CHAPTER V

DISCUSSION AND CONCLUSION

5.1: Main findings of the study

5.1.1: Demography:

1. Education wise normal juveniles were more with high school and delinquent respondents were more in secondary school education.
2. Age wise comparison indicated that most of the delinquents were in the age group of 17 years; whereas normal juveniles were in the age group of 16 years.
3. Employment status of the fathers of the normal juveniles was better than juvenile delinquents.

5.1.2: Proneness to illness

1. Juvenile delinquents were more prone to cancer, CHD, psychopathic behavior and addiction.
2. Age had significant influence over CHD, psychopathic behavior and addiction proneness, where respondents with higher age groups were more prone.
3. Those with lower educational background were more prone to CHD and psychopathic behavior.
4. Psychopathic proneness was more in respondents with their father’s occupation at lower levels.
5.1.3: Quality Of Life

1. Juvenile delinquents rated their quality of life very poor and poor compared to normal juveniles.

2. In health satisfaction, juvenile delinquents were more dissatisfied than normal juveniles.

3. Quality of life of normal juveniles was significantly higher than the juvenile delinquents in physical health, psychological status, social relationships, and environment and in total quality of life.

4. Age of the respondents did not have significant influence over their quality of life in individual domains as well as in total quality of life scores.

5. Education level of respondents did not have significant influence over their quality of life in individual domains as well as in total quality of life scores.

6. Father’s employment status did not have significant influence over their quality of life in individual domains as well as in total quality of life scores.

5.1.4: Relationship between proneness and quality of life

1. Cancer proneness was significantly and positively related to all the domains of quality of life.

2. CHD proneness was significantly and positively related to all the domains of quality of life.

3. Psychopathic behavior and depression proneness were independent of quality of life.
4. Only few of the components of the quality of life correlated with healthy personality and addiction proneness.

5. CHD was found to be a major predictor for quality of life

5.2: Hypotheses - Related Discussion

H1: “Delinquents and normal juveniles differ significantly in their experience of various Psycho-somatic disorders”

The first hypothesis refers to different experiences of various Psycho-somatic disorders in delinquents and normal juveniles. This hypothesis is partially accepted as the analysis showed that the differences between normal and delinquent juveniles in cancer proneness, CHD proneness, Psychopathic behavior, Healthy personality, and Addiction proneness were statistically significant; and on the other hand, the amount of depression between two groups was equal.

According to table 4.5, results of independent t-test showed that the differences between normal and delinquent juveniles in cancer prone ‘t’ (281) = 3.99, p<0.001; CHD prone ‘t’ (284) = 8.59, p<0.001; Psychopathic behavior ‘t’ (284) = 3.81, p<0.001; Healthy personality ‘t’ (281) = 5.50, p<0.001; and Addiction proneness ‘t’ (284) = 4.21, p<0.001 were statistically significant. From the mean values it is clear that in those proneness’s, delinquents had higher scores compared to normal juveniles. On the other hand a non significant t-value (284) = 0.18, p>0.05 indicates that the amount of depression between two groups was equal.
Results of the present study are consistent to the previous studies which indicated the experience of various Psycho-somatic disorders among delinquents and normal juveniles. Previous studies revealed that delinquent adolescents showed a greater incidence of Psycho-Somatic symptoms, higher levels of physical and sexual abuse, and a higher level of less effective coping strategies compared with student adolescents.

Kim, (2003) in a study conducted in Korea on “Influence of Psycho-Somatic Symptoms, Physical and Sexual Abuse, and Coping Strategies on Delinquent Behavior among Korean Adolescents” aimed to examine the contributing factors related to juvenile delinquency, as well as to identify the effect of Psycho-Somatic symptoms, physical abuse, sexual abuse, and coping strategies on delinquent behavior among Korean adolescents.

The participants in his study consisted of 2,146 adolescents (1,427 male and 719 female adolescents), including 1,350 student adolescents (713 male and 637 female student adolescents) and 796 delinquent adolescents (723 male and 73 female delinquent adolescents). The participants were recruited from two groups (students and delinquents) to identify the differences between these two groups of adolescents in the rate of delinquent behavior or other relevant variables.

