviews. Rest was mandatory for the researcher to take an interview with the other samples of the study.

5.3 Recommendations

This section of the discussion chapter is presenting some recommendations that need to be considered when ensuring the appropriate mental health support care system and mechanism into the CDCs where the juvenile offenders are staying as residents. The research is context-based and focuses on behavioral outcome and psycho-social predictor to juvenile offence in Bangladesh. However, national policy makers need to focus on the recommendations when they would adopt the reactive mechanism to prevent the offences committed by the juveniles as individual and group. Focusing the objective of the study, recommendations are divided into two major categories reflecting reactive and protective strategies for juvenile offenders.

Moreover, the recommendation for further research is also presented here. The recommendations include:

5.3.1 Reactive strategies

Recommendation 1 To increase the mental health care and support within the CDCs to the residents where the juvenile offenders are staying for the provisional period by increasing a good number of mental health professionals such as counsellors, psychotherapists and social workers.

Recommendation 2 There is need to recruit trained mental health professionals into CDCs to provide social and emotional impairment and also address mental health problems of the residents. However, the existent psychiatric social worker, the counsellor and the provisional officers are needed for the continuous professional development of mental health issues of juvenile offenders through hands-on and handoff capacity building initiatives.

Recommendation 3 Each of the juvenile offenders of the CDCs is considered as individualized case and needs to have proper assessment and diagnosis to deal with their cognitive, emotional and behavioral problems. Multi-disciplinary team approach might be formed and adopted the case to case approach to ensure the care and support to the juvenile offenders.

Recommendation 4 Adopting the emotional focus of mental health intervention strategies by the mental health professionals working in CDCs is essential. To deal with the enormous emotional turmoil of the juvenile offenders, the body-focused, attachment-based and trauma-focused interventions are essential for mental health professionals. At the same time, the management team also needs to be oriented about the nature of emotional difficulties and the approaches to deal with those.

Recommendation 5 Focusing on the body and emotionally focused intervention strategies such as alternative tools and techniques for counselling and psychotherapy might be adopted. It might be play therapy focus; physical activities oriented therapy, music and dance therapy based and trauma-focused intervention tools and techniques would be more appropriate to deal with juvenile offenders' enormous emotional turmoil.

5.3.1 Proactive Strategies

Recommendation 6 Education for all through an inclusive approach needs to be followed in all level of the educational system so that no children can go out from the education system. Compulsory primary education system might be strengthened. Drop-out rate of both primary and secondary education might be protected by implementing various school programs. Moreover, all the children who are out of education would be included in the formal education system or another form of educational framework i.e. non-formal, vocational and technical educational process.

Recommendation 7 Childcare and rearing approach of middle-class family needs to be focused on children cognition and emotional issues. Family and educational institutions as a changed agent of the social structure might be addressed the vulnerabilities of juveniles' offence. Awareness-raising program should be developed for a middle-class family member, teachers, religious leaders and social workers to provide information about the social and psychological risk factors to be an offender.

Recommendation 8 Adverse childhood experiences need to be reduced through various program i.e. positive parenting skills, promoting healthy recreational facilities to young children, developing supportive resources within the school system and developing community-based child protection and support system.

Recommendation 9 Children need to be protected from family violence. The two laws of Bangladesh are i.e. Prevention of Women and Children Repression Act 2000 and Domestic Violence (Prevention and Protection) Act 2010. Implementations of the Acts need to be strengthened to protect the children from family violence.

Recommendation 10 Appropriate steps should be taken to protect children from drug addiction. Awareness raising program in schools, implementing the laws of tobacco control and creating supportive resources system for drug addiction for children might be strengthened.

5.3.2 Recommendations for Further Research

Recommendation 11 More qualitative studies on a larger scale that includes juvenile offenders should be done with parents and probations officers or young workers in order to understand and provide efficient services to CDCs of juvenile offenders. The risk or protective factors can be included in services and//or policy.

Recommendation 12 The researcher recommends more studies to generate more statistical data and more specialized findings. These studies can be done with all the professionals working with juvenile offenders, for example, mental health professionals, teachers, social workers, provisional officers, police officials and correctional services. Parents and juvenile offenders can also be included.

Recommendation 13 Longitudinal and case-control research is proposed in the communities in order to address issues, for example, radicalization, trauma, internet and game addiction and crime in gang in the specific areas and specific cases.

Recommendation 14 CDCs services evaluation can be done with existing care and support mechanism in order to establish the problems and successes in the implementation of these care and support for juvenile offenders.

5.4 Conclusion

The main objective of the study was to explore the behavioral manifestation and psycho-social predictors of juvenile offenders. For the curative perspective, depression, anxiety, anger and Self-concept as well as behavior indicator as behavioral manifestation of the juvenile offenders have been ascertained. Socio-economic and psychological predictors identified for taking of reactive steps of the juvenile offence.

Moderate to an extremely high level of depression, anger and anxiety and Self-concept have been found among the juvenile offenders, those are staying at CDCs in Bangladesh. Moreover, as exhibited behaviors by juvenile offenders at CDCs are understood the implicit behaviors i.e. emotion or feeling the expression of oneself, specific behaviors were identified. The active rehabilitation and recovery process of the CDCs would be implemented by incorporating the mental health care and support system and mechanism under sub-section of minimum care of standard (Article -63) of the Children Act -2013 in Bangladesh. The case had focused that mental health care need to be addressed for strengthening the minimum standard of care where ensured the best interest of the children staying in CDCs. As socio-economical predictors factors, attachment to educational institutions (level of educational attainment and school drop-out) and middle-class juveniles are found more at risk of involving the delinquency.

Furthermore, the familial, psychological factors, the adverse psychological factors of juveniles' i.e. family violence (physical abuse), parental substance abuse, parental antisocial

behaviors' and parental mental illness can be predicted to be engaged in offensive behaviors by juveniles.

Experiences of substance abused by juveniles could be highly predicted to be offenders. Protecting the children from school drop-out and ensure the education for all children, creating awareness of positive parenting skills and reducing the adverse childhood experiences in family level need to be addressed. The most harmful factor such as substance abused by the juveniles has to be prohibited by implementing the existing Laws and raising awareness using all kinds of means and ways in the society and state level.

