



COMPREHENSIVE BEHAVIOURAL INTERVENTIONS FOR THE CHILDREN IN CONFLICT WITH LAW

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ABSTRACT

Children in Conflict with Law (Juvenile Delinquency) has become a pressing social concern in India, with an increasing number of children entering the legal system annually. Contributing factors such as family disintegration, individual traits, and socio-cultural and economic challenges heighten children's vulnerability to behavioural disorders that leads to juvenile delinquency. This study evaluates the effectiveness of a comprehensive behavioural intervention in managing aggression among juveniles in conflict with the law in Kerala. Conducted in Thiruvananthapuram District, the study involved 100 juveniles divided into control and experimental groups. Pre- and post-test were done using the IIP Aggression Scale by Kranti Srivastava and Neff's Self-Compassion Scale to assess aggression and emotional regulation. The experimental group underwent a three-month intervention program incorporating Cognitive Behavioural Therapy (CBT) techniques—controlled breathing, distress tolerance, cognitive restructuring, assertiveness training, and problem-solving—alongside Parent Management Training (PMT). Results revealed a significant reduction in aggressive behaviour, improved emotional regulation, and increased self-compassion in the experimental group. The involvement of families and structured therapeutic support played a crucial role in sustaining behavioural improvements and promoting psychosocial well-being. The findings underscore the efficacy of integrating CBT with family-based interventions for the rehabilitation of juveniles in conflict with the law. A case study illustrated here to demonstrate the systematic application of comprehensive behavioural techniques and subsequent promising behavioural changes.

Key Words – *Children in conflict with Law, Aggressive behaviour, Comprehensive Behaviour models, CBT*



Adolescence is a critical developmental period characterized by significant biological, social, and psychological transformations. This phase often presents adolescents with considerable stress and strain. They frequently grapple with self-doubt, develop abstract thinking, and navigate an identity crisis. These factors contribute to increased vulnerability and instability as they confront various developmental challenges, which can lead to considerable distress. In certain instances, the pressures of this period may result in maladaptive coping mechanisms, potentially manifesting as delinquency (Calado et al., 2017).

Juvenile crime represents a prevalent global concern, posing significant challenges to nations worldwide. The term "juvenile" refers to an individual who has not yet reached an age of sufficient cognitive and emotional maturity to fully comprehend the implications and consequences of their actions (Agarwal, 2018). Indian legal system specifically defines a "child in conflict with law" under Section 2(13) as: "A child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence" (JJ Act, 2015).

According to the National Crime Records Bureau (NCRB) there is a concerning increase in the number of children in conflict with the law across India. Notably, there has been a rise in juveniles allegedly involved in serious offenses, including those under the Protection of Children from Sexual

Offences (POCSO) Act, murder, attempted murder, kidnapping, and abduction. Delhi, Maharashtra, and Uttar Pradesh consistently report the highest numbers among Indian states in this regard.

The horrific gang rape case in Delhi in December 2012, often referred to as the "Nirbhaya case," triggered extensive public debate and scrutiny regarding the perceived leniency of the juvenile justice system in addressing heinous crimes. The realisation that young offenders could exhibit similar levels of brutality as adults prompted a national re-evaluation of the definition and approach to juvenile delinquency in India. This widespread sentiment subsequently influenced legislative reforms aimed at addressing serious offenses committed by juveniles (Agarwal, 2018).

The present study focuses on increasing juvenile delinquency in the southern state of India, that is known for its high literacy rate health status. According to the data from police department, more than 300 cases are being registered against children in conflict with law on average annually in the state. Most of these children are aged between 15 and 18. As per the data available with the National Crime Records Bureau, 1398 cases were registered in 2020 across the state. Proper identification, assessment, and evidence-based behavioural approaches are needed to address the issues. Children in conflict with law face many psychological issues including substance abuse, violence and neglect and other anti-social behaviours. They are considered more vulnerable to criminal acts. Identification and management of these problems is necessary for



reformation of juveniles and desistance from criminal behaviour (Gupta, Malhotra, & Chavan, 2021).

