

# Life Skills Education (LSE) for Juvenile Delinquent: Developing a Behaviour Health Promotional Model

Annie Singh\* and Subhasis Bhadra†

## Abstract

Juvenile delinquency is a rising problem all over the world and in India. Over the years researches have been conducted to coin a suitable intervention strategy and models that would decrease delinquent behaviour and promote pro-social development. Practical techniques are required to resolve their behavioural health issues and address their mental health problems. The current study examines the behavioural problems of juvenile delinquents in the observation homes in India and assesses the application and the effectiveness of intervention provided to them through Life Skills Education (LSE) module. Life Skill Education intervention comes up to be an effective and active learning method of behavioural health promotion, if built into a model that addresses the behavioural needs of juvenile delinquents.

**Keywords:** juvenile delinquent, behavioural health promotion, life skills

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\* Research Scholar, Department of Psychology and Wellbeing, School of Humanities and Social Sciences(SHSS), Gautam Buddha University(GBU), Greater Noida, Uttar Pradesh, India; nnievijaysingh@gmail.com

† Assistant Professor and Head, Department of Social Work, (SHSS), (GBU); bhadrasubhasis@gmail.com

## Introduction

India is a developing country and the problem of juvenile delinquency, though seems low, can prove disastrous if neglected the way it is in the present scenario as evident from the data of the National Crime Records Bureau Report 2007 (Haque, 2012). Adolescence is a crucial stage of life where young people acquire new capacities that create opportunities for development, but also bring risk to their behavioural health and wellbeing (World Health Organization, 1998). LSE as an intervention technique can be applied to the juvenile observation home setting as it uses active learning methods, games and role plays, which wins the children's interest and helps them strengthen the decision making and problem solving abilities. Life skills approach can be applied to various social and cultural settings. It has successfully been implemented in schools and formal settings, but can also be used in other settings where skill development and enhancement of behavioural health is major aim (Botvin, 2000) The root cause of delinquency lies in the deviated social control and conduct problems, which could be successfully addressed through LSE if used as an intervention in the observation homes, as a part of routine life of juveniles.

The Second United Nations Congress on the Prevention of Crime and Treatment of Offenders has defined 'juvenile delinquency' as 'violations of laws' and 'criminal and maladjusted behaviours' shown by minors that are considered inappropriate in civil society. It is evident that children who have encountered violence in their family and social environment are prone to delinquent behaviours (United Nations 2003). A number of risk factors have been associated with youth violence. Reasons for criminal behaviour of minors may include poverty, unemployment, , faulty parenting , large family size and antisocial parents (Derzon & Lipsey, 2000). Extreme peer orientation is when children willingly break all social rules and sacrifice important things to get affiliated with peers (Vitaro *et al*, 2000). The terms 'juvenile delinquent' or 'child in conflict with the law' according to the Juvenile justice Act of India refers to a person below the age of 18 who has committed a crime and has become a person to be treated under the law violation procedures. The rate of Juvenile Crimes (under IPC) is alarmingly

increasing as the data shows that juvenile crimes are 1% of the total crimes during 2001 to 2011. (Ministry of Statistics and programme Implementation, GOV of INDIA, 2011).

Life skill education has also been used widely in India and world in an array of set ups. It is a preventive education programme that addresses multiple aspects like promotion of self-empowerment, promotion of well being with stress and emotions, and also prevention of alcohol and drug abuse (Bhadra, 2011). There is a need for creating an intervention model that help youth to come out of the correctional facilities and re-integrate back into society. Life Skill Education can serve as an answer to the problems of juveniles and might help them to lead better lives in observation homes and in the society. Here is a table depicting the available therapeutic models practiced in correctional settings.

Table 1

Multi systemic therapy	Functional Family therapy	Wrap Around Care	Cognitive behavior therapy	Multi dimensional Treatment foster care
MST was effective in decreasing recidivism during the follow-up period (Schaeffer, 2005)	FFT has reflected reductions in recidivism in out-of-home placements in as much as 55 percent cases (Alexander J, 2000)	Successful Implementation in child welfare, special education, mental health and juvenile justice set ups around the world (K, 2003)	Cognitive behavioural therapy has been effective with offenders with substance abuse and extreme violent behaviours (Clark, 2010)	Includes treating and hospitalization MTFC successfully deals with minor offenders in community set ups (Fisher & Chamberlain, 2000)
(Wig,2003) identify effective interventions for delinquency prevention	Ideal for adolescent at risk of getting engaged into delinquency Low dropout rates and high completion rates(Alexander J, 2000)	Improved mental health of children and positive outcomes (Camey & Butell, 2003)	Reduces recidivism (Clark, 2010)	Reduction In criminal activities More suitable and effective for girls (Chamberlain, 2007)

## Significance of the Study

Considering the seriousness of the problem, reasons of behavioural health problems of juveniles point toward their social and psychological backgrounds, past and present conditions. The neglect of these factors causes an adverse effect on overall growth of children (National Mental Health Association USA, 2004). Targeted assessment of mental health and immediate action for court-involved juveniles can help checking the risk of their re-entering into the cycle of crime, thus decreasing the problem of juvenile delinquency. The current environment of juvenile institutions reflects the monotony in the lifestyles of juvenile delinquents. The institutions are overcrowded, and run on low budgets and inadequate facilities. Hence the need for counselling and activities for the development and mainstreaming of these children get ignored. (Pandit, 2013). In this context, this article is describing a pilot of life skill module that is developed and used at the juvenile observation home in Bareilly (UP) to recommend a practicable behaviour health promotional approach in the observation homes.