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Appendix A: Surevery Instruments

পিএইচ.ডি.গবেষণা প্রশ্নমালা

অপরাধের সাথে যুক্ত এবং অপরাধের সাথে যুক্ত নয় তরুণ-তরুণীদের জন্য প্রশ্নপত্র

[ব্যক্তিগত তথ্য, পারিবারিক নিয়ন্ত্রণ ও স্বপ্ন সম্পর্কিত]

ভূমিকা

তোমাকে শুভেচ্ছা! আমি মোহাম্মদ সেলিম চৌধুরী বর্তমান গবেষণা কর্মটি পরিচালনা করছি। বর্তমান গবেষণাটি তরুণদের মানসিক চাহিদা নিরূপন প্রক্রিয়ার একটি অংশ। এই গবেষণাটি তরুণদের বর্তমান অবস্থা উন্নয়নের ক্ষেত্রে জাতীয় নীতি নির্ধারকদের ও সুশীল সমাজকে সিদ্ধান্ত গ্রহণে সহায়তা করবে বলে আশা করি।

আমি তোমাকে কিছু বিষয় সম্পর্কে একটি প্রশ্নমালার মাধ্যমে জিজ্ঞেস করবো এবং তোমাকে এই বিষয়ে পূর্ণ নিশ্চয়তা দিচ্ছি যে তোমার দেওয়া তথ্য সম্পূর্ণ গোপন থাকবে। এই সাক্ষাৎকারটি গ্রহণ করতে প্রায় ৩৫/৪০ মিনিট সময় লাগবে, এরমধ্যে তোমার উত্তরগুলো লিপিবদ্ধ করা হবে।

আমি প্রত্যাশা করি যে, তুমি প্রশ্নমালা পূরণে আমাকে সহায়তা করবে। কিছু প্রশ্নের উত্তর দিতে যদি তুমি আগ্রহী না হও, তবে তোমাকে কোনরকম বাধ্য করা হবে না। আমি আশা করছি যে, তুমি এই সাক্ষাৎকারটিতে অংশগ্রহণ করবে এবং সঠিক উত্তরদানের মাধ্যমে এই প্রক্রিয়াটিকে সফল করবে। মনে রাখতে হবে যে, তোমার প্রদত্ত উত্তর এ কোনো সঠিক বা ভুল বলে কিছু নেই। তোমার দৃষ্টিভঙ্গি এখানে গুরুত্বপূর্ণ। এখনও যদি তোমার আরও কিছু জানবার থাকে, তবে আমাকে জানাও।

আমি এখন প্রশ্ন করা শুরু করতে পারি।

আপনার সহযোগিতার জন্য ধন্যবাদ।

আই ডি নং-	০১০১০২০১ ----
উন্নয়ন কেন্দ্র	১. গাজীপুর ২. টঙ্গী ৩. যশোহর ৪. অন্যান্য
তরুণ-তরুণীদের ধরন	১. অপরাধে অভিযুক্ত ২. সাজা প্রাপ্ত ৩. সাধারণ শিক্ষার্থী

সেকশন -১: ব্যক্তিগত ও পারিবারিক তথ্য এবং শিক্ষা সম্পর্কিত

১.ক. উত্তরদাতার ব্যক্তিগত তথ্য			
ক্রমিক নং	পদসমূহ	কোডিং	Skip to QN
১.১	লিঙ্গ	১ পুরুষ ২ মহিলা	
১.২	বয়স (যত বছর সমাপ্ত হয়েছে)	<input type="text"/> বছর	
১.৩	শিক্ষাগত যোগ্যতা	১ বিদ্যালয়ে যাই নাই =০ ২ অক্ষর জ্ঞান সম্পন্ন ৩ ----- = ১-১০	
১.৪	বৈবাহিক অবস্থা	১ অবিবাহিত ২ বিবাহিত ৩ বিধবা / বিপত্নীক ৪ বিবাহ বিচ্ছেদ ৫ আলাদা / পরিত্যক্ত ৬ অন্যান্য-----	
১.৫	তোমার পরিবারের সদস্য সংখ্যা কত?	১. ----- জন ২. জানা নেই	
১.৬	তোমার ভাই-বোন এর সংখ্যা কত?	১. ----- জন ২. জানা নেই	
১.৭	তুমি কততম সন্তান ?	১. ----- তম ২. জানা নেই	
১.৮	মা /বা জীবিত আছেন কী না? [একজন হলেও না উত্তর হবে]	১ হ্যাঁ (হলে সরাসরি ২.০ যেতে হবে) ২ না	
১.৯	উত্তর না হলে, কোন বয়সে মারা গেছে?	১. মা মারা গেছে ----- বছর বয়সে ২. বাবা মারা গেছে----- বছর বয়সে	

১. খ. উত্তরদাতা পরিবারের আর্থসামাজিক অবস্থা সম্পর্কিত তথ্য: পিতা মাতার শিক্ষা ও আয়									
ক্রমিক নং	পদসমূহ	কোডিং	Skip to QN						
১.৮	তোমার বাবার শিক্ষাগত যোগ্যতা	১. নিরক্ষর ২. অক্ষর জ্ঞান সমপন্ন ৩. ----- ৪. জানা নেই							
১.৯	তোমার মার শিক্ষাগত যোগ্যতা	১. নিরক্ষর ২. অক্ষর জ্ঞান সমপন্ন ৩. ----- ৪. জানা নেই							
১.১০	তোমার বাবার পেশা কি বা কি ছিল?	১. চাকুরীজীবী ২. ব্যবসা ৩. কৃষি কাজ ৪. দিনমজুর ৫. গৃহ শ্রমিক ৬. যানবাহন শ্রমিক ৭. রিক্সা / ভ্যান চালক ৮. বেকার ৯. অন্যান্য-----							
১.১১	তোমার মার পেশা কি বা কি ছিল?	১. চাকুরীজীবী ২. ব্যবসা ৩. কৃষি কাজ ৪. দিনমজুর ৫. গৃহ শ্রমিক ৬. যানবাহন শ্রমিক ৭. রিক্সা / ভ্যান চালক ৮. গৃহিণী ৯. অন্যান্য-----							
১.১২	তোমার পরিবারের মাসিক আয় কত?	মাসিক আয় <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>টাকা</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	টাকা						
টাকা									
১.১৩	পরিবারের আবাস স্থান কোথায়?	১. শহরে ----- ২. গ্রামে ----- ৩. অন্যান্য-----							

