Pragya Darshan 2023, 5(1): 64-70
ISSN: 2542-2634 (print)

Research Article

History of Victimization, Behavioral and Emotional Problems among Juvenile Delinquents in Child Correction Homes

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Abstract

The juvenile justice system identifies youth in conflict with the law as different from the adult criminal population. The Correctional and re-integrative approach forms the basis of a good juvenile justice system. The rationale for such interventions remains to identify risk factors and protective factors for delinquency. History of victimization has been recognized as one of the risk factors for juvenile delinquency. In this context, a cross-sectional study was conducted with 160 adolescents (with a history of juvenile delinquency) residing in Child Correction Homes of Bhaktapur and Kaski districts to study the history of victimization its effect on behavioral and emotional problems. Nepalese versions of the Reduced Item Juvenile Victimization Questionnaire (JVQ) and Strength and Difficulty Questionnaire (SDQ) were used for the study. Of the participants (N=149), 93.96 % reported at least 1 victimization and 79.19% reported lifetime exposure to 3 or more different types of victimization. Total score in JVQ was a significant predictor for Hyperactivity, Emotional Problems, Peer Problems, and Total Difficulty Score of SDQ. These findings point toward the need to further study these aspects of delinquency in the Nepalese context.

Keywords: behavioral problems, emotional problems, juvenile delinquency, childhood victimization

Introduction

Every year many children come in contact with the law due to their involvement in delinquent acts. These children are referred to as juvenile delinquents. According to the Nepalese Children's Act, 2048, 'juvenile' or 'children in conflict with the law' are those individuals below the age of 16 years,, and according to the status of a child, ordinary criminal prosecution is carried out differently than adults and by the respective legal system (Mainali & Thapa, 2016). The concept of juvenile justice system is relatively new in Nepal, as it did not exist in Nepal before 1992 (Kathmandu School of Law, 2010). The *Children's Act, 2048 (1992)* provided provisions relating to the establishment and operation of Child Correction Home (CCH) or *Bal Suhar Griha* (Ghimire, 2013; Mainali, 2014; Central Child Welfare Board, 2015).

Studies on the history of victimization have shown a higher prevalence of negative life experiences (such as victimization, maltreatment, exposure to traumatic events, and crimes against children) in youth involved in juvenile justice compared with community samples of similar age (Ford et al., 2012; Kerig et al., 2014). Furthermore, child maltreatment (Jonson-Reid et al., 2012), adverse childhood experiences (Beckley et al., 2017), exposure to traumatic events (Dierkhising et al., 2013), victimization (Ford et al., 2012; Wiig et al., 2003), and trauma involving victimization (Ford et al., 2007) have all been identified as risk factors. During the last 20 years, negative early childhood life experiences have been intensively examined and recognized as a key risk factor for delinquency (Wiig et al., 2003; Niraula, 2016) and classified as an explanatory psychological theory for juvenile criminality (Kostic, 2003). This high prevalence of history of victimization has also been linked to a high rate of psychological problems in the juvenile delinquent population. In a sample of 898 juvenile delinquents (aged 10-18) who participated in a longitudinal study of 1,829 youth at the Cook County Juvenile Temporary Detention Center in Chicago, Illinois, Abram et al. (2013) found that 11.2% of the participants had PTSD the year before their study. Dierkhising et al. (2013) studied trauma histories, mental health problems, and associated risk factors among 658 adolescents (13-18 years of age) who reported recent involvement with the juvenile justice system (from the National Child Traumatic Stress Network, United States). The study found that 23.6% of the participants were in the clinical range for PTSD, 66.1% reported externalizing problems in the clinical range, 45.5% reported internalizing problems in the clinical range, 71.8% reported substantial academic problems, 43.8% reported substance/alcohol use, and 42.2% reported concurrent child welfare participation. Similarly, Silvern and Griese (2012) found that child maltreatment predicts dissociative symptoms, reactive aggression, and PTSD among 123 male adolescent offenders. Likewise, Ford et al. (2008) reported that physical abuse and domestic violence were associated with suicidal ideation and drug and alcohol abuse risk. They also found that sexual abuse was associated with alcohol abuse risk and traumatic neglect was associated with suicidality, drug abuse risk, and PTSD.

Continuous research on intervention, prevention and rehabilitation-focused approach has found support for the treatment component of the juvenile justice system in reducing both the adverse effects of the punitive approach and the risk of future offending (Lipsey et al., 2010). The target of such treatment approaches has logically been risk factors for juvenile delinquency such as a history of victimization to prevent subsequent criminal behavior and help rehabilitate juvenile delinquents as fully functioning and productive members of society.

