

## Formulating an Integrated Intervention Programme: Managing the Aggression Level of Juvenile Delinquents

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### ABSTRACT

Juvenile delinquency is a serious social concern, characterized by disturbance in executive functions, cognitive emotion regulation, and aggression. The most common problem that delinquent children and juveniles deal with at every moment is the lack of sufficient control over their aggression. Accordingly, the aim of this study is to investigate the effect of an intervention program on aggression and stress level of juvenile delinquents. In this study, 80 juvenile delinquents were selected through accidental sampling from the reformatory school of Gorakhpur (Uttar Pradesh). The intervention session was given to the entire subjects for a period of 60 days regularly. In order to collect data, the scale of aggression proposed by “Km. Roma pal” and “Dr. Tasneem Naqvi and the scale of stress proposed by Dr. M. Singh were applied. Data analysis was performed by paired t-test. The t-test results revealed that there is a significant difference between the intervention program and aggression and stress of juvenile delinquent. Intervention program significantly decreases the level of aggression and stress of juvenile delinquent.

**Keywords:** *Intervention Programme (Psychodrama, Groupcounseling, Yoga Nidra), Aggression, Stress, Juvenile Delinquent.*

**A** child is born with innocence and if nurtured with tender care and attention, then they grow in the positive way physical, mental, moral and spiritual development of children make them capable of realizing their fullest potential. On the opposite side, harmful surroundings, negligence of basic needs, wrong company and other abuse may turn a child to a juvenile delinquent.

Children constitute about 40% of India's population and India has a national policy for children declaring children to be a national asset. Unfortunately, the crime of child increasing at an alarming rate day by day. There have been a 47 % increase in crime committed by children between 2010 to 2014. Juvenile crime registered under Indian panel code (IPC), from 22,740 cases in 2010 to 33,526 cases in 2014 according to data released by national crime record bureau. As against an overall total no. of 28.51.536 cases resided in the country. When cases that were filled under special local law were added to the IPC data the total no.

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of cases against juveniles shot up to 48,230. About 75% of those accused in these cases were in the age group of 16-18 years.

Juvenile delinquent behaviour is one of the most important issues we face as a nation in this millennium. Juvenile delinquency is an astronomic problem in India by which most of the youth ruin their lives. Because of juvenile crime and related problem, youth, their families and the entire society suffer multiple consequences.

Crimes committed by children and adolescents under the age of 18 years, is called delinquency. The maximum age limit and also the meaning of delinquency vary from country to country. But it is also below 18 years that is statutory. In India any person between the age of 7 and 18 years who violates the provisions of children act, the IPC and CPO will be considered as delinquent. The person above this age is considered as criminal. Delinquency is the behaviour of youth under 18 years of age which is not acceptable to society and is generally regarded as calling for some kind of admonishment, punishment or corrective actions (Coleman, 1981).

In the present era, the issue of delinquent children and adolescents is certainly a very difficult and uncomfortable issue, and it attracts the attention of many experts, including psychologists, sociologists, and criminologists. They are often trying to answer the question, "Why do some children and young people participate in a range of crimes, including violent and anti-social crimes?" and also thinking about how to deal with them (Abolmali, 2010). If the adolescents' crimes lead to intentional or unintentional damage to other people, then they are considered violent. The most common problem that delinquent children and adolescents face and deal with at every moment is a lack of sufficient control over their aggression (Refaghatkhoje, 2011).

Reviewing the data and statistics also indicates that in recent decades, anger and aggression have increased. Much empirical evidence has shown the damaging effects of anger in human relations (Vasquez, 2010). In America, homicide is the second leading cause of death between the ages of 15 and 24, and about half of children referred to psychological centers are aggressive (Maleki, 2011). Many other arrests are made which relate to crimes (assaults and harm, intimidation, unintentional murder, threats, and knife) committed by individuals under the age of 24. According to the latest statistics available, 42% of forensic examinations related to injuries are caused by conflict 76.2% of which are young and teenage boys. Uncontrolled aggression causes social, occupational, educational, mental and physical health problems in adolescents and can predict alcohol and drug use, smoking, poor educational consistency, academic failure, depression, delinquency, and other disorders in adolescents (Gholami et al., 2009). Aggression is one of the major issues and problems related to puberty. Delinquency begins in the young adolescence stage. This is a time of identity crisis. Many adolescents find it quite frightening to develop an identity. The adolescents live at the intersection point of three levels. At the biological level, there are hormonal and physical changes of puberty. The second level is the psychological level at which there is the inner struggle for identity and intense change in desires and moods. The third level is socio-cultural level, at this level there are conflicting demands of family, school and various peer group. The modern values are in conflicting shape and social life has developed many complexities. These all affect the adolescents in his search of identity. So the adolescents undergo through the periods of stress and strain in the search for his identity, protection, and guidance. In the absence of these, he develops a feeling of neglect and insecurity. Many times such feelings

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lead him to think that he is uncared in the world and thus he develops antisocial attitudes which result in his delinquent act.