১. গ. উত্তরদাতা শিক্ষা সম্পর্কিত তথ্য			
ক্রমিক নং	পদসমূহ	কোডিং	Skip to QN
১.১৪	পূর্বে তুমি বিদ্যালয়ে গিয়েছ কী না ?	১. হ্যাঁ ২. না (হলে সরাসরি ১.১৬ যেতে হবে)	
১.১৫	যদি হ্যাঁ হয় তবে, কোনো কারণে তোমার স্কুলে যাওয়া বন্ধ হয়েছিল?	১. হ্যাঁ ২. না (হলে সরাসরি ১.১৭ যেতে হবে)	
১.১৬	স্কুলে যাওয়া বন্ধ হলে তা কোন বয়সে হয়েছিল?	----- বছর	
১.১৭	এখানে তুমি কি কোন আনুষ্ঠানিক অনানুষ্ঠানিক শিক্ষা কার্যক্রমের সাথে যুক্ত ?	১ হ্যাঁ ২ না (হলে সরাসরি ২.১ যেতে হবে)	
১.১৮	হ্যাঁ হলে , এই কেন্দ্রে তুমি কোন শ্রেণীতে পড়?	<input type="text"/>	

সেকশন-২: পারিবারিক সম্পর্ক ও পারিবারিক নেশা ও মানসিক স্বাস্থ্যের ইতিহাস

২. ক. পারিবারিক সম্পর্ক ও পারিবারিক ইতিহাস			
ক্র: নং	পদসমূহ	কোডিং	Skip to QN
২.১	এই কেন্দ্রে আসার পূর্বে তুমি কোথায় কার সাথে থাকতে ?	১ বাবা মা ও ভাই বোন সাথে থাকতাম ২ স্বামীর সাথে ৩ শুধুর বাড়ী থাকতাম ৪ অন্যান্য-----	
২.২	উত্তর অন্যান্য হলে, ক) কার সাথে কোথায় ও কতদিন ? (উদাহরণস্বরূপ, আত্মীয়ের বাসায়, বন্ধুর সাথে, কর্মক্ষেত্রে ও একা রাস্তায়)	১. -----কার সাথে ২. -----কতদিন ৩. -----কোথায়	
২.৩	খ) পরিবারের সাথে কি তোমার কোন যোগাযোগ আছে ?	১ হ্যাঁ (হলে সরাসরি ২.৫ যেতে হবে) ২ না	
২.৪	গ) যদি পরিবারের সাথে কোন যোগাযোগ না থাকে তবে তা কি কারণে?	১ পালিয়ে এসেছে বলে পরিবারের সাথে যোগাযোগ নেই ২ আমি পরিবারের সাথে কোন যোগাযোগ রাখতে চাই না ৩ পরিবার অনুকূলে নয় / চায় না ৪ বাবা মা জীবিত নাই ৫ হারিয়ে গিয়েছি ৬ অন্যান্য (উল্লেখ করুন) -----	
২.৫	তোমার বাবা-মার মধ্যে সম্পর্ক কেমন ছিল? (একাধিক উত্তর আসতে পারে)	১ বাবা মা একসাথে থাকে ২ বাবা মা আলাদা থাকে/ বিবাহ বিচ্ছেদ ৩ মা/ বাবা আবার বিয়ে করেছে ৪ বাবা/ মা মারা গেছে ৫ অন্যান্য (উল্লেখ করতে হবে) -----	
২.৬	বাবা-মার সাথে তোমার সম্পর্ক কেমন ছিল?	১. বন্ধুত্বপূর্ণ ২. ভালো ৩. বিরোধপূর্ণ ৪. দমনমূলক ৫. অন্যান্য (উল্লেখ) -----	
২.৭	তোমার পরিবারের কেউ কি নেশা করত কি না ?	১. হ্যাঁ ২. না (সরাসরি পরের ২.৯ যেতে হবে)	
২.৮	হ্যাঁ হলে, কে ?	১. বাবা ২. মা ৩. ভাই ৪. বোন ৫. স্বামী ৬. অন্যান্য-----	

২.৯	আপনার পরিবারের কেউ কি অপরাধী হিসেবে আইনের অধীনে সাজাপ্রাপ্ত বা অভিযুক্ত ?	১. হ্যাঁ ২. না (সরাসরি পরের ২.১১ যেতে হবে)	
২.১০	হ্যাঁ হলে, কে ?	১. বাবা ২. মা ৩. ভাই ৪. বোন ৫. স্বামী ৬. অন্যান্য-----	
২.১১	আপনার পরিবারের কেউ কি মানসিক ভাবে অসুস্থ বা মানসিক ভারসাম্যহীন ?	১. হ্যাঁ ২. না (সরাসরি পরের ৩.১ যেতে হবে)	
২.১২	হ্যাঁ হলে, কে ?	১. বাবা ২. মা ৩. ভাই ৪. বোন ৫. অন্যান্য----- ----	

