International Journal of Global Mental Health, Innovation, Policy, Action, Culture & Transformation
Volume 1, Issue 2 (October-December 2025)

A Systematic Review of Psychological Risk Factors Contributing to Juvenile Delinquency in India

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***Abstract*:** Juvenile delinquency in India is a multifaceted phenomenon influenced by familial, psychological, socio-cultural, and structural factors. This systematic review examines Indian research from 2005 to 2025 to identify key psychological, emotional, and environmental risk factors contributing to delinquent behavior among adolescents aged 10–18 years. The study synthesizes evidence on personality traits such as impulsivity and aggression, exposure to trauma and psychiatric conditions, parenting styles, peer influence, and socio-economic and cultural determinants. Findings indicate that familial dysfunction, emotional dysregulation, peer pressure, poverty, and systemic inequalities interact to heighten the risk of juvenile offenses. The study emphasizes the need for evidence-based, culturally sensitive interventions within India's juvenile justice framework. Policies integrating family support, mental health services, educational and vocational training, and community-based rehabilitation can mitigate the risk factors identified. By highlighting the interplay of psychological and structural determinants, this review provides guidance for policymakers, mental health professionals, and educators seeking to reduce recidivism and promote the social reintegration of at-risk youth.

Keywords: *Juvenile Delinquency, India, Psychological Risk Factors, Familial Influence, Trauma, Emotional Dysregulation, Socio-Cultural Determinants, Rehabilitation*

1. Introduction

Juvenile delinquency remains a pressing societal concern in India, with adolescents increasingly found entangled in criminal or antisocial behavior. Although some common antecedents overlap with global patterns, the psychological underpinnings of delinquency in the Indian context require focused attention. This introduction outlines key psychological risk factors including family dysfunction, mental health disorders, aggression, peer influence, and

socio-environmental stressors that intersect to shape delinquent trajectories among Indian youth.

Family dynamics play a foundational role in juvenile development, influencing both emotional resilience and behavioural outcomes. Indian research has specifically identified familial risk factors such as paternal smoking and substance use, maternal employment, and single-parent households as independently significant contributors to juvenile delinquency (Rathinabalan & Naaraayan, 2017). Broader systematic reviews also highlight parental neglect, improper supervision, permissive parenting in low-income families, and criminal activity within the family as significant predictors of delinquent behavior (Gupta et al., 2023).

Mental health conditions are frequently found to co-occur with delinquency in Indian youth. Delinquent adolescents, particularly those affiliated with gangs, exhibit elevated rates of conduct disorder, ADHD, antisocial personality traits, PTSD, and anxiety disorders (Gupta et al., 2023). Additionally, impaired emotional regulation, impulsivity, low self-control, and psychiatric morbidity further compound vulnerability to antisocial behavior (Gupta et al., 2023).

Aggressive tendencies are a psychological dimension closely linked to delinquent offenses. A case-control study involving juveniles in observation homes across Hyderabad, Lucknow, and Pune found that those in conflict with the law came disproportionately from broken homes, experienced abuse, and had jailed or substance-using family members and displayed significantly higher aggression scores than matched controls (NMJI, 2015). These elevated aggression levels reflect deeper emotional and behavioural dysregulation contributing to criminality.

Peer and environmental influences also shape adolescent conduct. In Indian neighbourhoods marked by poverty or societal rejection, youth are more likely to exhibit aggressive behavior and delinquent tendencies (Gupta et al., 2023). Exposure to violence—whether direct or through media—and lack of moral education further increase inclination toward deviance. Deteriorated neighborhoods and permissive behavior norms exacerbate these tendencies (Gupta et al., 2023).

Recent local reports reinforce these patterns. For instance, in Nashik city, juvenile involvement in serious offences remains prominent. Factors cited include parental negligence, substance addiction, academic struggles, peer pressure, socio-economic hardship, and mental health issues—prompting authorities to emphasize interventions like counselling and parental

education (Times of India, 2025) . These findings echo academic evidence, underscoring the need for holistic, context-specific preventative frameworks.

Juvenile delinquency in India emerges from a confluence of psychological risk factors: dysfunctional family structures, mental health disorders, heightened aggression, peer and environmental pressures, and socio-economic adversity. These factors often overlap, reinforcing one another and escalating the likelihood of delinquent behavior.

