

JUVENILE JUSTICE NEWSLETTER

NEWSLETTER OF ACTIVITIES IN DELHI FOR IMPLEMENTATION OF THE PROVISIONS OF THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT 2000

(February, 2009)

The Concept of “Probation” is an integral part of Criminal Justice System that envisages the need for rehabilitation rather than retribution as an effective way to deal with those who commit a wrong against the society.

The thrust behind this concept is the recognition that anti-social tendencies leading to crime may have their origin in environmental and psychological factors that need to be addressed in a comprehensive and systematic manner in the process of re-integration and rehabilitation of such individuals.

This concept assumes a more critical role in case of children who are reported to have come in situations of conflict with law. The probation services, therefore become a crucial link in the administration of juvenile justice system.

In Delhi there has been a consistent effort to develop a restorative model of juvenile justice management system by extending the benefits of the probation services as well as counseling facilities to each and every child brought before the Juvenile Justice Board. However, it has taken a lot of effort to put in place the requisite setup of these services as it exists at the JJBs today.

Earlier despite there being a statutory mandate there was no separate probation unit for juveniles.

The JJ Act, 2000 and the amended JJ Act, 2006 contemplate an important and critical role to be played by the probation officer(s), which ranges from making Social Investigation Reports (SIR's) of the juveniles to attending the proceedings of the Board and developing a care plan for every child and other such like functions in the interest and well being of the child.

However, until 2006 the existing arrangement for rendering probation services was totally inadequate. Considering the nature of work required to be carried out in terms of the JJ



A sensitive and experienced probation officer has an important role in all round development of a child.

Act, as well as the number of children who were reported to have come in situations of conflict with law, the number of probation officers assigned could not complete the minimum house visits within the stipulated time.

As the existing infrastructure was grossly inadequate to even render the basic minimal services, much less individualized attention and support to the juveniles, the matter was repeatedly taken up with the Department of Social Welfare, Govt of NCT of Delhi.

It was only after persistent efforts that the need for a separate probation unit for JJB was recognized by the Department of Social Welfare and ultimately some time in June 2006 a separate probation unit for JJB was set up. The number of cases of counselling taken up, after setting up of separate probation units for JJBs, is reflected from following table:

Number of cases of counseling referred to the Probation Unit at JJBs :-

<i>S.No</i>	<i>Period</i>	<i>No. of Cases</i>
1	April 2006 to December 2006	60
2	January 2007 to December 2007	74
3	January 2008 to December 2008	35

*Figures include number of cases of counseling referred to the PO Unit at JJB-I and JJB-II.

Since then, besides utilizing the available Governmental Probation Services, the JJB has also been co-opting for the services of the probation officers from other NGOs to augment the existing support system in the interest of these children.

The following table reflects the manner in which services of other probation units have been utilized in the work of preparation of SIR's of children:

Number of social investigation reports prepared by probation units;

S. No.	Period	Name of unit	No. of SIRs prepared
1	Jan 2006 – Dec 2006	Prayas	645
2	Jan 2007 – Dec 2007	Prayas	600
3	Jan 2007 – Dec 2007	PO Unit JJB –I	64
4	Jan 2008 – Dec 2008	Prayas	490
5	Jan 2008 – Dec 2008	PO Unit JJB –I	97
6	May 2008 – Jan 2009	PO Unit JJB –II	374

* These figures pertain only to the SIRs prepared by the Probation Units attached to and those whose service have been co-opted by the JJBs. They do not include SIR's prepared and submitted by the office of Chief Probation Officer, Delhi and the local District Probation Officer(s) of the concerned districts.

As a part of an ongoing endeavor, to develop best practices, now both the JJB's, besides making use of the Probation Services have also been co-opting the services of professionally trained psychologists to provide much desired support in the form of counseling to children and their families.

These steps together with a host of other techniques like introduction of various skill development activities, vocational training, sports activities etc have helped many of these children in being restored back to their families and in being rehabilitated as responsible members of the society.

These steps have also motivated these children to act as role models for other similarly placed children. As a part of efforts to generate a cascading effect of the positive impact of the success and acceptability of such children by the society several of these children were felicitated as “Peer Motivator” / “Path Pradarshak” in a cultural festival organized at OHB-II on 15.03.2008. Plans are underway to organize more such events on a regular basis in the near future.

Just to give a panoramic insight into the manner in which counseling has been instrumental in the process of rehabilitation and reintegration of children we are incorporating a few articles by some of those who have been a part of this ongoing process of change and development of best practices in the juvenile justice management system in Delhi.

Understanding Children through Drawings
By Prof. Manju Mehta*

In an attempt to understand the personality makeup and intrapersonal functioning of juvenile delinquents, a visit was made to the observation home run for boys by Prayas. Children with criminal record often belong to lower socio-economic conditions wherein to understand their problem behaviour it becomes necessary to understand their whether the causal factor are their personalities or their environmental backgrounds or both.