সেকশন- ৩ নির্যাতন ও সহিংসতার ধরন ও মাত্রা

৩. পারিবারিক নির্যাতন ও সহিংসতা			
ক্র. নং	পদসমূহ	কোডিং	Skip to QN
৩.১	তুমি পরিবারে কখনও কোন ধরনের নির্যাতনের শিকার হয়েছ?	১. হ্যাঁ ২. না	
৩.২	হ্যাঁ হলে, কি ধরনের নির্যাতন ? (একদিক উত্তর হতে পারে)	১. শারীরিক নির্যাতন ২. মানসিক নির্যাতন/ আবেগীয় নির্যাতন ৩. অবহেলা নির্যাতন ৪. যৌন নির্যাতন ৫. অন্যান্য-----	
৩.৩	শারীরিক নির্যাতন হলে, তার মাত্রা কেমন ছিল?	১. প্রতিদিন হতাম ২. সপ্তাহের এক-দুদিন হতাম ৩. সপ্তাহের প্রায় হতাম ৪. মাসে এক-দুদিন হতাম ৫. বছরে কখনো কখনো হতাম	
৩.৪	কে কে ঐ ধরনের নির্যাতন করেছেন? (একদিক উত্তর হতে পারে)	১. বাবা মা দুজনেই করেন ২. বাবা/মা ৩. সৎ বাবা/ সৎ মা ৪. ভাই বোন ৫. অন্যান্য-----	
৩.৫	মানসিক/ আবেগীয় নির্যাতন হলে, তার মাত্রা কেমন ছিল?	১. প্রতিদিন হতাম ২. সপ্তাহের এক-দুদিন হতাম ৩. সপ্তাহের প্রায় হতাম ৪. মাসে এক-দুদিন হতাম ৫. বছরে কখনো কখনো হতাম	
৩.৬	কে কে ঐ ধরনের নির্যাতন করেছেন? (একদিক উত্তর হতে পারে)	১. বাবা মা দুজনেই করেন ২. বাবা/মা ৩. সৎ বাবা/ সৎ মা ৪. ভাই বোন ৫. অন্যান্য-----	
৩.৭	যৌন নির্যাতন/ যৌন নিপীড়ন হলে, তার মাত্রা কেমন ছিল?	১. প্রতিদিন হতাম ২. সপ্তাহের এক-দুদিন হতাম	

৩. পারিবারিক নির্যাতন ও সহিংসতা			
ক্র. নং	পদসমূহ	কোডিং	Skip to QN
		৩. সপ্তাহের প্রায় হতাম ৪. মাসে এক-দুদিন হতাম ৫. বছরে কখনো কখনো হতাম	
৩.৮	কে কে ঐ ধরনের নির্যাতন করেছেন? (একদিক উত্তর হতে পারে)	১. বাবা মা দুজনেই করেন ২. বাবা/মা ৩. সৎ বাবা/ সৎ মা ৪. ভাই বোন ৫. অন্যান্য-----	
৩.৯	তুমি কখনও কোন ধরনের নেশা দ্রব্য গ্রহণ করেছেন কি?	১. হ্যাঁ ২. না (সরাসরি পরের ৪.১ যেতে হবে)	
৩.১০	হ্যাঁ হলে, কি ধরনের নেশা গ্রহণ করেছ এবং কতদিন ধরে করছ?	১. ধরণ----- -- ২. কতদিন ধরে গ্রহণ করতেন----- -	

অপরাধের সাথে যুক্ত তরুণ-তরুণীদের জন্য মানক
(উদ্ভিগ্নতা, রাগ, বিষন্নতা ও আত্মধারণা সম্পর্কিত)

Beck anxiety inventory for youth (BIA-Y)

নিম্নে একটি তালিকা আছে, যেখানে মানুষের চিন্তা ও অনুভূতি সংক্রান্ত এবং মানুষের ক্ষেত্রে ঘটে থাকে, এমন কতগুলো বাক্য দেয়া আছে। প্রতিটি বাক্যের পাশে চারটি উত্তর যেমনঃ ১) কখনও না ২) মাঝে মাঝে ৩) প্রায়ই ৪) সবসময় দেয়া আছে। বাক্য গুলো মনোযোগ দিয়ে পড় এবং যে উত্তরটি তোমার নিজের বেলায় সবচেয়ে বেশি প্রযোজ্য সেই ঘরটিতে টিক(√) চিহ্ন দাও। এখানে কোন সঠিক বা ভুল উত্তর নেই।

ক্রমিক নং	উক্তি	কখনও না	মাঝে মাঝে	প্রায়ই	সব সময়
১	আমার ভয় বা দুঃশ্চিন্তা হয় কেউ আমাকে এখানে মারতে/আঘাত করতে পারে				
২	আমি স্বপ্ন দেখে ভয় পাই				
৩	আমি এখানে ভয় পাই বা আতঙ্কিত থাকি				
৪	আমি ভয়ঙ্কর কিছু নিয়ে চিন্তা করি				
৫	আমার মনে হয় মানুষ আমাকে নিয়ে ঠাট্টা করতে পারে				
৬	আমার ভয় হয় যে আমি ভুল করব				
৭	আমি ঘাবরে যাই				
৮	আমার ভয় হয় হয়তো আমি আঘাত পাব				
৯	আমার ভয় বা দুঃশ্চিন্তা হয় যে আমার কাজের ফল খারাপ হতে পারে				
১০	আমি আমার ভবিষ্যত নিয়ে চিন্তিত				
১১	আমার হাত কাঁপে				
১২	আমার দুঃশ্চিন্তা হয় যে আমি পাগল হয়ে যাব				
১৩	আমার ভয় হয় মানুষ আমার উপর রেগে যেতে পারে				
১৪	আমার মনে হয় আমি নিয়ন্ত্রণ হারিয়ে ফেলতে পারি				
১৫	আমি দুঃশ্চিন্তা করি				
১৬	আমার ঘুমের সমস্যা হয়				
১৭	আমার বুক ধরফর করে				
১৮	আমি দ্বিধাগ্রস্ত হই				
১৯	আমার ভয় হয় যে আমার খারাপ কিছু হতে পারে				
২০	আমার ভয় হয় আমি অসুস্থ হয়ে যাব				

Beck anger inventory for youth (BANI-Y)

নিম্নে একটি তালিকা আছে, যেখানে মানুষের চিন্তা ও অনুভূতি সংক্রান্ত এবং মানুষের ক্ষেত্রে ঘটে থাকে, এমন কতগুলো বাক্য দেয়া আছে। প্রতিটি বাক্যের পাশে চারটি উত্তর যেমনঃ ১) কখনও না ২) মাঝে মাঝে ৩) প্রায়ই ৪) সবসময় দেয়া আছে। বাক্য গুলো মনোযোগ দিয়ে পড় এবং যে উত্তরটি তোমার নিজের বেলায় সবচেয়ে বেশি প্রযোজ্য সেই ঘরটিতে টিক (✓) চিহ্ন দাও। এখানে কোন সঠিক বা ভুল উত্তর নেই।