According to Glueck and Glueck theory delinquency is a symptom of emotional maladjustment. Many delinquents are emotionally disturbed (Glueck, S., 1950). Emotional instability would be expected to multiply with the antisocial conduct. It has been reported by many researchers that crimes like murder and rape are mainly the crimes of emotionality (Johnson EH, 1996, Gibsons DC, 1968). As mentioned by Friedlander many delinquents not only have a long history of severe frustration, they also react aggressively to stress situations. Prevention is necessary for such children, because without treatment they may continue on a path of delinquency and eventually adult crime. Effective treatment can help to break this cycle and produce healthier young who are less likely to act out and commit a crime. Accordingly, the present question is whether integrated intervention program based on psychodrama, group counseling and relaxation therapy can lead to a reduction in aggression and stress level in delinquent juveniles.

### ***The objective of the present study***

1. To study the effect of the intervention program on the level of aggression of juvenile delinquents.
2. To study the effect of the intervention program on the level of stress of juvenile delinquents.

### ***Hypothesis***

1. There is no significant effect of the intervention program on the level of aggression of juvenile delinquents.
2. There is no significant effect of the intervention program on the level of stress of juvenile delinquents.

## **METHOD**

### ***Sample plan***

In the present study, 80 participants were selected through accidental sampling from the Reformatory school of Gorakhpur (Uttar Pradesh). In the present study, the researcher included in the sample only those participants who were between 16 to 18 years old and their qualification at least 8<sup>th</sup> standard. The researcher included in the sample only those participants who lived in the reformatory school at least for the three months time period. In the present study, the researcher did not include in the sample those participants who had a mental illness, physical illness and any type of drug addiction.

### ***Research design***

In the present study pre-test- post-test single group design has been used.

### ***Tool***

#### **Aggression scale**

This scale was developed by Roma Pal and Dr. Tanseem Naqvi in 1986. This scale consists of 30 questions. The age range for this scale is 14 to 24 years.

The split half and test-retest reliability coefficients were found to be 0.82 and 0.78, respectively. The validity coefficient was found to be 0.60.

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### **Scoring**

Each of the items has five alternate answers (multiple choice) graded on a five-point scale on the positive dimension and a zero point on the negative dimension. Each item has 6 alternative answers. For the answer of 'very much,' a score of 5 was given and a score of 0 was given for 'not at all' responses, and intermediate scores were given for the remaining responses. The level of aggression was categorized based on the scores obtained by the subjects.

### **Stress scale**

This scale was developed by Dr. M.Singh in 2002. This scale consists of 40 questions. The age range for this scale is 16-50 years. The test-retest reliability and correlation were found 0.82 and 0.79 respectively.

### **Scoring**

It is a paper pencil test with a self-report measure. Items in the questionnaire relate to almost all relevant components of life which cause stress in some way or the other. Each and every item has 3 alternative responses such as Always, Sometimes and Never which indicates the degree of severity. Scoring Assign 2 marks for 'always', 1 mark for 'anytime' and 0 marks for 'not at all' sum up all the scores and interpret in terms of the state of stress.

### **Intervening Program**

This study conducted on male delinquents. An intervention program was specially designed for delinquents including multiple therapeutic approaches. This therapeutic intervention was focused on their biological, psychological and behavioral aspect. Three therapeutic techniques were included in the intervention program: Psychodrama, Group Counselling and Yoga Nidra.

### **Schedule of the intervention program**

S.N.	Technique	Duration
1.	Psychodrama	Once in a week
2.	Group Counselling	Three times in a week
3.	Yoga Nidra	Five times in a week

*The intervention was provided to the participants according to the schedule for the 60 days.*

### **Procedure**

After seeking permission by concerned authorities of Uttar Pradesh Women and Child Welfare Department, at the initial stage 80 delinquents were identified and approached for participation in the study. There were administered Aggression and stress Scale on them. The results obtained at this point were constituted pre-test score.