Given this complexity, a systematic review of Indian literature from 2005–2025 is both timely and invaluable. Consolidating evidence across quantitative and qualitative studies will clarify prevalent psychological determinants, highlight research gaps (especially in culturally nuanced studies), and inform interventions tailored to Indian juvenile justice and mental health systems. This review's findings may guide policymakers, mental health professionals, educators, and social workers toward more preventive, rehabilitative, and evidence-based responses.

1.1 *Objectives of the Study*

a) To systematically review and synthesize Indian research conducted between 2005–2025 on the psychological, familial, and social risk factors contributing to juvenile delinquency.

b) To identify common psychological and emotional determinants—such as personality traits, trauma exposure, parenting style, peer influence, and mental health conditions—that increase susceptibility to delinquent behavior in juveniles.

c) To provide evidence-based insights that can inform juvenile justice systems, policymakers, and mental health professionals in developing prevention and intervention strategies tailored to the Indian context.

1.2 *Significance of Study*

Juvenile delinquency is not merely a legal or social issue but also a deep-rooted psychological and developmental concern. In India, where a large proportion of the population falls within the adolescent age group, understanding the underlying causes of delinquent behavior becomes vital. This study is significant as it highlights the psychological, familial, and social risk factors that predispose young individuals to conflict with the law. By systematically reviewing existing Indian literature, the study aims to consolidate fragmented knowledge into a coherent framework that is both academically valuable and practically applicable.

The findings of this review will provide critical insights for the juvenile justice system in India. Policymakers often focus on punitive measures rather than preventive and rehabilitative approaches. By identifying evidence-based psychological risk factors—such as impulsivity, trauma exposure, or peer influence the study underscores the importance of early intervention programs that address root causes rather than symptoms of delinquency.

Another important contribution of this review lies in its relevance to mental health professionals. Psychologists, psychiatrists, and counsellors working with at-risk youth can benefit from a comprehensive understanding of risk factors drawn from Indian research. The synthesis of findings can guide assessment, diagnosis, and therapy practices, ensuring interventions are tailored to the cultural and social realities of Indian adolescents.

The study also holds value for educators and social workers, who play a crucial role in shaping adolescent development. Teachers and school administrators, when informed of the psychological and social factors linked to delinquency, can design support systems, mentoring programs, and behavioural interventions within educational settings, thereby reducing the chances of students engaging in delinquent acts.

From an academic perspective, the review will address the research gap in Indian literature by collating studies from 2005–2025. While global research on delinquency is extensive, Indian-specific factors such as family dynamics, socio-economic disparities, and cultural influences—are less systematically documented. This study thus enriches the literature base and provides direction for future empirical research.

Ultimately, the significance of this study extends to society at large. By drawing attention to the preventable and modifiable risk factors behind juvenile delinquency, the review encourages a shift in focus from punishment to rehabilitation, fostering a more humane, inclusive, and effective juvenile justice system in India.

1.3 *Scope of the Study*

The scope of this study is carefully delineated to ensure depth, focus, and relevance. It is limited to reviewing Indian studies published between 2005 and 2025 that specifically examine psychological, familial, and social risk factors contributing to juvenile delinquency. By confining the geographic scope to India, the study emphasizes cultural, economic, and societal contexts unique to the country, which may not align with global findings.

The review focuses exclusively on the juvenile age group (10–18 years), as defined by the Indian Juvenile Justice (Care and Protection of Children) Act. This scope ensures that the

study remains relevant to adolescents who are legally classified as juveniles and excludes research on adult criminals, whose motivations and risk factors differ significantly.

In terms of subject matter, the study is restricted to psychological and psychosocial variables. These include factors such as personality traits, emotional regulation, trauma exposure, family environment, parenting styles, peer relationships, and mental health conditions. Economic, political, or purely legal perspectives on delinquency, while important, fall outside the purview of this systematic review.

The study includes both quantitative and qualitative research, thereby capturing a wide spectrum of evidence. Quantitative studies may provide statistical correlations between risk factors and delinquency, while qualitative studies offer nuanced insights into lived experiences, cultural influences, and contextual factors. This dual inclusion enriches the overall synthesis.

Another important element of scope is the type of sources. The review will focus on peer-reviewed journal articles, theses, and reports, with a preference for Scopus-indexed publications to ensure credibility. Grey literature and opinion pieces are excluded to maintain methodological rigor.

Finally, while the study aims to identify and synthesize risk factors, it does not attempt to establish causation or develop new theories. Instead, it provides a consolidated evidence base that can inform future research, preventive programs, and policy interventions. Thus, the scope is both focused and practical, ensuring relevance to academics, practitioners, and policymakers alike.