## Methodology

This study used a mixed methodology. It began with qualitative assessment method where pictures and drawings were used as pre intervention assessment and was then followed by an intervention module addressing the issues highlighted in the pre intervention phase. To assess the changes through LSE sessions, issues-based drawing, identification of emotions and interaction with the staff members were conducted. The framework of this qualitative approach was to develop the aspects of interpretation, the categories, as near as possible to the drawing material by the delinquent children. To understand children's drawings, there could be two basic modes: one is the projective technique while the other is based on content of the drawing (Merriman, Guerin, 2006). This paper used and focused on the second technique which is a rule guided method that is based on features related to the participant's socio-cultural backgrounds, individual experiences, views, thoughts and feelings (Granheim, 2004). To conduct intervention permission according to the ethical and legal

guidelines of Juvenile Justice Act 2000 was obtained from the ministry of Women and Child Development of Uttar Pradesh, which runs the observation home in the State.

## **Module of Intervention**

As a part of the intervention schedule for juveniles through Life Skills Education Training, a module was developed which incorporated day-wise life skills activities and their implications on the juveniles. It focussed on the problems that these children face in the observation home and in their lives outside following release. A seven-day intervention as a pilot study was conducted at the boy's juvenile observation home in Bareilly, Uttar Pradesh with 20 inmates aged 12 to 16. The intervention module was designed considering the problem behaviours of juvenile delinquents like depression, conduct problems, substance abuse and recidivism and criminal activities.

## **Results and discussion**

A picture test based on the 9 facial expressions, adapted from the disaster management booklet series Medium one of Psychosocial care for Children Medium- Facial Expression by NIMHANS (Sekar, 2007) was conducted as a pre intervention and post intervention test of assessing the effectiveness of the LSE intervention. These 9 facial expression cards were shown to children and they were asked to pick up a card from the nine cards that would describe their current mental status best (on the first day of the session). Further, on the last day the participants were asked to choose a card to describe the emotions. The pre-post result is given in the table below.

Table 3: Emotions of the participants

Name of the Emotion	Pre test Data	Post test data
Happy	30%	65%
Sad	25%	10%
Unhappy	15%	5%
Surprised	5%	15%
Irritated	15%	0
Annoyed	0	0
Confused	5%	5%
Frightened	5%	0
Angry	0	0

As evident from the table above, drastic changes were observed post intervention as most of the children immediately identified with the emotion of happiness against the pre-intervention test findings where maximum of children picked sad, unhappy and irritated expressions. This vindicates the effect of the LSE based intervention module.

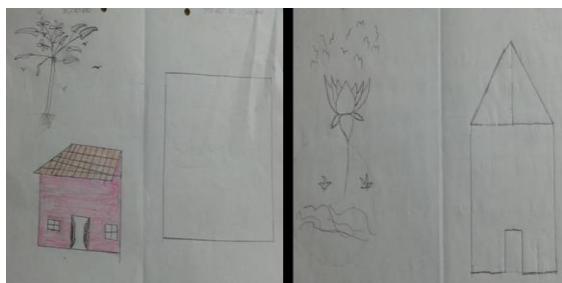
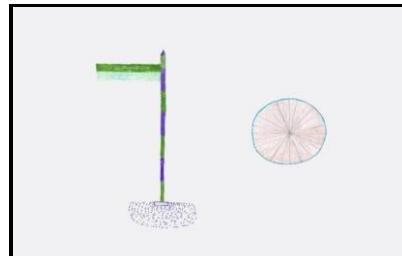
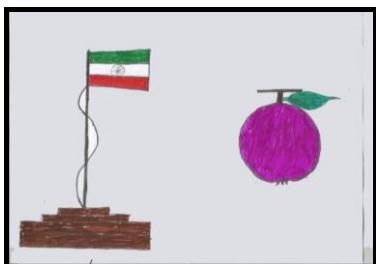
In another assessment technique, the participants were asked on the last day to express their views about, 'what they want in current situation' and 'how they viewed their life 10 years down the lane' through drawing. The pictures drawn by them were analyzed in terms of visual display (depiction), and the meanings attached by the participants about them.