The results revealed that delinquent adolescents showed a greater incidence of Psycho-Somatic symptoms, higher levels of physical and sexual abuse, and a higher level of less effective coping strategies compared with student adolescents.
**H2: “Delinquents and normal juveniles differ significantly in their quality of life”**.

The second hypothesis refers to difference of quality of life in delinquents and normal juveniles. This hypothesis is accepted as it was shown that the differences between normal and delinquent juveniles in total quality of life and all of its subscales include: Physical health, Psychological status, Social relationships and Environment were statistically significant.

According to table 4.6, results of independent t-test showed that the differences between normal and delinquent juveniles in Physical health (QOL 1) ‘t’ (285) = 8.42, p<0.001; Psychological status (QOL 2) ‘t’ (285) = 7.27, p<0.001; Social relationships (QOL 3) ‘t’ (285) = 6.51, p<0.001; Environment (QOL 4) ‘t’ (285) = 9.39, p<0.001; and total quality of life ‘t’ (285) = 10.09, p<0.001 were statistically significant. Results indicate that the scores of normal juveniles in quality of life and all of its subscales were significantly more than delinquents. Results of the present study are consistent to the previous studies which indicated the experience of various Psycho-somatic disorders among delinquents and normal juveniles. Previous studies showed that the health-related quality of life was significantly worse among adolescents on remand than adolescents in the community.

Sawyer (2010) in his study on ‘The mental health and wellbeing of adolescents on remand in Australia’ compared the nature and prevalence of mental health problems, prevalence of suicidal ideation and behavior, and health-related quality of life of 13-17 year olds on remand with that of 13-17 year olds in the general community. His study results showed that the health-related quality of life was significantly worse among adolescents on remand than adolescents in the community. These differences
remained after adjusting for differences in the demographic characteristics of the two
groups of adolescents.

**H3: “There will be a significant relationship between experience of various Psycho-
somatic disorders and quality of life experienced by delinquents and normal
juveniles”**

The third hypothesis of the present study refers to the relationship between experience of various Psycho-somatic disorders and quality of life experienced by two groups. This hypothesis is partially accepted.

As shown in table 4.9, the Pearson’s coefficient of correlation showed that the relationship of cancer prone with Physical health (QOL 1) (r=0.12, p<0.05); Psychological status (QOL 2) (r=0.13, p<0.05); Social relationships (QOL 3) (r=0.17, p<0.01); Environment (QOL 4) (r=0.17, p<0.01); and total quality of life (r=0.17, p<0.01) was statistically significant. The relationship between CHD proneness and quality of life and all of its subscales was significant (p<0.05, 0.01). There was no significant correlation between Psychopathic behavior and quality of life and its subscales (p>0.05). The relationship of Healthy personality with Social relationships (QOL 3), Environment (QOL 4), and total quality of life was significant (p<0.05). Depression showed a non-significant correlation with quality of life and its subscales (p>0.05). Further, Addiction proneness was significantly related to Psychological status (QOL 2) (P<0.05).
Multiple regression showed that, variables such as cancer prone, CHD proneness, Psychopathic behavior, Healthy personality, Addiction proneness, and Depression, as predictors and quality of life as a response variable were entered into the regression equation with the enter method. The multiple coefficients of correlation among the variables were 0.23 which explains 5 percent of variance of quality of life \((R^2=0.05)\). The ANOVA test showed a significant F-value (2.57), indicates that the obtained R-Square is statistically significant \((p<0.05)\) (table 4.10).

Further, table 4.11 shows the proportion of each Psycho-Somatic disorder to explain the variance of quality of life. The regression coefficients indicate that among Psycho-Somatic disorders and CHD proneness \((\beta=0.16, t=2.12, p<0.05)\) could bring a change in quality of life.

Whereas there are not many studies on relationship between experience of various Psycho-somatic disorders and quality of life experienced by delinquents and normal juveniles, we refer to other works related to similar subjects done by other scholars.