A strong, statistically significant correlation between juvenile delinquency and various factors, such as low socio-economic status, elevated aggression, family dysfunction (including broken homes, abandonment, and abuse), and addiction. Children who were in conflict with the law exhibited higher aggression scores compared to their non-delinquent peers (Subramanian, 2015).

Parental mismanagement is frequently attributed as a cause of disruptive behaviours and for worsening existing conditions. According to Singh & Kiran (2014), negative family characteristics such as poor parental supervision is often studied as risk factors for future delinquency. Children from such homes are believed to be at greater risk of offending than those from more supportive environments. According to Gottfredson (1986), the factors such as limited communication, lack of supervision, and inconsistent discipline in single-parent families can increase the likelihood of children engaging in delinquent behaviors. Children from such homes are often inconsistent in their discipline, physically abusive, highly critical, and hostile.

Children in conflict with Law exhibited disruptive disorders like ADHD, conduct disorders and showed heightened emotions and aggressive behaviour. This increased aggression is driven by impulsivity which causes them to react abruptly and act without fully considering its consequences. Externalizing behaviours, in particular, are significantly associated with increased risks of violence, aggression, and subsequent recidivism.

Shufelt & Coccozza (2006), approximately 65-70% of children within the Juvenile Justice System experience at least one mental health disorder, and 60% of them are affected by three or more disorders, including both internalizing and externalizing issues. Girls tend to internalize their trauma, which can later manifest as mood swings, anxiety, and other emotional disturbances. In contrast, boys are more likely to express their trauma through disruptive behavior, which often leads to hyperactivity, aggression, and attention deficit hyperactivity disorder (ADHD).

Among various therapeutic models, Cognitive Behavioural Therapy (CBT) has emerged as a crucial therapeutic approach to address these challenges. According to Lochman et al; (2019), CBT helps children acquire the ability to regulate their emotions, which enhances their emotional control and improves their capacity to cope with challenging situations. Furthermore, it bolsters their problem-solving abilities, enabling them to tackle conflicts and challenges in a more constructive and thoughtful manner. Specifically, children and adolescents are instructed to identify their levels of anger and to employ coping strategies such as distraction techniques, brief deep breathing exercises, and relaxation methods to manage the physiological arousal that accompanies anger.

CBT techniques include cognitive restructuring to challenge distorted thinking patterns that contribute to antisocial behaviours, as well as behavioural interventions like skills training to promote the development of prosocial behaviours. The collaborative and structured nature of CBT makes it particularly effective in addressing the



complex interplay of psychological, familial, and social factors underlying antisocial behaviours among adolescents in conflict with the law. Garland et al. (2008) reports anger management and social problem-solving are core elements of evidence-based practice for children with conduct problems.

The present case report forms a part of broader interventional thesis designed to evaluate how cognitive behavioural strategies can help to reduce aggression and enhancing emotional regulations among children in conflict with Law. The study employed a pre- post-test design, with intervention targeted improvement in anger management, impulse control and problem solving abilities and the changes were assessed through standardized measures.

This case report narrates the application of behavioural approaches including Controlled Breathing, Cognitive Restructuring, Assertive Communication, and Problem-Solving Skills Training in managing delinquent behaviours. Key issues addressed included heightened aggression, compromised social relationships, substance abuse, and illicit activity, susceptibility to peer influence, recidivism, and social isolation.

Dramatic improvements were observed in disruptive behaviours following these interventions, aiding the children's reintegration into mainstream society.

METHOD

Sample

The study employed a purposive sampling technique and was conducted among 100 male adolescents in conflict with the law, aged between 15 and 18 years, from the

Kaval Projects in Thiruvananthapuram District, Kerala. Kaval project is a community-based child protection scheme for children who are alleged to have committed an offence under the Juvenile Justice Act. It focuses on the rehabilitation and reintegration of these children by providing psychosocial support. It was initiated by Govt of Kerala with the judicial supervision of Juvenile Justice Board , District Child Protection Unit and NGOs

These participants had been apprehended under various offences such as theft, POCSO Act (Protection of children from sexual offences) violations, NDPS (Narcotic Drugs and Psychotropic substances) cases, peer violence, property destruction, and other antisocial behaviours. Most of the children come from low socioeconomic status. The inclusion criteria focused on adolescents who demonstrated aggressive behaviours and had a history of one or more delinquent acts. Verbal informed consent were collected from the children and responsible authorities. Children exhibiting intellectual disabilities were excluded. Initially, all 100 participants underwent pre-test using structured questionnaires for measuring aggression and self-compassion. Based on the results, 50 children with higher levels of aggression and lower levels of self-compassion were purposively selected into the experimental group and administered the intervention. Fifty children were considered to be the control group into which no intervention was administered.