After taking pre-test, session of intervention program were conducted for 60 days according to schedule. Intervention program included psychodrama, group counseling and yoga nidra altogether. Psychodrama once in a week for two or three hours, it includes three techniques as self-presentation, role reversal, and future projection. It would be used for social skills training, including training in the socially adaptive expression of anger. Group counseling three times a week for one hour, it includes educational activity and peer support. To make them aware of their social and personal current status with an emphasis on its implication towards their future. To focus on their strengths which may be appreciated and deficiencies this can be overcome. And yoga Nidra five times in a week for 30 minutes. It provides a

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soothing mental state. Enhance a positive state of mind and executive functioning. Facilitate emotional expression. It was administered by the researcher every time and instructions were given in Hindi.

Again same aggression and stress scale were administered to delinquents who completed the course of intervention program successfully. The results obtained at this point were constituted the post-test score.

At the administration of intervention program, some delinquents left the jail during the intervention because of this it took a large number of patients and longer time for data collection.

### RESULT

This section of research work deals with the statistical analysis of data and its interpretation as well as discussion of the obtained results. As pointed out in the preceding section, the following table has been drawn.

*There is no significant effect of the intervention program on the level of aggression of juvenile delinquents.*

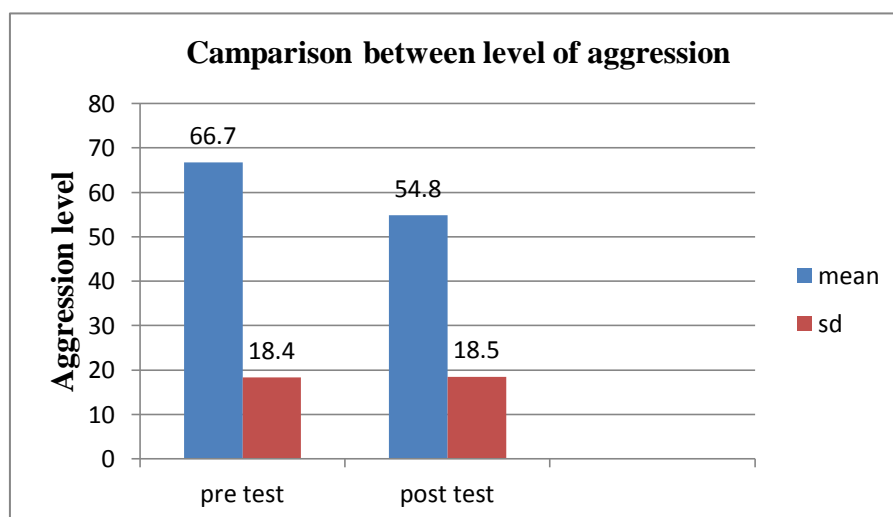
Group	N	Mean	Sd	R	SE <sub>D</sub>	Df	t-value
Pre test	80	66.71	18.4	0.27	2.5	79	4.76**
Post test	80	54.81	18.5				

\*\* Significant at .01 level

It is observed from Table that the Mean score of the pre-test is 66.71 with Standard Deviation 18.4 and the Mean score of post-test is 54.81 with Standard Deviation 18.5. The correlation coefficient is 0.27 and standard error of deviation is 2.5. The calculated 't' value is 4.76 which is significant at 0.01 level of confidence. Hence the null hypothesis has been rejected. It indicates that there is a significant effect of the intervention program on the level of aggression of juvenile delinquents.

It also observed from the result table that the mean value of the post-test condition is smaller than the value of pre-test condition. It means the intervention program significantly decreases the level of aggression of juvenile delinquents.

Bar diagram shows the mean and standard deviation of aggression level of the juvenile delinquents.



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*There is no significant effect of the intervention program on the level of stress of juvenile delinquents.*