Novikova, et. al. (2002) in a study on “Quality of life in psychosomatic diseases” were examined 104 patients (58 females and 46 males) with these diseases. Results showed that the lowest ‘Life Quality’ was noted in patients with ‘Coronary Heart Disease’, ‘Arterial Hypertension’, and ‘Diabetes Mellitus’, indicating severity of these diseases accompanying marked changes in all spheres of life. ‘Peptic ulcer’ was characterized by higher values that showed a fair ‘Life Quality’ and that were due to a more favorable course of the disease. Patients with ‘Acute Pneumonia’ had a high ‘Life Quality’, which suggests that this acute disease does not lower ‘Life Quality’ or
accompany pronounced changes in human life. By and large, psycho-somatic patients' ‘Life Quality’ depended on age, severity, stage, and duration of a disease, disability.

Another study was conducted by Mladen (2011) et. al. on “Self-assessment of well-being as an indicator of quality of life of former war prisoners”. The data obtained suggest that only avoidance and arousal symptoms and psychosomatic difficulties are predictors of the well-being of persons who have experienced war captivity.

Ong, et. al. (2006) in a study on “Gender differences and quality of life in Atrial fibrillation: The mediating role of depression” investigated gender differences, depression, and health-related quality of life (QOL) in a cross-sectional sample of patients with atrial fibrillation. Results showed relative to male patients, female patients reported lower physical, but not mental, QOL. Gender was associated with both depression and physical QOL, while depression was correlated with poorer physical QOL. Path analyses demonstrated that depression significantly mediated the relationship between gender and physical QOL. Among AF patients, female patients report lower physical QOL relative to male patients, and this relationship may be mediated by self-reported symptoms of depression. Albeit correlational, the findings underscore the need to develop a better understanding of the role of depression in physical QOL, especially when considering the burden of AF in women.
**H₄:** “Secondary variables (age, education, and father’s occupation) significantly influence on various Psycho-somatic disorders experienced by delinquents and normal juveniles”

The fourth hypothesis of the present study refers to influencing of Secondary variables on various Psycho-Somatic disorders. This hypothesis is partially accepted.

As shown in tables 4.12 - 4.16, the effect of group ‘F’ (1, 279) = 16.93, p<0.001 on cancer prone was statistically significant indicating substantial difference between two groups in cancer prone. When age wise comparison was made a non-significant ‘F’ (1, 279) = 1.691, p>0.05 was obtained. Also interaction of age*group showed a non-significant ‘F’-value (1, 279) = 0.68, p>0.05.

The effects of group ‘F’ (1,279) = 83.05, p>0.05; and age ‘F’ (1,279) = 4.40, p<0.05 and interaction of group*age ‘F’ (1, 279) = 7.33, p<0.01 on CHD were statistically significant. Those with higher age groups were significantly more prone to CHD proneness compared to respondents with lower age groups. Further, the interaction between groups and age was non-significant (F=7.33; P=.007), where we find that among normal juveniles respondents with higher age group were more prone and among juvenile delinquents lower aged respondents were more prone to CHD.

The effects of group ‘F’ (1,279) = 14.26, p<0.001 on utility was significant. On the other hand the effect of age on utility was not significant ‘F’ (1,279) = 8.20, p>0.01 on psychopathic behavior were significant, where respondents with higher age groups were more psychopathic behavior than respondents with lower age groups. Further, result showed a non-significant interaction of group*age on psychopathic behavior ‘F’ (1, 279) = 0.264, p>0.05.
Further, the effect of group on Healthy personality ‘F’ (1, 279) = 33.32, P<0.001, was significant. On the other hand the effect of age on Healthy personality was not significant ‘F’ (1,279) = .844, p>0.05. Lastly, the interaction effect between groups and age was also found to be non-significant (F=2.57; P>.05).

In the case of Depression proneness, both groups had statically similar scores (F=.192; P>.05). Age groups and group interactions for this variable were also found to be non-significant.