Different studies have been conducted on the prevalence of different types of victimization in Nepal's community samples and have found a high prevalence of such incidents. For example, Dhakal et al. (2019) studied childhood victimization experiences and associated mental health problems in 103 Nepalese youth (12-18 years of age) rescued from illegal child labor. Using Juvenile Victimization Questionnaire, the study reported 72% of participants as experiencing some form of maltreatment in their lifetime, while 68.9% reported 3 or more types of victimization. Atteraya et al. (2018) reported the prevalence of moderate physical

abuse (49.8%), severe physical abuse (21.5%) and emotional abuse (77.3%) among 7,147 participants from different rural and urban areas of Nepal. Kandel et al. (2017) conducted a study on a community sample of 5,081 Nepalese children. They found that the most frequently used disciplinary methods used to discipline children were explaining wrong behavior (91%), followed by screaming, shouting, yelling (71%), use of physical force (46%) and slapping, hitting at the bottom with bare hand (33%). However, no such study has been conducted on the juvenile delinquent population of Nepal, indicating a research gap.

This study attempted to address the research gap on the prevalence of lifetime exposure to victimization and behavioral and emotional problems among juvenile delinquents in Nepal's Childcare Homes (CCHs). The findings of this study will serve as the basis for further research on the topic, which would help develop treatment and intervention programs for the correction and rehabilitation of juvenile delinquents.

The overarching aim of the present study is to study the prevalence of a history of victimization and its effects on behavioral and emotional problems in juvenile delinquents residing in CCHs in Bhaktapur and Kaski districts.

Materials and Method

For the present study, a cross-sectional research design was used. Cross-sectional design incolves collecting data from more than one sources at a single point in time to study pattern of association between variables (Bryman, 2012).

Universe of the Study

Adolescents with a history of juvenile delinquency and currently living in CCHs for correctional purposes were the study universe.

Sample and Sampling Method

The purposive sampling method was used for the study to select juvenile delinquents from two of the three CCHs of Nepal-Bhaktapur and Kaski. Data were collected from August 2018 to September 2018 with the help of CCH staff. A total sample of 160 participants (Male = 156, Female= 4) was selected for the study. The age range for participants was 13 to 19 years old (*M*= 17.38 years, *SD*= 1.67).

Data Collection Tools

Juvenile Victimization Questionnaire: Nepalese translation of the juvenile victimization questionnaire R2 (JVQ-R2; Finkelhor et al., 2011), 12-item, reduced item youth lifetime version was used to study the history of victimization. Based on previous studies that showed the importance of child maltreatment as a risk factor for juvenile delinquency (Evans & Burton, 2014; Robertson & Burton, 2010; Silvern & Griese, 2012), three items from the childhood maltreatment domain (physical abuse by caregiver, neglect, and custodial interference/family abduction) were added. Together, 15 items of the JVQ were used to ask participants if they had experienced the event mentioned in the item during their lifetime. A yes / no response option was provided for each item; a yes response was provided with a score of 1, and a no response was provided with a 0. Total Victimization Score (TVS) for each participant was calculated by adding scores obtained on all 15 items. Beckley et al. (2017) suggested that the analyses were performed using TVS instead of individual reported victimization cases. They reported that childhood risk factors for victim-offender overlap are cumulative. Thus, an accumulation of adverse childhood experiences was better suited for studying the victim-offender overlap than individually studying each experience.

Strength and difficulties questionnaire: Nepalese translation of the Strength and Difficulty Questionnaire (SDQ; Goodman 1997) was used for the study. SDQ comprises 25 items divided into five subscales: Emotional Symptoms, Peer Relationship Problems, Conduct Problems, Hyperactivity/Inattention, and Prosocial Behavior. Participants responded to the statements with a rating of how true the statements were to them on a 3-point Likert scale (1 = 'not true' to 3= "certainly true"). Prosocial behavior assesses the strength and the other four subscales are summed to provide a Total Difficulties Score (TDS).

Data Collection Procedure

Data were collected under the CCH guidelines. Following the guidelines, the researcher did not directly deal with the participants and was always accompanied by CCH staff. The accompanying staff was also thoroughly briefed on the nature of the study.

Data Analysis

Before performing any statistical analysis, the distribution of each variable was assessed for outliers and normality**.** Descriptive analysis was conducted for each of the study variables. Samples with incomplete data in JVQ were not included in the analysis. The summary score for each subscale of SDQ could be calculated and included in the analysis for those participants who had responded to at least 3 out of 5 items in all subscales. This resulted in N = 149 participant data available for analysis. A correlation analysis was performed to assess the relationship between the TVS and SDQ subscales. Significant relationships obtained from correlation analysis were then entered into regression models to specify the direction and strength of the independent variable(s) effect on the dependent variable.