ক্র নং	উক্তি	কখনও না	মাঝে মাঝে	প্রায়ই	সব সময়
১	আমি মনে করি মানুষ আমাকে ঠকাতে চেষ্টা করে				
২	আমার চিন্তার করতে ইচ্ছা করে				
৩	আমি মনে করি মানুষ আমার উপর অবিচার করে				
৪	আমি মনে করি মানুষ আমাকে আঘাত করতে চেষ্টা করে				
৫	আমার মনে হয় আমার জীবনে অবিচার হয়েছে				
৬	মানুষ আমার উপর খবরদারি করে				
৭	মানুষ আমাকে রাগিয়ে দেয়				
৮	আমি মনে করি মানুষ আমাকে বিরক্ত করে				
৯	আমি অন্য লোকের উপর রেগে যাই				
১০	আমি যখন রেগে যাই তখন রেগেই থাকি				
১১	আমি যখন ক্ষেপে যাই তখন শান্ত হতে সমস্যা হয়				
১২	আমি মনে করি মানুষ আমাকে নিয়ন্ত্রন করতে চেষ্টা করে				
১৩	আমি মনে করি লোকজন আমাকে দমিয়ে রাখতে চেষ্টা করে				
১৪	আমার নিজেকে হেয় মনে হয়				
১৫	আমার রেগে ফেটে পড়ার মত অবস্থা হয়				
১৬	আমার মনে হয় মানুষ আমার বিরুদ্ধে কাজ করে				
১৭	আমি রেগে যাই				
১৮	আমি যখন রেগে যাই তখন আমার শরীরে ও রাগ হয়				
১৯	আমি মানুষকে ঘৃণা করি				
২০	আমি ক্ষেপে যাই				

Beck depression inventory for youth (BDI-Y)

নিম্নে একটি তালিকা আছে, যেখানে মানুষের চিন্তা ও অনুভূতি সংক্রান্ত এবং মানুষের ক্ষেত্রে ঘটে থাকে, এমন কতগুলো বাক্য দেয়া আছে। প্রতিটি বাক্যের পাশে চারটি উত্তর যেমনঃ ১) কখনও না ২) মাঝে মাঝে ৩) প্রায়ই, ৪) সবসময় দেয়া আছে। বাক্য গুলো মনোযোগ দিয়ে পড় এবং যে উত্তরটি তোমার নিজের বেলায় সবচেয়ে বেশি প্রযোজ্য সেই ঘরটিতে টিক (✓) চিহ্ন দাও। এখানে কোন সঠিক বা ভুল উত্তর নেই।

ক্র.নং	উক্তি	কখনও না	মাঝে মাঝে	প্রায়ই	সব সময়
১	আমার মনে হয় জীবনটা খারাপ				
২	কোন কাজ করতে আমার সমস্যা হয়				
৩	আমার মনে হয় আমি একজন খারাপ মানুষ				
৪	আমার মনে যেতে ইচ্ছে হয়				
৫	আমার ঘুমের সমস্যা হয়				
৬	আমার মনে হয় কেউ আমাকে ভালবাসে না				
৭	নিজের কারণে খারাপ কিছু ঘটবে বলে মনে হয়				
৮	আমার একা একা লাগে				
৯	আমার পেট ব্যথা করে				
১০	আমার মনে হয় আমার ক্ষেত্রেই খারাপ জিনিস ঘটে				
১১	নিজেকে আমার বোকা বল মনে হয়				
১২	নিজের জন্য আমার দুঃখ হয়				
১৩	আমার ভয় হয় আমি সব কিছু খারাপ ভাবে করি				
১৪	আমি যা করি তা আমার খারাপ লাগে				
১৫	আমি নিজেকে ঘৃণা করি				
১৬	আমার কাঁদতে ইচ্ছে করে				
১৭	আমি একা থাকতে চাই				
১৮	আমার দুঃখবোধ হয়				
১৯	আমার ভেতরটা ফাঁকা মনে হয়				
২০	আমার মনে হয় আমার জীবনটা খারাপ কাটবে				

BECK SELF-CONCEPT INVENTORY FOR YOUTH (BDBI-Y)

নিম্নের একটি তালিকা আছে, যেখানে মানুষের চিন্তা ও অনুভূতি সংক্রান্ত এবং মানুষের ক্ষেত্রে ঘটে থাকে, এমন কতগুলো বাক্য দেয়া আছে। প্রতিটি বাক্যের পাশে চারটি উত্তর যেমনঃ ১) কখনও না ২) মাঝে মাঝে ৩) প্রায়ই ৪) সবসময় দেয়া আছে। বাক্য গুলো মনোযোগ দিয়ে পড় এবং যে উত্তরটি তোমার নিজের বেলায় সবচেয়ে বেশি প্রযোজ্য সেই ঘরটিতে টিক (✓) চিহ্ন দাও। এখানে কোন সঠিক বা ভুল উত্তর নেই।

ক্রমিক নং	উক্তি	কখনও না	মাঝে মাঝে	প্রায়ই	সব সময়
১	আমি কঠোর পরিশ্রম করি				
২	আমি নিজেকে সবল মনে করি				
৩	আমি নিজেকে পছন্দ করি				
৪	অন্যেরা আমার সাথে মিশতে চায়				
৫	আমি অন্য শিশুদের মতই ভালো				
৬	আমি নিজেকে স্বাভাবিক মনে করি				
৭	আমি একজন ভালো মানুষ				
৮	আমি আমার কাজ ভালো ভাবে করি				
৯	অন্যের সাহায্য ছাড়াই আমি কাজ করতে পারি				
১০	আমি মনে করি আমি চটপটে বা স্মিট				
১১	অন্যেরা আমাকে কাজে দক্ষ মনে করে				
১২	আমি অন্যদের প্রতি সদয়				
১৩	আমার মনে হয় আমি একজন চমৎকার মানুষ				
১৪	আমি ধাধা বলতে পটু				
১৫	আমার স্মৃতি শক্তি ভালো				
১৬	আমি সত্যি কথা বলি				
১৭	আমি যে সব কাজ করি তাতে গর্ববোধ করি				
১৮	আমি ভালো ভাবে চিন্তা করতে পারি				
১৯	আমি আমার গঠন/চেহারা পছন্দ করি				
২০	আমি যা আছি তাই ভালো				