For Addiction proneness, group wise comparison ‘F’ (1, 279)= 14.26, P<0.001 showed statistically significant difference. The age wise comparison showed a significant ‘F’-value (1, 279) = 6.71, p<0.01 on Addiction proneness, where we find that those who were in higher age group were more prone to Addiction compared to those who were in lower age groups. Lastly, the interaction of age*group were not significant.

As shown in table 4.17, result of MANOVA showed that the effect of group on Total Psycho-Somatic disorders ‘F’ (1, 283) =36.06, p<0.001; cancer prone ‘F’ (1, 283)=16.68, p<0.001, CHD proneness ‘F’ (1, 283) =36.39, p<0.001, Psychopathic behavior ‘F’ (1, 283) =15.73, p<0.001, Healthy personality ‘F’ (1, 283)=20.88, p<0.001, and Addiction proneness ‘F’ (1, 283)=4.89, p<0.05 was significant, indicating a significant difference between two groups in outcome variables, but the effect of group on Depression was not significant. When father’s occupation wise comparison was made a significant ‘F’ (4, 283) = 2.98, p<0.05 on Total Psycho-Somatic disorders, psych ‘F’ (4, 283) = 2.86, p<0.05, healthy ‘F’ (4, 283) = 2.38, p<0.05 and Addiction ‘F’ (4, 283) = 3.64, p<0.01 was observed, indicating a
significant effect of father’s occupation on Psycho-Somatic disorders and its subscales such as Psychopathic behavior, Healthy personality and Addiction proneness. Further, the interaction of group*father’s job showed a significant F-values in Psycho-Somatic disorders and its subscales excepting CHD proneness.

Results of the present study are more or less similar to the previous studies which indicated the Secondary variables (age, education, and father’s occupation) significantly influence on various Psycho-somatic disorders experienced by delinquents and normal juveniles.

Levine, et. al. (1985) conducted a study on “Risk Factor Complexes in Early Adolescent Delinquency”. The study was undertaken to document the existence of multiple forms of risk among a sample of 53 delinquents between the ages of 11 and 16 years. When compared with an age-matched comparison group from the same region, the delinquent youngsters were far more likely to show clusters of vulnerability in the areas studied (medical, neurodevelopmental, educational, behavioral, socioeconomic status, family disruption, and cognitive).

Chaturvedi (1988) in his study on prevalence of Psycho-Somatic disorders in psychiatric patients in India found that patients with Psycho-Somatic disorders were significantly more often older in age as compared to other psychiatric patients.
**H5:** “Secondary variables (age, education, father’s occupation) significantly influence on quality of life experienced by delinquents and normal juveniles”

The fifth hypothesis of the present study refers to influencing of Secondary variables on quality of life. This hypothesis is rejected.

As shown in table 4.19, result of MANOVA showed that the effect of group on total quality of life ‘F’ (1,283) =95.62, p<0.001; and it’s all subscales like Physical health (QOL 1) ‘F’ (1, 283) = 64.43, p<0.001, Psychological status (QOL 2) ‘F’ (1, 283) = 54.44, p<0.001; Social relationships (QOL 3) ‘F’ (1, 283) = 44.64, p<0.001; Environment (QOL 4) ‘F’ (1, 283) = 78.53, p<0.001 was significant. When age wise comparison was made a non-significant F-value was observed on quality of life and it’s all subscales indicate that the magnitude of quality of life scores was similar across the age. Further, result showed a non-significant interaction of group*age on quality of life and it’s all subscales.