Ethical Consideration

The Central Department of Psychology of Tribhuvan University granted permission to carry out the study. Written official permissions were also obtained from agencies related to the operation and management of the CCHs including the Ministry of Home Affairs, the Juvenile Justice Coordination Committee, the Central Child Welfare Board (CCWB), and Underprivileged Children's Educational Programs (UCEP) Nepal. A written informed consent form was included in the questionnaire and every participant had the right to refuse to participate or withdraw from the ongoing task. Confidentiality of the participants was maintained by excluding any identifying information about the participant in the questionnaire. The completed questionnaire was given a code and a different sheet of paper was used to record the codes and the corresponding demographic information of the participants. The questionnaires for the study were reviewed and approved for use by the CCH officials. The researcher followed the in-house rules and guidelines set by the CCHs all the times while

conducting the research. All study procedures were conducted according to the Declaration of Ethics of the Helsinki of 1975, as revised in 2000.

Results

History of Victimization

The mean score and standard deviation for the score were calculated for TVS, indicating the mean number of different types of victimizations experienced by the participants in their lifetime. The participants' average number of forms of victimization was 6.08 (SD= 3.63), with a minimum score of 0 and a maximum of 14.

Table 1 shows the number of individuals who reported no

Table 1: Different Types of Victimization Reported by Participants

Types of victimizations reported	Number of participants
None	9 (6.04%)
At least 1	140 (93.96%)
3 or more	118 (79.19%)

victimization, one victimization, and three or more victimizations. Among the participants (N = 149), 6.04% (n=9) reported no victimization, 93.96% (n=140) of the participants reported at least one victimization, 85.90% (n=128) reported 2 or more and 79.19% (n=114) of the participant reported 3 or more victimizations. 'Assault with Weapon' (witnessing and indirect victimization domain) (n = 96, 64.43%), the exposure to random shootings, terrorism, or riots (witnessing and indirect victimization domain) (n = 93, 62.42 %), and 'Assault without weapon (conventional crime domain) (n = 90, 60.40%) were the most commonly reported victimizations. Least reported victimizations were: 'Sexual assault by unknown adult' (sexual victimization domain) (n = 12, 8.05%), 'Sexual assault by known adult' (sexual victimization domain) (n = 6, 8.72%), and 'Custodial interference/family abduction' (child maltreatment domain) (n = 20, 13.42%).

Behavioral and Emotional Problems

The participants' mean score and standard deviation for all subscales have been presented in Table 2.

Table 2: Descriptive Statistics for Scales of SDQ Along with Interpretation

Subscales of SDQ	Mean score	Standard deviation	Interpretation
Prosocial Behavior	8.66	1.51	Average score
Hyperactivity/Inattention	2.33	1.70	Average score
Emotional Symptoms	3.30	2.19	Average score
Conduct Problems	2.51	1.49	Average score
Peer Relationship Problems	2.96	1.49	Average score
Total Difficulty Score	11.11	4.49	Average score

Note: SDQ= Strength and Difficulty Questionnaire.

The mean score and standard deviation for all the subscales of SDQ indicated the average score in these domains. The number of participants scoring at the level of probability of clinically significant problems and substantial risk of clinically significant problems in each subscale has been presented in Table 3.

Table 3: Number of Participants with Probable Clinically Significant and Substantial Risk of Clinically Significant Problem Scores in Scales of SDQ

Subscales	Probable clinically significant problem	Substantial risk of clinically significant problem
Prosocial Behavior	9	1
Hyperactivity/Inattention	4	5
Emotional Symptoms	14	10
Conduct Problems	16	16
Peer Relationship Problems	40	6
Total Difficulty Score	13	6

As indicated in above table, the number of participants scoring at the level of probability of clinically significant problems and substantial risk of clinically significant problems is as follows: 10 (Prosocial), 9 (Hyperactivity), 24 (Emotional Problem), 32 (Conduct Problem) 46 (Peer Problem) and 19 (Total Difficulty Score).

History of Victimization and Behavioral and Emotional Problems

The correlation analysis between the total JVQ score and the scores on the SDQ subscales showed a significant correlation of the total JVQ score with hyperactivity / inattention, r (147) = 0.245, $p < 0.01$, Emotional symptoms, r (147) = 0.208, $p < 0.05$, Peer Relationship Problems, $r(147) = 0.237$, $p < 0.01$, and total difficulty score, r (147) = 0.301, $p < 0.01$.