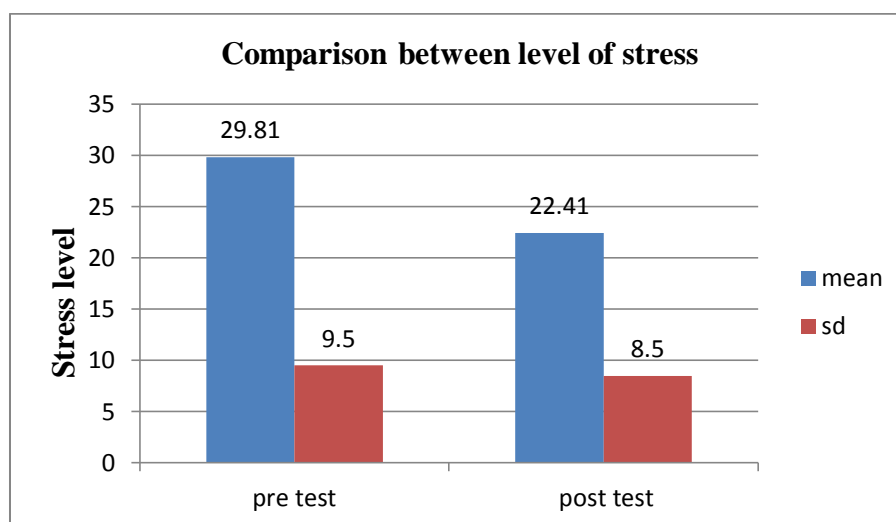
Group	N	Mean	SD	r	SE <sub>D</sub>	Df	t-value
Pre test	80	29.81	9.5	0.11	1.34	79	5.49**
Post test	80	22.41	8.5				

\*\* Significant at .01 level

It is observed from Table that the Mean score of the pre-test is 29.81 with Standard Deviation 9.5 and the Mean score of post-test is 22.41 with Standard Deviation 8.5. The correlation coefficient is 0.11 and standard error of deviation is 1.34. The calculated 't' value is 5.49 which is significant at 0.01 level of confidence. Hence the null hypothesis has been rejected. It indicates that there is a significant effect of the intervention program on the level of stress of juvenile delinquents.

It also observed from the result table that the mean value of the post-test condition is smaller than the value of pre-test condition. It means the intervention program significantly decreases the level of stress of juvenile delinquents.

Bar diagram shows the mean and standard deviation of stress level of the juvenile delinquents.



### DISCUSSION AND INTERPRETATION

The first **objective** was, to study the effect of the intervention program on the level of aggression of juvenile delinquents. In order to study our objective researcher has formulated null-hypothesis i.e. there is no significant effect of an intervention program on the level of aggression. Based on the obtained results, the null-hypothesis is rejected at 0.01 level of confidence. It means there is a significant effect of the intervention program on the level of aggression of juvenile delinquent. Based on the mean value it concludes that intervention program significantly decreases the level of aggression of juvenile delinquents.

Delinquents with aggression reported deviant behaviour, disruptive behaviour, socially maladaptive behaviour, reckless behaviour, reckless behaviour, isolation and self-harm. Juvenile delinquents do not appropriately express themselves relative to normal adolescents, feel anxious because they fail to properly respond to small stresses in their ordinary routines, are impulsive, and are highly aggressive, and behave with irrational ways of thinking (**Jang**,

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**2001**). A combination of three techniques as psychodrama, group counselling, and yoga nidra become the very effective solution of a delinquent with aggression.

Psychodrama is a medium of expression, learning, relationship, and catharsis. By this medium delinquent alter their behavior. Psychodrama therapy is a proper intervention for adolescents with aggressive behaviours. This is because psychodrama allows the therapist to provide clients with space to explore and deal with their inner conflict. Through movement, role-play, catharsis, and improvement, the client will be able to develop skills needed for positive social relationships. The act of playing, in addition to inspiring creativity, can give participants the needed permission for cathartic emotional expression (Blatner, 2002).

Group counselling is a professional helping process which aims at developing interpersonal relationships. In psychological group counselling, the behavioural aims of every member are tried to be achieved and the members' emotions, ethics, and behaviours are taken into consideration (**Voltan, 2005**). Juvenile delinquents have difficulty in recognizing their emotions or desires and properly expressing them (**Kim, 2010**). In group, counselling delinquents were able to express their suppressed aggression, anger, and desires and thereby experienced expression and resolution while creating their own worlds. Aggression the subjects possessed was verbalized together with their expressions in group counselling and conducting internal work on a more profound level.

Yoga Nidra inducing deep physical, emotional and mental relaxation by training the mind to remain calm and quiet and by rooting out repressed desires and thoughts from the deeper realms of the mind. Children with behaviour problem have a pent up feeling of anger and aggression. Yoga Nidra provides much needed relaxation and restores the balance of mental energy and also helps in releasing and rechanneling their energies in a more constructive way (**Satyanand, S.2006**).

Result of the present study supported by the previous study of **Mahmoud (1995)** has developed a program based on drama Therapy to reduce the aggressive behaviour among preschool children. **Abdel et al (2002)** found a significant reduction of counselling and drama therapy programmes on aggressive behaviours.