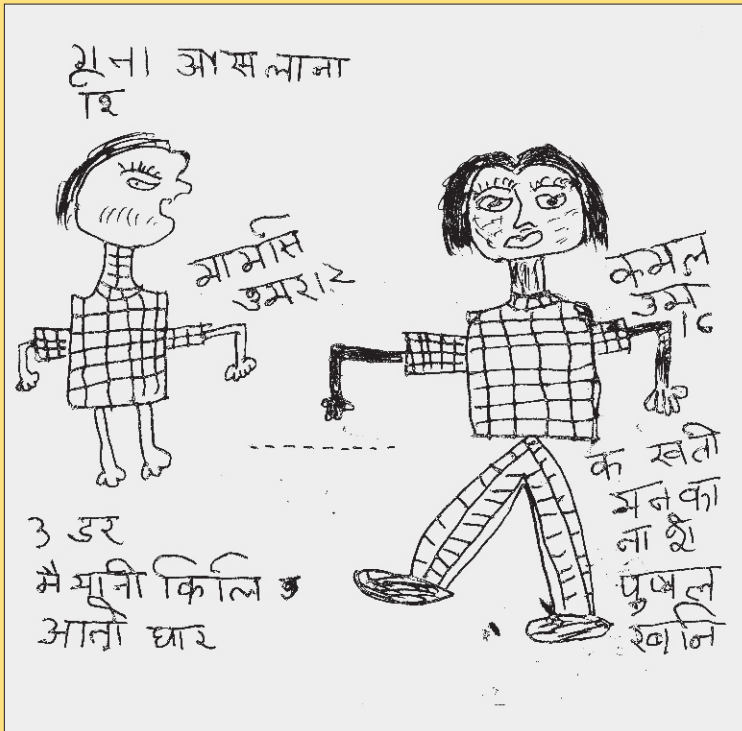
There are many ways of assessing these children. Questioning, clinical interviewing or using of questionnaires on juvenile delinquents to elicit their pathological behaviour or personalities often has limited effectiveness. The drawbacks of these measures are that many such children have limited or no education, socially desirable responses can be given which leads to malingering along with these tests being invasive and threatening for the child.

From a point to overcome these difficulties and drawbacks, Children were asked to draw Human Figures (either male or female, as per their preference using Draw a Person Test, Machover 1948). These drawings were then analysed and interpreted to understand the personality dynamics of such children. Drawings, a projective technique is used widely in clinical practice especially with children to break the ice and also to gain certain insights about their problem behaviours and personalities often not elicited by any other means of assessment.

Interpretations of Draw a Person Test (DAPT) collectively were marked by certain distinctive physical and graphical features which were indicative of psychopathology found in these juvenile delinquents.

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- Gross asymmetry of figures drawn, omitted neck, figure larger than 9 inches is suggestive of Impulsivity
- Crossed eyes, eyes drawn in triangles, presence of teeth, long arms (even bigger than head) and nude figures is suggestive of Anger and Aggression
- Shading (face or body), legs pressed together and omission of eyes- Indicative of Anxiety
- Tiny heads and omission of arms, legs and feet and monstrous figures is suggestive of Insecurity and Inadequacy.



Human figures drawn by a child in conflict with law



Human figure drawn by a normal child of same age

However Human figure drawings (using DAPT) made by normal children of the same age, is not found to be marked by the graphical/ physical features drawn by juvenile delinquents. Drawings of Normal Children are reflective of much lesser degree of psychopathology (anger, aggression and impulsivity etc) and with positive self concept and better adjustment to the environment etc.

Understanding and assessment of personalities and psychopathology present in these children will help in timely and effective intervention to teach psychological skills to them to manage their anger, aggression, stress and also teach them to implement problem solving skills, positive self statements to maintain healthy self concept. All these cumulative efforts will help these children in bringing about a change in their behaviours and reactions to various problem behaviours like impulsivity, aggression etc.

IMPORTANCE OF COUNSELING IN REHABILITATION OF CHILDREN.

By Mrs Anu Goel*

In March 2007, after having worked with Sunder Lal Jain Hospital as a counseling psychologist in private practice since last about 5 years, I got my first hand experience to get associated and interact with children who had got into situations of conflict with law. Its been almost two years since the this process had started when I attended a 'Health camp' organized by Juvenile Justice Board Kingsway Camp in collaboration with the Sunder Lal Jain Hospital and Department of Social Welfare, Govt of NCT of Delhi.