তরুণ অপরাধকারীদের আচরণ নিধারণ চেকলিস্ট
(তরুণ-তরুণী দ্বারা পূরণকৃত)

নিম্নের আচরণ সমূহ থেকে কমপক্ষে ০৩টি কে টিক চিহ্ন। যে আচরণগুলো নিজের ক্ষেত্রে প্রযোজ্য এবং যে আচরণগুলো এ সেন্টারের অন্য শিশুদের ক্ষেত্রে প্রযোজ্য বলে আপনার কাছে মনে হয় (০৩ টি করে টিক দিন)


ক্রমিক নং	আচরণ	অন্যদের মধ্যে	নিজের মধ্যে
১.	ঝগড়া ঝাটি করা		
২.	অপরাধবোধ করা		
৩.	বিনা কারণে কান্না করা/চিৎকার করা		
৪.	অবিশ্বাস করা		
৫.	মন খারাপ থাকা		
৬.	একা একা লাগা		
৭.	নিজে নিজেকে আঘাত করা		
৮.	অন্যদের সাথে তর্ক করা		
৯.	কাজ/পড়াশুনায় অমনোযোগী থাকা		
১০.	অন্যদের সাথে মারামারি করা ও হিংস্র আচরণ করা		
১১.	নিজেকে ঘরে বন্ধ করে রাখা		
১২.	কোন কিছুতে অংশগ্রহণ করতে না চাওয়া করা		
১৩.	যৌন আচরণ প্রকাশ করা		
১৪.	মনোযোগ আর্কষণ করা		
১৫.	অহেতুক ভয় পাওয়া		
১৬.	চুরির করা		
১৭.	নেশা করা		
১৮.	দুর্গচিন্তা করা		
১৯.	সবসময় খেলাধুলা ও আমোদ প্রমোদ করা		
২০.	অন্যদের সহজে বিরক্ত করা		
২১.	সহজে বিরক্ত হওয়া		
২২.	কাপড় পড়তে না চাওয়া		
২৩.	অশোভন পোশাক পড়া ও সাজগোজ করা		
২৪.	সবসময় লজ্জা বোধ		
২৫.	নিয়ম - শৃঙ্খলা না মানা		
২৬.	ভুল অস্বীকার করা/ মিথ্যা কথা বলা		
২৭.	নিজেকে ছোট বা মূল্যহীন করা		
২৮.	একই জিনিস বা চিন্তা বার বার করা		

**অপরাধের সাথে যুক্ত তরুণ-তরুণীদের জন্য মানক
(কার্যগত সহায়তা সম্পর্কিত তথ্য)**

নিম্নে একটি তালিকা রয়েছে, যেখানে ২০ টি ভিন্ন ধরনের সহযোগিতা তালিকা আছে যেগুলো মানুষের সাহায্য করে থাকে। এই ক্ষেত্রে তোমার কতটুকু সাহায্য প্রয়োজন তা নির্দেশ করতে বলে। প্রতিটি বাক্যের পাশে পাঁচটি উত্তর যেমনঃ- ১।) কখনও না, ২) কখনো কখনো, ৩) মাঝে মাঝে, ৪) প্রায়ই, ৫) সব সময়, দেয়া আছে। বাক্য গুলো মনোযোগ দিয়ে পড় এবং যে উত্তর তোমার বেলায় সবচেয়ে বেশি প্রযোজ্য সেই ঘরটিতে টিক (√) চিহ্ন দাও। দয়া করে সবগুলো প্রশ্নের উত্তর দাও।

ক্রমিক নং	উক্তিগতসমূহ	কখনও না	কখনও কখনও	মাঝে মাঝে	প্রায়ই	সব সময়
১	কেউ তোমার সম্পর্কে কথা বলে যা তোমাকে চিন্তিত করে ও কষ্ট দেয়					
২	খাদ্য, পোশাক ও অন্যান্য জিনিসের জন্য কেউ তোমাকে সহযোগিতা করে					
৩	তোমাকে কেউ প্রতিদিন দেখাশুনা করে ও যত্ন নেয়					
৪	কেউ তোমার সমস্যা নিয়ে কথা বলে					
৫	তোমাকে কেউ বিপদে পড়লে সাহায্য করে					
৬	যখন তুমি পরাজিত হও বা ব্যর্থ হও, তখন তোমাকে কেউ উৎসাহ দেয়					
৭	তোমার কাজ কর্মে কেউ তোমাকে সাহায্য করে					
৮	তোমার মতে অভিজ্ঞ কেউ তোমার সাথে কথা বলে					
৯	কেউ তোমার জন্য কিছু করে বলে মনে হয়					
১০	এখানে তুমি কারো উপর নির্ভর করতে পার					
১১	তোমার পরিবর্তে অন্য কেউ এ সংস্থার সাথে বাগড়া করে					
১২	তোমাকে কেউ প্রয়োজনীয় জিনিস ধার দেয়					
১৩	এ সংস্থার লোকজন তোমাকে কেমন গ্রহণ করে					
১৪	তোমার সাথে কেউ রসিকতা করে					
১৫	নিজের কাজে তোমাকে কেউ সাহায্য করে					
১৬	কোন কঠিন মুহূর্তে তোমাকে কেউ সাহায্য করে					
১৭	তুমি অসুস্থ হলে, কেউ তোমার দেখাশুনা করে					
১৮	তোমার প্রয়োজনে কেউ তোমাকে পরামর্শ দেয়					
১৯	তোমাকে কেউ বিভিন্ন স্থানে যেতে তথ্য দিয়ে সাহায্য করে					
২০	কেউ তোমাকে সেবা দিতে চায়					

Appendix B: Ethical Clearance

	ডিন অফিস জীববিজ্ঞান অনুষদ ঢাকা বিশ্ববিদ্যালয়, ঢাকা-১০০০, বাংলাদেশ	Tel : 8613243 PABX : 9661900-59/4355, 7489 Fax : 880-2-865583 E-mail : deanbio@univdhaka.edu mimdadul07@yahoo.com
	নং - 31 / জীবঃ অনুঃ/২০১৬-২০১৭	তারিখ: ১৬/০৫/২০১৭

Professor Dr. Shaheen Islam

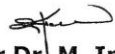
Department of Educational and Counseling Psychology
 University of Dhaka
 Dhaka-1000.