The CBT sessions were delivered over a period of three months. In Phase IV,

one month post-intervention, the same assessment tools were re-administered as a post-test. Data were again coded and analysed using SPSS to assess the effectiveness of CBT on aggression and self-compassion, the dependent variables of the study. Group counselling sessions were conducted, giving participants the opportunity to share their views on the causes of anger and the actions taken during such situations. They were also encouraged to set personal goals. Positive reinforcement was provided according to the progress each participant achieved.

Tools

1. IIP Aggression Scale by Dr. Kranti. K. Srivasthava (2015)

Aggression Scale is self-administering questionnaire with 30 items. Each item presents six alternate answers graded on a five-point scale along the positive dimension and a zero point on the negative dimension. The total score is the sum of all marked answers, ranging from 0 (indicating minimal aggression) to 150 (reflecting higher aggression levels).

Reliability coefficient of the aggression scale was calculated by odd even method. The split half reliability has been calculated and correlation coefficient was .79 for males. The test is reported to be highly valid. The coefficient correlation came out of was .71, which is a high correlation and it suggests that IIP aggression scale serves to a large extent

All items are positively worded and five point scale has been used. Scores will be given as 5, 4, 3, 2, 1 and 0 to like extremely, like very much, like moderately, dislike moderately, dislike

very much and dislike extremely. The total score of scale is the sum of all answers marked. maximum score is 150 and minimum is 0. Higher scores show higher aggression level and lower score shows lower aggression level

2. Self-Compassion Scale – Dr. Kristin Neff (2003b)

The Self-Compassion Scale, developed by Kristin Neff, is a 26-item self-report tool used to assess how individuals relate to themselves in difficult situations. It measures six components of self-compassion: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale has high internal consistency, with reliability coefficients for the subscales ranging from 0.89 to 0.94. Items are grouped into subscales as follows: Self-Kindness – items 5, 12, 19, 23, 26; Self-Judgment – items 1, 8, 11, 16, 21; Common Humanity – items 3, 7, 10, 15; Isolation – items 4, 13, 18, 25; Mindfulness – items 9, 14, 17, 22; and Over-Identification – items 2, 6, 20, 24. Scoring is done by calculating the mean of each subscale. The negative subscales (Self-Judgment, Isolation, Over-Identification) require reverse scoring, where 1 becomes 5, 2 becomes 4, 3 remains 3, 4 becomes 2, and 5 becomes 1. After reverse scoring, the total self-compassion score is obtained by averaging the scores of all 26 items.

The study was conducted in four distinct phases. In Phase I, necessary permissions were obtained from the



Juvenile Justice Board, and informed consent from parents and from children were secured. Phase II involved the administration of pre-test questionnaires, with the researcher explaining each item to ensure clarity and accurate responses. In Phase III, the collected data were coded and entered into Excel for screening. Participants meeting the criteria were enrolled in the Cognitive Behavioural

Therapy (CBT) intervention. The CBT sessions were delivered over a period of three months. In Phase IV, one month post-intervention, the same assessment tools were re-administered as a post-test. Data were again coded and analysed using SPSS to assess the effectiveness of CBT on aggression and self-compassion, the dependent variables of the study.