As shown in table 4.21, result of MANOVA showed that the effect of group on Total quality of life ‘F’ (1,279)=43.20, p<0.001; and it’s all subscales like Physical health (QOL 1) ‘F’ (1, 279)= 28.13, p<0.001, Psychological status (QOL 2) ‘F’ (1, 279)= 25.73, p<0.001; Social relationships (QOL 3) ‘F’ (1, 279)= 26.19, p<0.001; Environment (QOL 4) ‘F’ (1, 279)= 33.07, p<0.001 was significant. When education wise comparison was made a non-significant F-value was observed on quality of life and it’s all subscales indicate that the magnitude of quality of life scores was similar across the education. Further, result showed a non-significant interaction of group*education on quality of life and its all subscales.
As shown in table 4.23, result of MANOVA showed that the effect of group on total quality of life ‘F’ (1,277) = 31.53, p<0.001; and it’s all subscales like Physical health (QOL 1) ‘F’ (1, 277) = 25.82, p<0.001; Psychological status (QOL 2) ‘F’ (1, 277) = 13.76, p<0.001; Social relationships (QOL 3) ‘F’ (1, 277) = 7.70, p<0.01; Environment (QOL 4) ‘F’ (1, 277) = 29.17, p<0.001 was significant. When father’s job wise comparison was made a non-significant F-value was observed on quality of life and it’s all subscales indicate that the magnitude of quality of life scores was similar according to different types of father’s job. Further, result showed a non-significant interaction of group* father’s job on quality of life and its all subscales.

Results of the present study are more or less similar to the previous studies which indicated the Secondary variables (age, education, and father’s occupation) significantly influence on quality of life experienced by delinquents and normal juveniles.

Regarding influence of secondary variables such as age, education, and father’s occupation, on experience of psychosomatic disorders, the following are be mentioned.

Jörngården, (2006) in his study on “Measuring health-related quality of life in adolescents and young adults: Swedish normative data for the SF-36 and the HADS, and the influence of age, gender, and method of administration” found that: young adolescents (13–15 years old) reported better Health-Related Quality Of Life than the two older age groups.

Many individual and household characteristics are related to the level of people’s income. Employment status, education level, health status, age, gender,
family size and composition are all relevant factors. The survey data show that unemployed people have equalized household income amounting to only about half of that of employed and self-employed persons (Anderson, 2009).

Less education is also associated with a lower level of equalized income and this is found for all countries in the survey. The European Quality of Life Survey data also show that health status might have an impact on the level of income. Respondents reporting very poor or poor health have household income that is about 35% lower than the income of people reporting very good or good health. Next to unemployment and poor health, losing a partner due to divorce or death is also associated with lower income.

According to European Quality of Life Survey data, people who are widowed or divorced have on average about 20% less income than those who are married or live with a partner.

European Quality of Life Survey data show that age also matters: in the majority States, the lowest income is found among people aged 18–24 years.

5.3: General Discussion

Juvenile delinquency is a complex social problem that significantly impacts all members and processes of a social structure. Delinquency refers to a set of behaviors that are not in line with the collective practices and/or ethics of the dominant social group. Essentially, these behaviors deviate from societal norms and more specifically they violate established criminal codes and laws. Juvenile delinquency incorporates not only general criminal activity but conduct that is only unlawful for youths such as
running away from home and skipping school. Current research into this difficult and pressing issue reflects a vast range of theories about, and predictors of delinquency as well as a multitude of strategies to control and reduce overall delinquency. A strong juvenile justice system must build upon the research and evaluations of promising and effective programs, and must work to reduce risk factors and enhance protective factors to successfully address serious, violent, and chronic delinquency. The establishment of such a system can be guided by the conceptual framework of balanced and restorative justice. Numerous risk factors have been identified as indicators or predictors of juvenile delinquency and those factors represent dysfunction at several levels, specifically within the structure of the offender’s family. Some of these factors include conflict within the family, a lack of adequate supervision and/or rules, a distinct lack of parent-child attachment, instability, poor home life quality, parental expectations, out-of-home placements and inconsistent discipline (Shumaker, 1997).

The balanced and restorative justice approach to juvenile justice consists of three related objectives: community protection, accountability, and competency development.

Accountability refers to the requirement that juvenile offenders receive sanctions for their offenses and that they make amends to the victim and the community for harm caused. Competency development suggests that youth who enter the juvenile justice system should exit more capable of being productive, responsible citizens. Community protection requires that the juvenile justice system ensure public safety.
Operating in the "best interest of the child," the juvenile justice system should focus on the individual juvenile offenders extenuating circumstances and treatment needs. Delinquency case reviews are generally conducted behind closed doors to safeguard the confidentiality of children, distancing or excluding victims from the proceedings. In contrast to the adversarial criminal court, the juvenile court has not relied as much on victims' impact statements in sentencing. Further, it has often been assumed that victims would prefer not to meet their offenders face to face.