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This three day event was organized at the precinct of 'Observation Home for Boys' at Sewa Kutir Complex, Delhi. It was an absolutely new experience involving interaction with more than 150 children some of whom required intensive techniques based on their psychoanalysis and past behavioral history. As a part of a team of doctors and based on my area of specialization I was required to interact with and examine the children and start the process of preparing individual psychological profiles that could be used to have a better understanding of the child and the socio-psycho factors that led to the child's deviant behaviour. The thrust was to supplement the already ongoing efforts by the JJB and its PO Unit to render effective rehabilitation oriented counseling to the child and the family.

Sometime in June 2007 the collaborative initiative got a further boost when in order to augment the existing medical facilities available for the children of OHB-II, Sunder Lal Jain

Hospital agreed to render voluntary medical aid. As a part of the collaborative initiative I was asked to chip in as psychological counselor. This was beginning of my association with the children and staff of OHB-II. Once the preliminary work was over the process of regular visits to the Observation Home started and counseling sessions for the inmates as well as their families commenced.

Initially I started visiting OHB-II twice a week but as work progressed I got more and more involved in the work of counseling children and their families and started visiting OHB-II everyday. The number of cases entrusted to me kept trickling in and so far I have handled about 97 cases of counseling.

These counseling sessions include individual sessions with the concerned child as well as his parents and family. It has been a very fulfilling experience. The positive changes that are brought about by these sessions are acknowledged by the concerned children as well as their parents. It gives me an immense sense of achievement and professional satisfaction when even after leaving the observation home some of the children and their families continue to consult me and take advise from me.

To share my experience about the positive effects of counseling I can narrate numerous instances, but would confine myself to two cases. In one of the cases I was counseling a child who was facing an inquiry for having allegedly committed theft along with his friends. This boy was of above average intelligence and when I started my sessions he came up with different versions and concocted stories which could easily be taken to be genuine. He not only made up the stories for himself but also for his two friends who were also staying at observation home. He would often tutor them as to what was to be communicated to other persons specially me. In fact this child seemed to have a penchant for reading the mind of others. But for the experience that I have had in my field it would have been impossible for me to distinguish the fiction and the facts. This was a typical instance of negative peer group influence where a child with distinct leadership qualities was exerting negative influence on others and drawing a misplaced sense of achievement. As the first step it was ensured that all three concerned children were segregated and introduced to other groups so that their inter-se interaction gets minimized. This small step by itself brought about a perceptible difference and the two friends of the concerned child became more receptive to counseling and started giving a clearer picture about themselves and their circumstances etc rather than coming up with doctored versions fed by their “leader”. These boys did not take much time in realizing that the process of counseling was aimed at help them. to change their deviant path. As a result of the regular counseling and the consequent improvement in the self image these boys could also be motivated to continue with education and vocational training. Their parents were also counseled to keep them away from any faulty peer group influence.

As far as the child who was acting as the “leader” was concerned, an intensive schedule of counseling was prepared. This child was counseled more frequently and in a sustained manner. These interactions were used to generate a positive feed back to motivate him. Gradually this child also started showing signs of improved self image and became more receptive to the positive change. A sustained, though gradual, effort brought him to a level where he could be singled out for his positive attributes and leadership qualities. Even this child has taken up further education. Today he is not only pursuing further education but is also effectively rehabilitated.

There was another case where a child referred to me for counseling was stated to have murdered his girl friend without any apparent reason. He had allegedly procured a gun from his village and went on to shoot the victim at point blank range and confidently went to surrender himself before the police. Even his parents came to know about the incident from the media reports. During the initial preliminary interactions this child appeared to be a loner and he continued to put forward a façade that belied any remorse. It appeared as if he had no regret for having killed somebody. However, as the interactive sessions went on the child started opening up and the suppressed sense of guilt also began to surface. This change, though, was not easy for the child who started showing suicidal tendencies as he was engulfed by a feeling of guilt about the crime., It was a tough job to let the catharsis take place without letting this have any undesirable impact on the child. This even required clinical assessment of the need to use medicines in addition to counseling. After a sustained effort and cooperation from the child and his family we were able to bring about considerable improvement in his emotional state. The emotional stability that could be brought about in this child has put him on the path of effective rehabilitation where he is participating in group activities and is continuing with his education.

During the course of my interactive sessions I have realized that individualized attention coupled with regular counseling can play an important role in effective rehabilitation of most of the children. However, in some cases more intense clinical monitoring and medication may also be required. If the existing infrastructure is further augmented by way of additional trained counselors to do the follow up visits the object of preventing repeat of situations of conflict with law can be minimized if not altogether ruled out in most cases.

A comparative chart of institution and disposal of cases at JJBs

Sl. No.	Month	Year	No. of Cases Instituted	No. of Cases Disposed of
1.	January	2008	108	205
		2009	81	142
2.	February	2008	91	134
		2009	63	205

*Figures include institution and disposal of cases at JJB –I and JJB –II.