Linear regression was then conducted for these significant correlations for the Total JVQ score as an independent variable and subscales in SDQ as dependent variables. The results have been presented in Table 4.

Table 4: Linear regression analysis for Total JVQ score as predictor

Total JVQ: IV	R^2	$F(df_1, df_2)$	*B*	S.E. for *B*
Hyperactivity/Inattention	0.060	9.358(1, 147)**	0.115**	0.038
Emotional Symptoms	0.043	6.649(1, 147)*	0.126*	0.049
Peer Relationship Problems	0.056	8.772(1, 147)**	0.097**	0.033
Total Difficulty Score	0.090	14.608(1, 147)**	0.372**	0.097

Note: *Significant at $p < 0.05$, **Significant at $p < 0.01$. JVQ = Juvenile Victimization Questionnaire. IV = Independent Variable. *B* = Unstandardized coefficient. S.E. = Standard Error.

Linear regression analysis showed that the total JVQ score was a significant predictor for all dependent variables. The total JVQ score explained 6% variance in the Hyperactivity/Inattention score. Likewise, with every 1 unit increase in the total JVQ score, a 0.115 unit increase in the Hyperactivity/Inattention subscale score could be significantly predicted. The total JVQ score explained 4.3% variance in the Emotional Symptoms score. For every 1 unit increase in the total JVQ score, a 0.126 unit increase in the emotional symptoms score could be significantly predicted. The total JVQ score explained the 5.6% variance in peer relationship problems. For every 1 unit increase in the total JVQ score, a 0.097 unit increase in the peer relationship problems score could be significantly predicted. The total JVQ score explained a 9% variance in the Total Difficulty Score. For every 1 unit increase in the total JVQ score, a 0.372 unit increase in the total difficulty score could be significantly predicted.

Discussion

A history of victimization and prevalence of behavioral and emotional problems was investigated among adolescents who have a history of juvenile delinquency and reside in CCH for correctional purposes. The mean score for the total number of victimizations reported (range of scores 0 to 14) obtained for the current sample was 6.08 (SD = 3.63). The prevalence of more than one type of victimization was high among the sample. Among the participants, 93.96% reported at least one victimization, 85.90% reported two or more, and 79.19% reported three or more victims. This rate is higher than Dhakal et al. (2019) reported with the non-delinquent adolescent population. They found that 72% of young people rescued from illegal labor, including human trafficking, suffered at least one type of victimization, with 68.9% experiencing three or more. Concerning behavioral and emotional problems in the current study, the highest percentage of the combined potential and the substantial clinically significant problem was reported in the Peer Problem subscale. This was followed by the Conduct Problem subscale, Emotional Problem subscale, Total Difficulty Score, Prosocial subscale and Hyperactivity subscale. According to the regression analysis results, victimization had a substantial effect on the Hyperactivity subscale, Emotional Problem subscale Peer Problem subscale, and Total Difficulty Score of the SDQ.

The high prevalence rate of victimization in the juvenile delinquent population found in the current study is consistent with other studies based on a similar population. The rate of reporting at least 2 (or more) victimizations in other studies is as high as in the current study: 90% (Dierkhising et al., 2013), 67% (Ford et al., 2008), 84% (Abram et al., 2013), 53.2% (2 or 3 types) and 10.6% (4 types) (Silvern & Griese, 2012), and among those reporting at least one, 90% (at least 2), 73% (at least 3), 52% (at least 4), and 32% reported 5 or more victimizations (Baglivio et al., 2014).

Previous studies have empirically supported the link between being a victim and an offender. Beckley et al. (2017) conducted longitudinal research on the developmental nature of victim-offender overlap. They found that 29% of the participants were victim-offenders, more than victims only (16%) or offenders only (20%). Duke, Pettingell, McMorris, and Borowsky (2010), in a study with sixth, ninth and 12th grade students (N = 135409), found a significantly positive association of all different types of adverse childhood experiences with interpersonal violence and self-directed violence in adolescents. Furthermore, for each increase in the adverse childhood experience reported, the risk of violence was increased 38% to 88% for girls and from 35% to 144% for boys. Ford et al. (2010) reported more delinquent acts by poly-victimized adolescents when compared to non-poly-victimized adolescents.