The second **objective** was, to study the effect of the intervention program on the level of stress of juvenile delinquents. In order to study our third objective researcher has formulated null-hypothesis i.e. there is no significant effect of an intervention program on the level of stress. Based on the obtained results, the null-hypothesis is rejected at 0.01 level of confidence. It means there is a significant effect of the intervention program on the level of stress of juvenile delinquent. Based on the mean value it concludes that intervention program significantly decreases the level of stress of juvenile delinquents.

Stress is defined as “the nonspecific response of the body to any demand” (Selye, 1974). Delinquents with stress problem reported insomnia, disturbing dreams, difficulty concentrating, racing thoughts, feeling overloaded, increased frustration, irritability, confusion and forgetfulness, irregular work pattern and schedule, and exposure to human grief (Greenberg and Valletutti, 1980).

A combination of three techniques as psychodrama, group counselling, and yoga nidra become the very effective solution of a delinquent with stress.

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During each psychodrama session, participants re-enact specific scene and experiences with the guidance of the researcher. These scenes may include past situation, dream, and preparation for future events. They move from talking about into action, opportunities arrive to heal the past, clarify the present and imagine the future. By this way they gain new insight, resolve problems and practice new life skills and behaviour, express and integrate blocked thoughts and emotions, resolve loss and trauma. Psychodrama can offer a wider perspective on individual and social problems and an opportunity to try out the new behaviour.

Group counselling is provided with a supportive, encouraging and motivating environment and then the individual learns the ways of dealing with their problem. The researcher provides a supportive environment to the group in which delinquent can express his feelings, thoughts, and emotions. Discuss the problem and evaluate the various ways of dealing with their thought and emotion. The researcher not only provides emotional support but also directs and assists the client to learn new techniques of dealing with frustration, confusion, and irritability.

Yoga Nidra has preventive, promotive and curative value. It prevents stress and stress-related disorders by inducing deep physical, emotional and mental relaxation, by training the mind to remain calm and quiet and by rooting out the repressed desires and thoughts from the deeper realms of the mind. Yoga Nidra awakens the inherent creativity and promotes the learning and memory abilities of the delinquents. Hence after practicing in yoga nidra they are feeling healthy, light, calm and positive. The practice of Yoga Nidra helps in building up the coping ability. The practitioner of Yoga Nidra slowly becomes aware of the inherent dormant potentialities and thus prevents himself from becoming a victim of distress. Carrington et al., (1980) concluded that yoga nidra has its most widespread application as a preventive measure to be practiced by healthy, active people as a means of relieving accumulated tensions, increasing stress resistance and overall efficiency, and preventing the development of stress-related diseases.

Result of the present study supported by Thayer et al., (1994) found the success of use of biopsychological model to regulate bad moods, raise energy and reduce tension. They evaluated that the best general strategy to change a bad mood is a combination of relaxation, stress management, Cognitive and exercise technique. Mindfulness-based stress reduction (MBSR) is a secular model of mindfulness practice developed by Jon Kabat-Zinn (1992) that focuses on the development of mindful awareness to reduce stress (Grossman, Niemann, Schmidt, & Walach, 2004). MBSR was developed for medical patients but is easily adaptable for clinical and non-clinical settings (Shapiro, Brown, and Biegel, 2003). MBSR is a structured 8-10 week program involving meditation, yoga, and interpersonal exercises (Grossman et al., 2004). The program is designed to teach participants to relate to their thoughts, emotions, and body sensations in a non-judgmental way (Shapiro, Astin, Bishop, & Cordova, 2005).

Thus psychodrama, group counseling and yoga nidra all together become a complete solution of stress for juvenile delinquent.

### **CONCLUSION**

In sum, it can be concluded that the intervention program can lead to an improvement in the life of juvenile delinquents as decreases the level of aggression and stress. It seems that changes in cognitive insight, consciousness level, indirect training of social skills, depth and scope of individual experiences, understanding self strengths and weaknesses, bringing



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emotional and cognitive integrity, and catharsis are the key reasons for the change in behavior.

### *Study Limitations*

Single-sex sample and small sample size that provides a problem for generalized results. It is suggested that for future studies of both sexes in a larger volume samples be used. And also it is recommended that research projects on juvenile delinquent can do on a broad level like different institutions.

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### *Conflict of Interest*

There is no conflict of interest.

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