Table 4: Analysis of the drawings made by participants

Current situation	%	Future situation	%
Flags (Relates to freedom and the feeling of having control on their own lives)	35%	Floral Patterns (As most of them belonged to cloth weaving and Zardozi crafts men families, expressed their desires to continue with the family businesses in future)	20%
Fields (Signifies the need of moving and living in an open area with freedom)	30%	Future occupations (Drivers, Farmers, Fruit Vendors, defence personnel)	35%
Birds (Depicts their wish to return to their homes and unite with their families)	15%	Human figures (showing their own reflection in future as care givers and responsible family persons)	25%
Fruits (Explained as a wish to become happy and sweet like fruits)	10%	Houses and village scenes (depicting their wish to carry on with a normal life in future)	10%
Others (Crying figures , flowers, Trees etc)	10%	Others like a (Movie star and Archer)	10%

It can be clearly inferred from the table where, 35% of children expressed their desire to be free as their present mental state by drawing flags, while remaining 30%, 15% and 10% also clearly indicated signs of visualising their present meaningfully. In the future situation as evident maximum 35% expressed their future occupation and the rest 20%, 25% also seemed hopeful of their future perspectives, thus reflecting a positive outcome of the LSE intervention on these children.

### The Pictures Drawn by the Participants



Following the implementation of the module the important reflections as evaluative remarks from few participants are as follows.

*"Life Skills activities should be conducted daily as we get to play and interact with each other. The way we played and talked, I enjoyed and felt that I really never had a chance before to express myself in this manner. It is my bad luck that I m here but today after the session I feel that even I can do something good in my life".* 14 year old boy of low income group, living in observation home for 14 months. Parents are daily-wage labourers and reported to have financial problems and severe discordant relation among parents.

*"Life skills activity has helped us to understand and face truths of life. I want to learn new things and play the games that we play in this session. I felt guilty and was afraid to think about my past deeds, but after attending these sessions of life skills I seem to relate to right and wrong and will try to face world bravely after my release".* 15 year old boy of low middle income group, living in observation home for 16 months. He is the only live child, as his brother died in an accident 4 years back. Parents are working as fourth class workers in a

school and have financial crisis. The boy gets little time and attention from parents.

*"Through Life Skills, ability to learn new things has increased. I always felt lonely and sad in the monotonous life of the observation home. This session has energised me and I will try to focus in life and learn something new to earn livelihood after I leave this observation home".* 16 year old boy of lower income group, living in observation home for 11 months. It is reported that he was the only earning member of the family as his father is *an alcoholic and has mother and 4 other siblings to take care of.*

*"Liked the drawing and picture activities, enjoyed the session because of the physical activities and the interactions we had with each other. I was afraid to talk to any unknown person and am also bullied by elder boys in my dormitory. But attending this session has helped me in opening up and now I will not keep quiet and bear, but I will complain and make friendship too".* 12 year old boy of middle income group, living in observation home for 8 months. Parents are divorced; he lived with his father and ended in the observation home because of delinquent peer group who were engaged in vandalism.

Thus it is evident from the excerpts from the feedback of the children that LSE as an intervention module has potential to bring positive change in the lives of the juvenile delinquents.

Semi structured interviews were conducted with the supervisory staff of the observation home before the LSE sessions in order to gain insight into the problems of juveniles. Problems reported by the staff were

- Extreme difficulty in maintaining discipline
- Frequent internal conflicts among the children
- Conduct problems like not listening, and breaking the rules and regulations of the observation home.
- Minimal healthy communication between the staff and children

Similar structured interview of the staff was conducted on the seventh day of the LSE intervention module in order to understand the changes in the children and their routine lives. Staff reported the following changes

- Participants seem calm, and healthy interaction has increased within their dormitories. "For us it has become easier and convenient to watch them as they don't fight often". Reported by a care taker on night duty.
- Drastic changes have been observed among the participants who used to get agitated quickly and fought with fellow inmates. They have become disciplined and empathy in their behaviour is visible.
- Children who were not permitted to attend the LSE due to administrative reasons showed interest to attend.
- Participants who used to bully younger children have shown good progress in their behaviours. They were heard talking that as explained to them by the facilitator, "they would now not bother younger children, instead would take care of them, as they are elder and should show responsible behaviour."

## Conclusion

This pilot intervention showed the potential of LSE module in the observation home settings for the juvenile delinquents. The intervention has clearly pointed out the relevance of the LSE in mainstreaming the delinquent children effectively, if conducted for much longer period of time as a compulsory part of their daily routine. As the results indicate, this module would definitely decrease the percentage of recidivism as it focuses on the problems that could lead these children back into the unlawful activities. This module did not include the families and parents of the juvenile delinquents, as it is prohibited by the law (Ministry of Law and Justice, 2000) to gain any personal information of the children or meet their families, thus leaving space for unaddressed problems that these children might face on their transition from correctional facilities into the families.

## Acknowledgement:

We would like to convey deep acknowledgement to the juvenile observation home authorities of Bareilly run by Ministry of Women

and Child Development who permitted and helped in conducting the Life Skills Education (LSE) intervention with the inmates.

*Declaration of Interest:* The authors alone are responsible for the content and writing of the paper.

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