In recent years, the juvenile justice system has embraced community service and restitution programs, which emphasize the need to hold juveniles accountable for their actions through repayment of their debts to society and their victims. The balanced and restorative justice approach calls for active participation by the juvenile justice system, the juvenile offender, and community organizations.

Rely on dual systems of justice, one based on a common law model of justice and another based on indigenous concepts of law and justice in handling juvenile offenders. These indigenous justice systems have common inherent features based on restorative, reparative, and distributive justice principles. Victim and offender, surrounded by their extended family members, confront each other to resolve conflict in an environment that is emotionally and physically safe. This holistic approach promotes problem solving in a non-adversarial environment and addresses the healing needs of the victim, the offender, and their families.

Although forcing victims to meet with juvenile offenders is inappropriate, many victims agree to participate in mediation programs. The mediation process personalizes the crime and forces offenders to face the harm they have caused.
Social service professionals who frequently come into contact with children must be especially vigilant in order to detect the presence of any of the possibly contributory conditions mentioned above and to refer families to appropriate sources of assistance as early as possible. Generally speaking, the relationship between family conflict and delinquency is significant. There are many types of family conflict but the absence of communication and the inability to solve problems are two of the most fundamental forms relative to future delinquency. The nature of these conflicts is cyclical in that communication and problem-solving breakdowns increase the incidences of delinquency which in turn increase the stress and conflict levels within the family leading to more instances of deviant behavior. Educators, clinicians and other professionals who provide services for children should carefully evaluate reports from children regarding such things as parental fighting, abuse and/or neglect so that they may obviously address those immediate concerns but also assess the possible need for preventive intervention. Structure is very important in the life of a developing child. Most of that necessary structure is provided by the parents/family. Rules or guidelines are inherently part of that structure and careful parental supervision is essential to the derivation and implementation of those rules.

Although there has been considerable investigation into juvenile delinquency, there are no definitive answers to the questions of causation or treatment. Literature reviews suggest that there are a multitude of causal variables and subsequently a multitude of potentially effective treatment modalities. This study has clearly brought out the fact that juvenile delinquents are definitely prone to some of the psycho-somatic disorders, both criminologists and psychologists should plan some strategies to avoid them. Many a time prone to such disorders may lead to further increase in the crime rate. It is clear that delinquency among minors does not exist in a vacuum and therefore solutions to this problem must take into account all of the contextual and situational elements surrounding the youth at risk. Further
research is necessary in order to attain a more complete understanding of the complex nature of juvenile crime and how society can combat its detrimental effects.

**How Family Structure influences Juvenile Delinquency**

Families are one of the strongest socializing forces in life. They teach children to control unacceptable behavior, to delay gratification, and to respect the rights of others. Conversely, families can teach children aggressive, antisocial, and violent behavior (Wright & Wright 1994). This statement alone could easily explain how the juvenile may end up becoming a delinquent. Wright and Wright (1994) suggest positive parenting practices during the early years and later in adolescence appear to act as buffers preventing delinquent behavior and assisting adolescents involved in such behavior to desist from delinquency.

Adolescence is a time of expanding vulnerabilities and opportunities that accompany the widening social and geographic exposure to life beyond school or family, but it starts with the family. Research indicates that various exposures to violence are important sources of early adolescent role exits, which means that not only can a juvenile witness violence within the family but on the outside as well (Hagan & Foster 2001). If violence encompasses all emotionally environmental aspects of the juvenile’s life, he or she is more likely to engage in delinquent activities. A substantial number of children engage in delinquency. Antisocial and/or aggressive behaviors may begin as early as preschool or in the first few grades of elementary school. Such childhood misconduct tends to be resistant to change; for
example, the parents disciplining more harshly, often predicts continuing problems during adolescence, as well as adult criminality (Prochnow & DeFronzo 1997).