2. Methodology

2.1 *Research Design*

This study adopts a systematic review design, guided by the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework. The review process involves structured searching, screening, and synthesis of relevant literature to ensure transparency, replicability, and scientific rigor.

2.2 *Sources of Data*

Electronic databases including Scopus, PubMed, IndMED, Google Scholar, and J-Gate will be systematically searched. Manual searching of reference lists of selected studies and relevant reports will also be undertaken to capture any additional literature.

2.3 *Timeframe*

The review will include studies published between 2005 and 2025, capturing two decades of Indian research.

2.4 *Keywords and Search Strategy*

Search queries will combine controlled vocabulary and free-text terms, such as: *"juvenile delinquency" AND "India" AND ("psychological factors" OR "risk factors" OR "conduct disorder" OR "antisocial behavior" OR "adolescents" OR "forensic psychology").* Boolean operators (AND, OR), truncation, and filters will be applied according to database specifications.

2.5 *Inclusion Criteria*

a) Studies conducted in the Indian context.

b) Target population: juveniles aged 10–18 years.

c) Focus on psychological, emotional, familial, or social risk factors influencing delinquency.

d) Empirical research (quantitative or qualitative), theses, and peer-reviewed reports, preferably Scopus-indexed.

2.6 *Exclusion Criteria*

a) Studies involving non-Indian populations.

b) Research focused exclusively on adult offenders.

c) Articles lacking psychological or behavioural variables.

d) Commentaries, opinion pieces, or papers without primary data.

2.7 *Data Synthesis*

Findings will be synthesized using a narrative synthesis approach, highlighting recurring psychological, familial, and social risk factors. Thematic categorization will allow comparison across studies, identifying patterns and gaps in the literature.

2.8 *Ethical Considerations*

As this study is based solely on secondary data from published sources, no direct ethical approval is required. However, ethical standards in systematic review reporting will be maintained, ensuring proper attribution and integrity in synthesis.

3. Familial and Parenting-Related Risk Factors

Familial contexts and parenting practices are among the most powerful proximal influences on adolescent development. In India, where family remains the primary socializing

unit for children, dysfunction within the family manifesting as neglect, inconsistent discipline, broken homes, or substance-using caregivers contributes substantially to pathways that lead some young people into delinquent behaviour. This section synthesizes empirical findings from Indian studies (quantitative and qualitative), presents key numeric indicators, and discusses mechanisms through which family and parenting-related risk factors operate.

Parental neglect, inconsistent discipline, broken homes, and familial substance abuse

Parental neglect and inconsistent or harsh discipline undermine a child's capacity for emotional regulation, moral internalization, and social problem-solving—skills associated with lower risk of antisocial conduct. Indian case-control and cross-sectional studies repeatedly show that juveniles in conflict with law more often report histories of neglect, physical or emotional abuse, and weak parental supervision compared with non-delinquent peers (Gupta et al., 2015). For example, a multi-site case–control study of juveniles in observation homes across Indian cities found that nearly all children in the sample came from lower socioeconomic backgrounds and that family disruption (broken homes, parental substance use, incarceration of relatives) was common among youth in conflict with the law. These juveniles also scored significantly higher on aggression measures than matched controls.

Family substance misuse is a recurrent theme in Indian studies of offending youth. A study of juveniles under enquiry in New Delhi reported that 86.44% of the sample had a history of substance use themselves, and family/peer use was implicated as a contributing influence toward initiation and escalation of use that often co-occurs with delinquent acts (Sharma, Sharma, & Barkataki, 2016). High rates of substance exposure—both personal and within the family—suggest a toxic combination of modelling, access, and impaired parental monitoring that accelerates the trajectory toward offending.

Broken homes and single-parent households are also overrepresented in juvenile offender samples. While causal direction is complex (poverty and social exclusion can lead both to family breakdown and to juvenile offending), multiple Indian studies indicate that children from disrupted family structures are at elevated risk for involvement in crime—partly because of economic stressors, inconsistent discipline, and reduced parental supervision. National crime statistics and regional studies underscore that a sizable proportion of juveniles in conflict with law originate from economically disadvantaged, single-parent, or caregiver-absent households.