Sub: Ethical Clearance of Research Proposal entitled "Behavioral manifestation and psycho-social predictors of juvenile offenders".

Dear Professor Islam,

I am happy to inform you that your proposal entitled "**Behavioral manifestation and psycho-social predictors of juvenile offenders**" was placed in the Ethical Clearance Certificate for Human Participants Committee meeting held on 16.05.2017 and has been approved for conducting your research project.

I wish for the success of your research project.



Professor Dr. M. Imdadul Hoque

Dean, Faculty of Biological Sciences
 University of Dhaka
 Dhaka-1000.

Appendix C: Apporval Letter from Department of Social Welfare

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
সমাজকল্যাণ মন্ত্রণালয়
সমাজসেবা অধিদফতর
প্রতিষ্ঠান অধিশাখা
www.dss.gov.bd

শেখ হাসিনার
হাতটি ধরে,
পথের শিশু
যাবে ঘরে

স্মারক নম্বর: ৪১.০১.০০০০.০৬২.২৫.০০৫.১৭.৫৭

তারিখ: ২৫ শ্রাবণ, ১৪২৪

০৯ আগস্ট, ২০১৭

বিষয়: পি.এইচ.ডি গবেষণা কর্মের জন্য শিশু উন্নয়ন কেন্দ্রসমূহে বসবাসরত নিবাসীদের
আচরনগত ও মনোসামাজিক বিষয়ক তথ্য সংগ্রহের অনুমতি প্রসঙ্গে।

উপর্যুক্ত বিষয়ের পরিপ্রেক্ষিতে বাংলাদেশ সরকারের ২৪তম বিসিএস (সাধারণ শিক্ষা) ক্যাডারের কর্মকর্তা (সহকারী অধ্যাপক, মনোবিজ্ঞান), ২০১৪-২০১৫ শিক্ষাবর্ষে ঢাকা বিশ্ববিদ্যালয়ের এডুকেশনাল এন্ড কাউন্সেলিং সাইকোলোজি বিভাগে পিএইচ.ডি কোর্সে অধ্যাপনরত জনাব মোহাম্মদ সেলিম চৌধুরী এর গবেষণার শিরোনাম "Behavioral Manifestation and Psycho-social Predictors of Juvenile Offenders" উক্ত গবেষণার প্রয়োজনে দেশের ৩টি শিশু উন্নয়ন কেন্দ্রে (বালক ও বালিকা) টংগী,কোনাবাড়ী, গাজীপুর ও পুলেরহাট, যশোর) বসবাসরত আইনের সহিত সংঘাতে জড়িত শিশুদের (Children in Conflict with the Law) কাছ থেকে নিম্নবর্ণিত শর্তে তথ্য সংগ্রহের অনুমতি প্রদান করা হলো।

১. সংশ্লিষ্ট প্রতিষ্ঠানের তত্ত্বাবধায়কের সাথে আলোচনাক্রমে তথ্য সংগ্রহের সময়সূচি নির্ধারণ করতে হবে;
২. সংশ্লিষ্ট প্রতিষ্ঠানের তত্ত্বাবধায়কের সার্বিক তত্ত্বাবধানে তথ্য সংগ্রহের কাজ সম্পন্ন করতে হবে;
৩. নিবাসীদের ডরমেটরীতে প্রবেশ করা যাবে না।
৪. কোন আলোক চিত্র, ভিডিও বা ছবি ধারণ এবং বক্তব্য রেকর্ড করা যাবে না।
৫. সংগৃহীত তথ্যের একটি কপি অধিদফতরে সরবরাহ করতে হবে;
৬. সংগৃহীত তথ্যের গোপনীয়তা রক্ষা করতে হবে।

এতে মহাপরিচালক মহোদয়ের অনুমোদন রয়েছে।

২০১৭-০৮-৮

মোঃ জুলফিকার হায়দার
পরিচালক

সেলিম চৌধুরী, সহকারী অধ্যাপক, মনোবিজ্ঞান, ঢাকা
বিশ্ববিদ্যালয়, ঢাকা

স্মারক নম্বর: ৪১.০১.০০০০.০৬২.২৫.০০৫.১৭.৫৭/১(৪)

তারিখ: ২৫ শ্রাবণ, ১৪২৪

০৯ আগস্ট, ২০১৭

সদয় অবগতি ও কার্যার্থে প্রেরণ করা হল,

- ১) মহাপরিচালক, সমাজসেবা অধিদফতর
- ২) উপ পরিচালক, জেলা সমাজসেবা কার্যালয়, গাজীপুর
- ৩) তত্ত্বাবধায়ক, শিশু উন্নয়ন কেন্দ্র (বালক) টংগী, গাজীপুর/পুলেরহাট, যশোর।
- ৪) তত্ত্বাবধায়ক, শিশু উন্নয়ন কেন্দ্র (বালিকা) কোনাবাড়ী, গাজীপুর



২০১৭-০৮-৮
মোঃ জুলফিকার হায়দার
পরিচালক

Appendix D: List of Educational Institution

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
শিক্ষা মন্ত্রণালয়
বাংলাদেশ শিক্ষাতথ্য ও পরিসংখ্যান ব্যুরো (ব্যানবেইস)
১ জহির রায়হান সড়ক (পলাশী-নীলক্ষেত), ঢাকা-১২০৫।
www.banbeis.gov.bd; email: info@banbeis.gov.bd



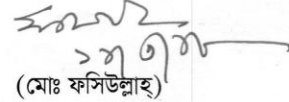
স্মারক নং: ৩৭.২০.০০০০.০০৩.৩১.০৬৩-২০১৮/ ২৪৫২

তারিখ: ২৭ ফাল্গুন ১৪২৪
১১ মার্চ ২০১৮

বিষয়: পিএইচ.ডি. গবেষণা কর্মের উপাত্ত সংগ্রহের জন্য ঢাকা ও যশোর জেলার ৬টি বিদ্যালয় ও ২টি মাদ্রাসাকে
দ্বৈবচয়ন পদ্ধতিতে নির্বাচন।