Table 1: Mean and standard deviation and p value for aggression and self-compassion and its sub scales

Study variables	Pre-test N=100		Post test (N=50)		p value
	Mean	SD	Mean	SD	
Aggression	102.99	15.26	53.52	21.25	.00*
Self-Compassion	-4.87	3.08	4.82	4.57	.00*
Self-kindness	1.97	0.69	3.88	0.84	.00*
Self judgement	3.93	0.57	2.40	0.71	.00*
Common humanity	2.23	0.67	4.11	0.83	.00*
Isolation	4.44	0.48	2.25	0.87	.00*
Mindfulness	1.85	0.74	3.84	0.93	.00*
Over Identification	4.21	0.61	2.37	0.79	.00*

*Significant at 0.01 level

Table 1 shows that there were 100 sample in pre test and among that 50 sample were considered for post-test. The pre-test aggression mean was 102.99 (SD = 15.26) while the post-test aggression

mean was 53.52 (SD=21.25). Self-compassion pre-test mean was - 4.87 (SD =3.08) and post-test mean was 4.82 (SD=4.57). similarly as per the sub scale of the self-compassion scale is concern that self-kindness pre test mean was 1.97

(SD =0.690 and post test mean of 3.88 (SD=0.84), self-judgement pre-test mean (3.93 (SD=0.57) post-test mean 2.40 (SD=0.71) common humanity pre-test mean of 2.23 (SD=0.67) post-test mean of 4.11 (SD=0.83), the pre test mean score of isolation was 4.44 (SD=0.480 and the post test mean score was 2.25 (SD= 0.87), mindfulness pre test mean was 1.85 (SD = 0.74) post test was 3.84 (SD= 0.93) and the over identification pre-test mean was 4.21 (SD =0.61) and the post test was 2.37 (SD = 0.78). The result shows that the aggression was significantly reduced as the result of CBT among the children of those in conflict with law. CBT seems to be effective in rehabilitation of these children. Self-compassion was very low among the children in conflict with law. But after the post-test assessment the self-compassion was significantly improved due to CBT intervention. Like wise as expected the self-kindness, common humanity and mindfulness score were all improved and self-judgement, isolation and over identification score all reduced after post-test assessment comparing with the pre test assessment. The results were all significant at 0.01 level. Which indicated the CBT intervention was impacting the children in a positive way and helping un the rehabilitation in a highly significant manner.

Case 1

A 17-year-old boy, presents with a history of behavioural issues reported at juvenile home following reported crimes. His offences included the theft of a bike at a beach and the robbery of a woman's belongings, resulting in his apprehension by the police. History revealed his early life was marked by exposure to domestic violence, with his mother frequently being

victimized by his father. During his school years he developed various forms of delinquent behaviours like disobedience, temper tantrums, sibling rivalry, restlessness, bullying, poor academic performance, experimentation and abuse of drugs and other substances. His acts were supported by high peer influences. At the time of initial interviews, he showed distress, mood disturbances and lack of interest in daily activities or responsibilities. It was observed that he was neglected and father was absent during his childhood. Behavioral assessments observed signs of impulsivity, difficulty in taking proper decisions and lack of assertiveness when trying to express his needs. He became engaged in a romantic relationship with a girl and engaged in sexual activity at an early age. He also had a fascination to motorbikes and tends to have temper outbursts when provoked or frustrated. He had poor eye contact during initial interview, but personal hygiene and grooming appeared adequate. While his overall cognitive abilities were noticed to be intact but disturbed in keeping sustained attention. Despite these difficulties he showed an understanding of his legal circumstances and reflecting a certain level of insight and self-judgement.

The child, raised in a nuclear family from a disadvantaged socio-economic background, experienced inadequate parental supervision during his formative years. During adolescence, he exhibited isolated behaviour within his family, demanding money aggressively. His father, who exhibited consistent symptoms of paranoid personality disorder, was often absent due to overseas employment, leaving the primary caregiving responsibilities to his mother,



who herself grappled with depression during his early childhood. He associated himself with vulnerable peer groups, engaged in substance use, and ran away from home. His substance use escalated to narcotics, and he turned to drug peddling and petty thefts. The child's detachment from family led to irregular school attendance and association with gangs.

The boy engaged in substance abuse, displayed aggressive tendencies, and demonstrated a propensity for aimless wandering, impulsivity, early sexual encounters, susceptibility to peer influence, an absence of goal-directed orientation and motivation, as well as deficient interpersonal and social competencies. Despite these challenges, his mother remained actively engaged and supportive throughout the intervention.