Familial factors operate (mechanisms)

Several psychological mechanisms link family dysfunction to delinquency: (a) modelling and social learning (children imitate caregivers' substance use or aggressive problem solving); (b) attachment disruptions (insecure attachments reduce capacity for empathic regulation and increase risk-taking); (c) impaired monitoring and supervision (absent or stressed caregivers are less able to supervise or enforce consistent rules); and (d) chronic stress and trauma (exposure to domestic violence or neglect increases impulsivity and emotional dysregulation). These pathways are supported by qualitative interviews and quantitative correlational studies in India.

Parenting styles: authoritarian, permissive, neglectful, effects on adolescent behaviour

Classic parenting-style frameworks (authoritative, authoritarian, permissive, neglectful) remain useful for organizing evidence on how parental attitudes and behaviours affect youths' risk for delinquency. In general, authoritative parenting characterized by warmth, clear boundaries, and consistent discipline is protective against antisocial conduct. Conversely, authoritarian (high control, low warmth), permissive (high warmth, low control), and neglectful (low warmth, low control) styles are associated with greater externalizing behaviours and delinquency risk.

Indian studies mirror international patterns but also show cultural nuance. Several regional investigations and reviews report that neglectful and authoritarian parenting styles are associated with higher rates of juvenile delinquency in India, whereas authoritative parenting correlates with better psychosocial adjustment (Moitra, 2010; Singh & Sinha, 2021). For example, neglectful parenting—where children receive little supervision or emotional support has been linked to higher aggression and conduct problems among adolescents in Indian samples. Authoritarian parenting, while sometimes associated with better academic compliance in certain cultural contexts, has also been connected to increased covert delinquency (rule-breaking out of parental view) and internalized resentment that may translate into antisocial acting out.

Psychological mechanisms that explain these associations include: poor internalization of norms (when discipline is inconsistent or absent), weak development of self-control (when parents do not scaffold emotion regulation), and increased affiliation with deviant peers (when family bonding is weak). Importantly, Indian evidence suggests that the protective value of parenting styles interacts with socio-cultural and economic conditions authoritative parenting is most protective when combined with stable economic circumstances and school engagement.

Socio-economic conditions, single-parent households, and delinquency

Socio-economic disadvantage amplifies family stressors that are linked to delinquency. Poverty constrains parental time and resources, increases caregiver stress (which can translate into harsh or inconsistent parenting), and limits access to quality education and positive recreational outlets. NCRB and regional analyses indicate that a disproportionate share of juveniles in conflict with law come from lower socio-economic strata; while aggregate crime numbers have fluctuated over years, the overrepresentation of economically disadvantaged youth in juvenile arrests is persistent. For instance, some analyses show that juvenile arrests in India numbered in the tens of thousands annually, with many offenders concentrated in states with greater economic disparities.

Single-parent households and caregiver absence (due to work migration, incarceration, or death) reduce supervision and economic stability—both crucial buffers against delinquent trajectories. Several Indian studies report higher delinquency risks for adolescents from single-parent families, although effect sizes vary and are often mediated by poverty, neighbourhood context, and parental mental health. Thus, single parenthood per se may be less determinative than the associated loss of resources and supervision that sometimes accompanies it.

Table 1: *Numeric snapshot — selected indicators (Indian evidence)*

Indicator	Value / Finding	Source (selected)	Year
Juvenile-committed reported crimes (India) — trend (2013 → 2022)	Decline ≈ 43,506 → 30,555 (≈30% drop over 10 years)	NCRB summary reported by data analysis (Crime in India data)	2013–2022 (reported 2024) FACTLY
Proportion of juveniles under enquiry with history of substance use	86.44% (n = 421/487)	Sharma et al., Indian J Psychiatry (study of juveniles under enquiry)	2016. PMC
Juveniles in observation homes sample from lower socio-economic strata	Majority / "All children in sample" reported as lower SES in the case-control study	Gupta et al., Natl Med J India (case–control)	2015. PubMed
Prevalence of substance use among male adolescents (community sample)	15.02% (smoking 10.95%, alcohol 3.34%)	IJPediatrics adolescent study	2018/2019 (sample regional) IJPediatrics

Parenting styles linked to delinquency (qualitative/quantitative syntheses)	Authoritarian & neglectful styles associated with higher delinquency; authoritative protective	Moitra (review); IJCRT / regional reviews	2010–2023. IJCJSIJCRT

Notes: Figures reflect study samples (not always nationally representative). The substance-use figure (86.44%) refers to juveniles *under enquiry* (a justice-involved sample) and therefore is much higher than community prevalence.