In the realm of family functioning there is a theory known as the coercion theory, which suggests that family environment influences an adolescent’s interpersonal style, which in turn influences peer group selection (Cashwell & Vacc 1996). Peers with a more coercive interpersonal style tend to become involved with each other, and this relationship is assumed to increase the likelihood of being involved in delinquent behavior. Thus understanding the nature of relationships within the family, to include family adaptability, cohesion, and satisfaction, provides more information for understanding youth (Cashwell & Vacc 1996). The cohesiveness of the family successfully predicted the frequency of delinquent acts for non-traditional families (Matherne & Thomas 2001). Family behaviors particularly parental monitoring and disciplining seem to influence association with deviant peers throughout the adolescent period (Cashwell & Vacc 1996). Among social circumstances which have a hand in determining the future of the individual it is enough for our present purpose to recognize that family is central (Wright & Wright 1994).

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Referring back to the issue of monitoring, a lack of monitoring is reflected in the parent often not knowing where the child is, whom the child is with, what the child is doing or when the child will be home. Monitoring becomes increasingly important as children move into adolescence and spend less time under the direct supervision of parents or other adults and more time with peers. Previous research found that coercive parenting and lack of parental monitoring contributes not only directly to boys’ antisocial behaviors, but also indirectly as seen in the contribution to their increased opportunity to associate with deviant peers, which is predictive of higher levels of delinquent acts (Kim, et al. 1999).

Communication also plays a big role in how the family functions. Importance of positive communication for optimal family functioning has major implications for delinquent behavior. They also discovered that communication is indeed related to the commission of delinquent behavior and differences are shown within categories of age, sex, and family marital status. Gorman-Smith and Tolan (1998) found that parental conflict and parental aggressiveness predicted violent offending; whereas, lack of maternal affection and paternal criminality predicted involvement in property crimes. Familial characteristics suggesting familial antisocial behavior or values such
as family history of criminal behavior, harsh parental discipline, and family conflict have been among the most consistently linked. In another study conducted by Gorman-Smith and her colleagues, data show that children are more likely to resort to violence if there is violence within relationships that they may share with their family (Gorman-Smith, et al. 2001)

For family disruption and delinquency, the composition of families is one aspect of family life that is consistently associated with delinquency. Children who live in homes with only one parent or in which marital relationships have been disrupted by divorce or separation are more likely to display a range of behavioral problems including delinquency, than children who are from two parent families (Thornberry, et al. 1999). Children who witness marital discord are at greater risk of becoming delinquents. Previous research has demonstrated associations between exposure to parental divorce and marital discord while growing up and children’s psychological distress in adulthood (Amato & Sobolewski 2001). Social learning theory argues that aggressive behavior is learned; as parents display aggressive behavior, children learn to imitate it as an acceptable means of achieving goals (Wright & Wright 1994).

Juby and Farrington (2001), claim that there are three major classes that explain the relationship between disrupted families and delinquency; trauma theories, life course theories, and selection theories. The trauma theories suggest that the loss of a parent has a damaging effect on children, most commonly because of the effect on attachment to the parent. Life course theories focus on separation as a long drawn out process rather than a discrete event, and on the effects of multiple stressors
typically associated with separation. Selections theories argue that disrupted families are associated with delinquency because of pre-existing differences in family income or child rearing methods, for example (Juby & Farrington 2001).

The third major area within juvenile delinquency and families is single parent households versus two parent households. Klein and Forehand (1997) suggest that the prediction of juvenile delinquency in early childhood depends on the type of maternal parenting skills that are imposed upon the child during early adolescence. Muehlenberg (2002) poses the question of how do children from single parent family homes fare educationally compared to children from intact two parent families. A number of studies have been undertaken which show a very real connection between delinquent and/or criminal behavior, and single parent families. Wright and Wright’s (1994) research shows that single parent families, and in particular mother-only families, produce more delinquent children than two parent families. Indeed the very absence of intact families makes gang membership more appealing.