উপর্যুক্ত বিষয় ও সূত্রের প্রেক্ষিতে জানানো যাচ্ছে যে, পিএইচ.ডি. গবেষণা কর্মের উপাত্ত সংগ্রহের জন্য
ঢাকা ও যশোর জেলার ৬টি বিদ্যালয় ও ২টি মাদ্রাসাকে দ্বৈবচয়ন পদ্ধতিতে নির্বাচন করে, তালিকাটি প্রয়োজনীয়
কার্যার্থে এতদসঙ্গে প্রেরণ করা হলো।

জনাব মোহাম্মদ সেলিম চৌধুরী
বিভাগ: এডুকেশনাল এন্ড কাউন্সেলিং সাইকোলজি বিভাগ
কোর্স: পিএইচ.ডি
রেজি নং: এফ এইচ হল ১৭৯/২০১৪-২০১৫।

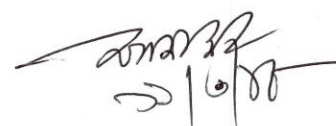

(মোঃ ফসিউল্লাহ)

পরিচালক ও অতিরিক্ত সচিব
ফোন: ৯৬৬৫৪৫৭

দৈবচয়ন পদ্ধতিতে ঢাকা ও যশোর জেলায় নির্বাচিত প্রতিষ্ঠানের তালিকা

ঢাকা অঞ্চল

ধরন	ইআইআইএন	প্রতিষ্ঠানের নাম	থানা/জেলা	মোবাইল	মন্তব্য
ধরন-১ শহর	১০৪৫৭৯	কমলাপুর শের-ই-বাংলা হাইস্কুল	মতিঝিল	০১৫৫৬৪৬১৭৩৫	
	১০৪১৩৩	হাম্মাদিয়া হাই স্কুল	কোতয়ালী	০১৭৩১২১৮৮৩০	
	১০৮০৪৪	হালিম ফাউন্ডেশন মডেল হাই স্কুল	শেরে বাংলা নগর	০১৬১১৩৯১৫৬৭	
ধরন-২ শহর		আলী হোসাইন বালিকা উচ্চ বিদ্যালয়	মোহাম্মদ পুর	০১৭১৫৭৯৮৮১৬	
ধরন-৩ গ্রাম		সিরাজনগর হাই স্কুল	কেরানীগঞ্জ, ঢাকা	০১৭১২৫৮৬১১৫	
ধরন-৪ গ্রাম		পাকশি দাখিল মাদ্রাসা	ধামরাই, ঢাকা	০১৭৪৩৫৯৩১৯১	
যশোর					
		যশোর জিলা স্কুল	যশোর	০১৭১৫২৬৭৬৬৪	
		সাগরদারী আলিম মাদ্রাসা	কেশবপুর	০১৯১১৬৫৫১৪২	


 ২/৩/১৪

Appendix E: Approval Letter from Directorate of Secondary Education



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
আঞ্চলিক কার্যালয়
মাধ্যমিক ও উচ্চ শিক্ষা ঢাকা অঞ্চল, ঢাকা
directordhakazone@gmail.com

স্মারক নং : ১১২/মাউশি/ঢাঅ-১১২/পরিঃ/পৃঃ/২০১৬/ ২৭১ -এ তারিখ : ০২/০৪/২০১৮

বিষয় : পিএইচ.ডি. গবেষণা কর্মের উপাত্ত সংগ্রহের জন্য বেইনব্যইস কর্তৃক দ্বৈবচয়ন পদ্ধতিতে নির্বাচিত ঢাকা জেলার ৫টি বিদ্যালয় ও ১টি মাদ্রাসা থেকে উপাত্ত সংগ্রহে সহযোগিতা প্রদান।

সূত্র : জনাব মোহাম্মদ সেলিম চৌধুরী, সহকারী অধ্যাপক, মনোবিজ্ঞান (বিসিএস, সাধারণ শিক্ষা) এর ০২/০৪/২০১৮ তারিখের আবেদন।

উপর্যুক্ত বিষয় ও সূত্রের পরিপ্রেক্ষিতে ঢাকা বিশ্ববিদ্যালয়ের এডুকেশনাল এন্ড কাউন্সেলিং সাইকোলজি বিভাগে পিএইচ.ডি গবেষণারত সহকারী অধ্যাপক, মনোবিজ্ঞান (বিসিএস, সাধারণ শিক্ষা) জনাব মোহাম্মদ সেলিম চৌধুরীকে তথ্য-উপাত্ত সংগ্রহের বিষয়ে প্রয়োজনীয় সহযোগিতা প্রদান করার জন্য নিম্নবর্ণিত শিক্ষাপ্রতিষ্ঠানসমূহকে অনুরোধ করা হলো।

(প্রফেসর মোহাম্মদ ইউসুফ)
পরিচালক

মাধ্যমিক ও উচ্চ শিক্ষা ঢাকা অঞ্চল, ঢাকা
ফোন : ৫৮০৫০৪৭১

প্রধান শিক্ষক/সুপার

- ১। কমলাপুর শের-ই-বাংলা হাইস্কুল, মতিঝিল, ঢাকা।
- ২। হাম্মাদিয়া হাই স্কুল, কোতয়ালী, ঢাকা।
- ৩। হালিম ফাউন্ডেশন মডেল হাই স্কুল, শেরে বাংলা নগর, ঢাকা।
- ৪। আলী হোসাইন বালিকা উচ্চ বিদ্যালয়, মোহাম্মদপুর, ঢাকা।
- ৫। সিরাজনগর হাই স্কুল, কেরানীগঞ্জ, ঢাকা।
- ৬। পাকশি দাখিল মাদ্রাসা, ধামরাই, ঢাকা।

অনুলিপি সদয় অবগতির জন্য :

- ১। মহাপরিচালক, মাধ্যমিক ও উচ্চ শিক্ষা অধিদপ্তর, বাংলাদেশ, ঢাকা।
- ২। উপপরিচালক, মাধ্যমিক ও উচ্চ শিক্ষা, ঢাকা অঞ্চল, ঢাকা।
- ৩। জেলা শিক্ষা অফিসার, ঢাকা।
- ৪। অফিস সংরক্ষণ নথি।