A pathway from being a victim to an offender in the delinquent population has been hypothesized as the negative effects of being victimized (Becker, & Kerig, 2011; Silvern, & Griese, 2012). Such negative effects include various types of internalizing problems (like anxiety, depression, PTSD), externalizing problems (like aggression, conduct problems, defiant behavior), and drug and alcohol abuse risk (Abram et al., 2013; Dierkhising et al., 2013; Ford et al., 2008; Silvern & Griese, 2012). This is in line with the current study's findings, which found that victimization had a significant impact on hyperactivity, emotional problems, peer problems, and the Total Difficulty Score. In addition to that, Ford et al. (2007), in their review, point toward a higher risk for negative outcomes (including delinquency) due to trauma involving victimization than other potentially traumatic incidents (like accidents and illness). Similarly, those who have experienced multiple types of victimization also have an increased risk for PTSD, substance use disorders, and emotional and behavioral problems (Ford, et al., 2013; Ford et al., 2010). Both of these cases apply to the present study. First, the tool used in the study, JVQ-R2, assesses only interpersonal victimizations (and not other traumatic incidents, such as accidents and illnesses). Second, the results indicate a high prevalence rate for multiple types of victimization among participants.

Silvern and Griese (2012) hypothesize that delinquents with a history of maltreatment might have engaged in violent behaviors not proactively but reactively, in response to trauma triggers and chronic dysregulation. Post-traumatic stress symptoms, particularly those involving arousal and change in reactivity, could increase the risk of delinquency (Becker & Kerig, 2011; Ford, 2002). Such symptoms include irritability, hypervigilance, sleep disturbance, and reckless or self-destructive behaviors (Sue et al., 2013). A high rate of internalizing problems has been observed in juvenile delinquents compared to community samples, specifically PTSD (Ford et al., 2012; Kerig et al., 2014).

Another probable victim-to-offender pathway is the structural and functional changes in the brain due to exposure to victimization during the developmental period (the period during which the brain is still developing) of childhood. Chronic stress in children due to exposure to multiple forms of victimization can cause structural and functional abnormalities in regions of the brain such as the prefrontal cortex, hippocampus, and amygdala (Raine & Yang, 2006). These regions of the brain, specifically the prefrontal cortex region, are crucial for information processing in the brain (Sue et al., 2013). As such, abnormalities in these regions might lead to abnormalities in information processing. Cognitive theorists explain such abnormalities or deficits in cognitive functions as one of the reasons for antisocial behavior (Siegel & Welsh, 2011).

Similarly, low self-control has been associated with the experience of multiple adversities in children (Schreck & Stewart, 2011). Gottfredson and Hirschi (1990) general theory of crime (or low self-control theory) argues that those individuals with low self-control are more likely to engage in antisocial behaviors. Such individuals tend to pursue their own interests and pleasure-seeking behaviors without concern for the consequences of their actions on other individuals.

One of the most recognized pathways from victimization to delinquency is observational learning or social learning (Beckley et al., 2017; Siegel & Welsh, 2011). Bandura (1963) reported series of experiments that demonstrated learning through imitation of behaviors performed by another person or 'model' by children, specifically aggressive models. The observational learning pathway may have played an important role in the victim-offender overlap observed in the current study. The largest proportion of victimization reported by participants was 'Witness to Assault with a Weapon,' followed by 'Exposure to random shootings, terrorism, or rioting,' both from the JVQ's witness and indirect victimization domains. Growing up in an environment where they have witnessed violence, children may develop several reactions and responses that put them at risk of delinquency. Such reactions and responses include: learning to believe that such behavior is acceptable (Siegel & Welsh, 2011), developing chronic feelings of insecurity, making them more prone to use physical aggression as self-protective measures, and desensitization to threats resulting in participation in high levels of risk-taking behaviors (Schwab-Stone et al., 1995). In addition, witnessing interpersonal violence might cause a sense of mistrust towards or loss of social support. Suppose that people in the social support system themselves are victims of such violence. In that case, it might also reduce the ability of social support to help children deal with the negative consequences resulting from the victimization (Scarpa et al., 2006).

Conclusions

The current study's findings show a high prevalence of victimization in the sample of juvenile delinquents from the CCHs of Bhakptapur and Kaski. Similarly, victimization has significantly affected hyperactivity, emotional problems, peer problems, and total difficulty.

Acknowledgments

Researchers express sincere gratitude to the Government of Nepal, Ministry of Women and Children and Social Welfare, Central Child Welfare Board (CCWB) for providing partial financial support to conduct this study. Special thanks to the Juvenile Justice Coordination Committee and staff of the Underprivileged Children's Educational Program (UCEP) Nepal and the Child Correction Homes of Bhaktapur and Kaski districts for their support. The researchers are also thankful to the Central Department of Psychology faculty and staff for their continuous support and special thanks to the study participants. Without the cooperation of those, the study would not have been possible.

Conflict of interest

The authors declare that they have no conflict of interest.

Funding

The study was partially funded by Government of Nepal, Ministry of Women and Children and Social Welfare, Central Child Welfare Board (CCWB).

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