Sometimes the focus is taken off the mother and shifted towards the father. The lack of emphasis on the role of fathering in childhood conduct problems is especially unfortunate given that there are several reasons why fathers can be expected to be particularly significant in the initiation and persistence of offspring offending. For example, fathers are particularly likely to be involved with sons who are at higher risk than daughters of delinquent behavior.
5.4: Limitations of the study

1. The main limitation in the present study was self-rating which is a concern when individuals are given self-appraisals. According to Bradbery and Graves (2003), individuals have difficulty rating their behavior with accuracy. People often overrate themselves, some underestimate themselves, and a few accurately rate themselves. Self-report tests can be developed to minimize self-rating bias, but not eliminate it.

2. The present study involved sample size of juveniles from only one province of Iran out of 38 provinces.

3. The study involved the assessment of only two variables; proneness to Psycho-Somatic disorders and quality of life.

4. The study involved only male juveniles both in normal and delinquent groups.

5.5: Suggestions for future research

1. The present study involves measurement of proneness and quality of life at one time. Future researchers can try some intervention programmes to reduce proneness to various Psycho-Somatic disorders.

2. Intervention programmes to improve the quality of life of delinquents could be another area of interest.

3. One can study emotional maturity and social maturity of the delinquents to arrive at specific conclusions and accordingly plan the strategies.

4. The root causes for juvenile delinquency could be explored in depth and criminologists can provide preventive measures to delinquency.
5. More psychological variables could be explored by other researchers like anxiety, personality disorders, etc.

6. Research can be extended to female juvenile delinquents too employing various psycho-social variables.

7. Future research should explore the consistency of the findings of this study in relation with other ethnic origins or in other offender groups.

5.6: Suggestions for various levels of Action

- Develop and implement a range of graduated sanctions that combine accountability with treatment and provide increasingly intensive treatment and rehabilitation services for delinquent juveniles.

- Expand and provide services to meet the physical and mental health needs of juvenile delinquents.

- Develop or improve nonsecure and secure community-based correctional facilities for juvenile offenders who must be removed from their homes.

- Establish a comprehensive system of youth service agencies to reduce fragmentation in service delivery and to provide a full continuum of service options. The work of justice personnel must be coordinated with that of community members and other youth-serving agencies to maximize the timely identification of delinquents and to identify the earliest point of intervention.

- Develop local prevention policy boards to assess risk factors for delinquency in the community, review current juvenile justice laws, and identify priorities.
- Incorporate key concepts of the balanced and restorative justice model and indigenous justice models, particularly those addressing youth accountability, competency development, and public safety.

- Provide victim and community restitution opportunities for youth to help enhance public safety and improve the quality of life.

- Work with victims' rights organizations to ensure both juvenile accountability to victims and a strengthened community commitment to rehabilitation.

- Develop ways to provide for the involvement of crime victims in juvenile offender programming.

- Develop legislation, policies, and procedures to ensure that crime victims have rights in the juvenile justice system.

- Develop assessment centers to coordinate community resources and improve services to juveniles and their families.

- Use risk classification tools based on offense severity and risk of future offending to determine appropriate security levels for youth entering the system and to estimate program facility needs.

5.7: Conclusion:

The present study clearly revealed that delinquents experience more proneness to various psychosomatic disorders compared to normal juveniles. The fact is that juvenile delinquents committed crimes without the legal awareness. They may not know the consequence of the criminal act they have done. In this case the policy makers and legal experts share a common dais with psychologists and criminologists to bring awareness regarding the crime and legal actions initiated for criminal acts
among juveniles. The juveniles are usually adolescents, who lack proper direction and guidance for their future life. The policy makers should think in this direction and bring a conducive educational system for the adolescents to become a good citizen of the country. Not only the policy makers, even the parents and teachers may lay a major role in the life of an adolescent both at home and school, where they can shape the personality of an adolescent in a positive and constructive way rather than a destructive one. Last, but not least, the society, which looks upon these issues may also take a good lead to shape the personality of adolescents to become productive citizens of a country.