Intervention

Behavioural methods incorporated relaxation and stress reduction techniques to lower physical symptoms of anxiety and stress. These included deep breathing exercises, mindfulness meditations progressive muscle relaxation, and and specific behaviour modification techniques. Recent studies show that attention-based and activity-based meditation practices activate areas of the brain related to reward processing, learning, memory, attention, and emotional control, while deactivating the amygdala—an area involved in emotion processing (Lavretsky & Feldman, 2021). The specific behavioral techniques in this study comprised of Controlled Breathing Techniques, Distress Tolerance Techniques, Cognitive Restructuring, Assertiveness Training, and Problem-Solving Training.

Psycho education in Cognitive Behavioural Therapy (CBT) begins by educating clients on the cognitive model and cognitive distortions, emphasizing their impact on mood and behaviour. Clients then develop awareness of their own cognitive distortions, using emotional peaks or behavioural cues as indicators. The thought record is a pivotal tool, used to systematically document situations, thoughts, emotions, behaviours, and alternative rational thoughts. Socratic questioning follows, helping clients challenge and replace distorted thoughts with more balanced perspectives. This structured approach fosters improved emotional regulation and adaptive behaviours, promoting client empowerment in managing their thought patterns independently over time.

1. Controlled Breathing Technique

The intervention focused on the behaviour modification techniques has been started with controlled breathing technique that helps to regulate psycho-neuro-immuno functions. The therapist models the child to do systematic and controlled breathing technique in a group work session as well as individually.

The provider begins by assessing the client's baseline breathing pattern and then educates him about the role of controlled breathing in managing his presenting symptoms. Controlled breathing techniques aim to regulate respiratory rate, in opposition to shallow or rapid breathing potentially exacerbating stress, anger or panic, while deeper, regulated breathing can induce relaxation by modulating the parasympathetic nervous system.

The provider teaches the client about diaphragmatic breathing, demonstrating how to initiate breaths from the abdomen. The therapist instructs the client to aim for a breathing rate of six to eight breaths per minute. This can be achieved by pacing the inhalation and exhalation cycles using a structured counting method. Initially, the child may exhibit difficulty in regulating his breath within a minute, often reaching rates as high as 22-25 breaths. Through repeated practice and guided instruction emphasizing paced breathing at 6-8 breaths per minute, with an emphasis on mindfulness and focused engagement, the child gradually achieves proficiency in the technique. According to Zaccaro et al. (2018), Controlled or slow breathing has been shown to positively influence both psychological and physiological functions, such as reducing stress, enhancing emotional regulation, and improving autonomic balance. It activates the parasympathetic nervous system, which helps calm the body and mental well-being.

2. Distress tolerance

Distress tolerance (DT) is defined as the perceived ability or objective capacity to withstand negative physical or emotional states (Simons & Gaher, 2005; Zvolensky et al., 2010). In a distress tolerance session, the therapist asks the client to remember situations that caused emotional pain, including past trauma. The client visualizes these events as real parts of life and encouraged acceptance instead of avoidance. Visualization exercises were used to build resilience, helping the client notice their thoughts, feelings, and body

reactions calmly. The client was guided to accept their distress and understand their experiences without judgment. The therapist also helps shift the client's thoughts toward more helpful and positive interpretations of these events.

3. Cognitive Restructuring

Cognitive restructuring aims to help people to reduce their stress through cultivating more positive and functional thought habits (Mills, Reiss, & Dombek, 2008). In cognitive restructuring the therapist initiates by elucidating cognitive distortions of the client, highlighting its significant impact on feeling and mood. While identifying negative automatic thoughts like "I need drugs to feel good about myself and I am not capable of quitting." The therapist guides the client to identify situational triggers and underlying beliefs supporting this thought pattern. The client is also helped to identify peer influence and perceived personal inadequacy as triggers, and feeling isolated without peer support etc. To challenge the accuracy of the automatic thought, the therapist employs evidence-based techniques, prompting the client to recall instances when he experienced contentment or accomplishment without substance use. The therapist helps the client to identify cognitive distortions such as "I am worthless," "I can't escape this situation," and self-blaming phrases and to restructure to positive and functional thoughts

Subsequently, the therapist introduces alternative thoughts, guiding the client to recognize personal strengths and abilities. A thorough exploration ensues, revealing the client's talents in singing, drawing, painting, carpentry, and



driving, affirming a multi-talented nature. Emphasizing self-exploration, the therapist encourages the development of realistic thoughts, replacing "I'm worthless without drugs" with affirmations like "I possess valuable strengths and qualities, and I can cultivate healthier coping strategies."

4. Assertiveness Training & Problem Solving

Quiggle et al. (2010) demonstrated that adolescents typically respond to peer provocation through aggression, avoidance, or assertion, with assertiveness acting as a protective factor, while Farrell et al. (2016) highlighted that peer pressure increases the likelihood of aggressive and delinquent behavior, whereas prosocial peer influence encourages positive social conduct.

As the child was struggling with peer pressure and often responded with impulsive or risky behavior, a structured intervention focusing on assertiveness training was introduced. In line with Quiggle et al. (2010), who emphasized assertiveness as a protective response to peer provocation, the therapist begins by explaining what assertiveness is, how it helps in handling peer pressure, and how it differs from aggression or passivity. Using role-play activities based on real-life situations, the child practises assertive communication. Following the approach suggested by Farrell et al. (2016), which highlights the impact of peer influence on adolescent behavior, the child was supported in identifying situations that triggered his impulsive actions and was encouraged to note down healthier and more confident ways to respond in those situations.

5. Psycho Education for Parents- Parent management Training (PMT)

PMT is a psycho social treatment in which parents are taught skills for dealing with their children's disruptive behaviour. The broad goals of PMT are to improve parental competence in dealing with child behavioural problems in order to enhance the child's adaptive behaviour.

According to Kazdin (2008), PMT is a psychosocial approach where parents are instructed in techniques to manage their children's disruptive behaviors. The overarching objectives of PMT are to enhance parental effectiveness in addressing child behavioral issues and to foster the child's adaptive behavior. The interaction between the therapist and the parent during PMT sessions focuses on active training. New parenting skills are cultivated through modeling, practice, role-playing, and feedback from the therapist. These skills cannot be acquired simply through verbal instruction; they require ongoing follow-ups for effective development. The interaction between the therapist and the parent during the PMT sessions emphasised active training. During the PMT sessions, the focus was on basic behavior management strategies like using rewards, setting clear rules, and being consistent. The child's mother was guided to use techniques such as praising good behavior, creating clear expectations, and giving appropriate consequences for misbehavior. Along with this, the family was encouraged to spend quality time together, have goal-oriented discussions, improve communication, and take part in activities that strengthen family bonds and support the child's development.



RESULTS

(Quantitative Considerations)

The table 2. shows the pre and post test scores assessing the aggression and six subscales of self-compassion. A significant reduction is observed in this child's behaviour dropping from 119 to 33 after the interventions. It indicates a significant reduction in child's disruptive behaviour and enhancing emotional regulation and behavioural control. Along with this the key elements of self-compassion also showing striking difference. Self-kindness increased from 2.8 to 4.2, while self-judgement decreased from 3.6 to 1.6. Similarly, the sense of common humanity saw a remarkable rise from 2.25 to 5, reflecting a greater

understanding of shared human experience. The feelings of isolation dropped from 4.25 to 1.25, indicating enhanced emotional connection and reduced loneliness. Mindfulness improved significantly from 1.75 to 4.75, showing greater present-moment awareness and emotional balance. Over identification, this refers to becoming overwhelmed by one's emotions, decreased from 4.5 to 2. These results collectively point to a substantial enhancement in self-compassion and emotional resilience, highlighting the effectiveness of the intervention in fostering healthier psychological functioning and reducing negative emotional patterns.

Table 2: Differences in the levels of Aggression and Self Compassion between pre and post conditions

	Pre	Post
Aggression	119	33
Self kindness	2.8	4.2
Self judgement	3.6	1.6
Common humanity	2.25	5
Isolation	4.25	1.25
Mindfulness	1.75	4.75
Overidentification	4.5	2

DISCUSSION

Lack of compassion was reported common among the children in conflict with law Davis & Boster, (1992) and aggression were common. The effectiveness of CBT on the rehabilitation of children in conflict with law was also supported by Garland et al. (2008) in their

study. Our current study confirms with the earlier findings. Further it shows that the congruence with our findings that efficacy of CBT in reducing anger, irritability and aggression. Morley et al. (2016) implied that self-compassion, social connectedness, self-control, self-respect, are the indicators of mental health, which distinguish normal children with children



in conflict with law. The finding suggests that the reduction of these traits leads to rehabilitation of children in conflict with law, which can be attained by employing CBT intervention. The pre test score and post test score implied that children in conflict with law may be getting benefits of CBT in their rehabilitation. Hasanath et al, (2024), suggested that mental health and psychosocial issues paving way to disruptive behaviours. Significant improvement of common humanity score is noticed after CBT intervention in post-test also congruence with above cited previous study. Further to note that the current findings were in congruence with the Gómez, Pino, & Pino, (2020) study implies that improving self-control are a positive indicator of mental health. Low self-control as a predictor of criminal conduct in adolescent offenders. As self-compassion is associated with self-control and empathy; as the self-control as a predictor of criminal tendency. In agreement with our study self-kindness and mindfulness were associated with self-control etc were significantly shows improvement due to CBT intervention.

Following behavioural interventions, incorporating targeted techniques, significant improvements were observed in the child's behaviour, notably a marked reduction in aggressive tendencies. The mother provided crucial support throughout this process. At the outset, the parent also gained valuable insights into managing her family dynamics without undue stress. Family enrichment activities contributed to enhanced cohesion and improved sibling relationships, fostering increased communication among family members.

The child experienced a heightened sense of support, leading to a renewed interest in education and vocational training opportunities. Coinciding with a government initiative aimed at providing vocational skills to juvenile offenders, the child successfully applied and was accepted into a mobile phone technology course, which he completed with distinction. Presently, he is successfully employed as a mobile phone technician, significantly improving the family's economic stability. Concurrently, the father has engaged in regular wage work, fostering healthier familial bonds. The child also underwent successful de-addiction treatment, with supportive involvement from his mother. Both participated in an experience-sharing session, highlighting the efficacy of Behaviour Therapy in enhancing the child's self-esteem, sense of self-worth, and resilience.

Most psychological interventions for conduct problems that have been proven to be effective are based on operant learning principles (e.g., positive reinforcement) and cognitive learning principles (e.g., use of inner speech). In behavioural parent training, children and adolescents acquire appropriate behaviours and learn to refrain from inappropriate behaviours as a result of parents' or caregivers' giving positive instructions, praising appropriate behaviours, ignoring minor inappropriate behaviours, and using time-out for severe inappropriate behaviours (Kazdin, 2005). Likewise, in CBT, children and adolescents acquire anger management and problem-solving abilities (Lochman et al., 2019; Matthys & Lochman, 2017).



CONCLUSION

The results of the present case are in line with previous research demonstrating the effectiveness of a comprehensive package of cognitive behavioural and mindfulness based interventions in reducing aggression among children in conflict with Law. For instance, Milani et al; (2013), conducted an experimental study in a juvenile correction and rehabilitation centre, where adolescent males who participated in eight sessions of mindfulness based cognitive behaviour therapy (MBCT) showed significant reductions in overall aggression at post- test and follow up compared to a control group. The intervention was particularly effective in lowering physical aggression, hostility and anger, although it had no effect on verbal aggression. The results of the present study also support the potential of structured, skill based behavioural interventions for addressing aggressive tendencies and emotional deregulation in adolescent in conflict with Law.

The Comprehensive Behavioural Techniques were effective in addressing the complex challenges faced by the child conflict with law. The combination of distress tolerance, cognitive restructuring, assertiveness training, and PMT not only reduced aggressive tendencies but also empowered the child to make positive life choices. The successful completion of vocational training and gainful employment as a mobile phone technician demonstrates not only behavioural change but also increased self-efficacy and a sense of purpose. The study proposes application of the present packages to apply at community level as an effective approach to prevent growing criminality among children and adolescents.

The case study illustrates the transformative power of structured Behavioural Techniques in addressing antisocial behaviours and equipping individuals with practical skills for emotional regulation, positive thinking, assertive communication, and healthy family dynamics.

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