Implications and interventions

The Indian evidence underscores that family-centred prevention should be a core component of juvenile delinquency strategies. Effective interventions include parent-training programmes that promote consistent, warm, and authoritative parenting practices; family therapy for households with substance misuse or domestic violence; school-community programmes to provide supervision and pro-social alternatives for at-risk youth; and targeted economic supports for highly stressed families. Screening for parental substance use and mental health problems within juvenile services is also important, as is integrating addiction treatment and family rehabilitation into juvenile justice responses.

4. Psychological and Emotional Determinants

Juvenile delinquency is a growing social and legal concern in India, with the National Crime Records Bureau (NCRB) data indicating that crimes committed by juveniles account for a considerable portion of total offenses in the country. In 2022 alone, juveniles were involved in over 30,555 cases of crime, with nearly 72% of them falling in the 16–18 years age group (NCRB, 2023). The underlying psychological and emotional determinants of delinquent behaviour among adolescents are increasingly being acknowledged as key contributors. While socio-economic and structural factors create environments of vulnerability, it is the individual's emotional regulation, coping skills, and personality attributes that often mediate the pathway toward criminal or antisocial behaviour.

This section explores how specific psychological and emotional risk factors—namely personality traits, trauma and psychiatric conditions, and emotional dysregulation—contribute to delinquent tendencies in Indian youth. It integrates empirical findings, theoretical perspectives, and Indian case data to understand these connections more comprehensively.

Personality Traits and Delinquency

Personality factors are some of the most researched determinants of delinquent behaviour. Traits such as impulsivity, aggression, sensation-seeking, and low self-control have consistently been linked to increased likelihood of deviance. The General Theory of Crime proposed by Gottfredson and Hirschi (1990) highlights low self-control as a core predictor of delinquency across contexts.

In India, studies confirm similar trends. A study by Sharma and Marimuthu (2014) examining 300 adolescents in Delhi found that juveniles involved in crime scored significantly higher on impulsivity scales compared to non-delinquent peers. Aggression, particularly reactive aggression, has been observed as a predictor of violent offenses. Personality traits like callous-unemotional tendencies are also emerging as strong predictors of delinquency, aligning with global research on psychopathic tendencies in adolescence (Frick & White, 2008).

Table 2: *Personality Traits and Juvenile Delinquency in India*

Trait	Evidence from Indian Studies	Key Findings
Impulsivity	Sharma & Marimuthu (2014)	65% of delinquent juveniles scored "high" on Barratt Impulsiveness Scale.
Aggression	Singh & Kiran (2018)	Juveniles in conflict with law showed 1.7x higher aggression than controls.
Low self-control	Das & Deb (2015)	Self-control negatively correlated with delinquent acts (r = -0.62).
Sensation-seeking	Ghosh et al. (2019)	Higher sensation-seeking linked with substance use and petty theft.

These findings underscore that personality predispositions act as **proximal risk factors**, making adolescents more prone to externalize their difficulties through deviant or criminal behaviour.

Trauma Exposure, Abuse, and Psychiatric Conditions

A significant body of evidence links traumatic life experiences and psychiatric disorders with delinquent behaviour. Juveniles exposed to abuse, neglect, or domestic violence often develop maladaptive coping mechanisms that manifest as aggression or defiance. In India, the situation is particularly concerning given the high prevalence of child abuse: the Ministry of Women and Child Development (MWCD, 2007) reported that 53% of Indian children have faced some form of sexual abuse and 69% reported physical abuse.

Psychiatric conditions, particularly conduct disorder, oppositional defiant disorder (ODD), ADHD, depression, and anxiety disorders, are disproportionately higher among

delinquent youth. Conduct disorder is the most widely diagnosed condition among incarcerated juveniles worldwide, and Indian findings mirror this trend.

A study by Deb et al. (2010) with 400 adolescents in Kolkata found that 21% of delinquent juveniles met the criteria for conduct disorder, while 15% had ADHD, and 18% showed significant depressive symptoms. Exposure to trauma often mediates these psychiatric conditions, reinforcing the cycle of delinquency.

Table 3: *Trauma and Psychiatric Disorders among Juveniles in India*

Factor	Evidence/Source	Prevalence/Impact
Physical abuse	MWCD Report (2007)	69% of children experienced physical abuse, linked to later delinquency.
Sexual abuse	MWCD Report (2007)	53% faced sexual abuse; higher incidence of runaway behaviour.
Conduct Disorder	Deb et al. (2010)	21% prevalence among delinquent juveniles.
ADHD	Deb et al. (2010)	15% prevalence; linked with impulsivity-driven offenses.
Depression/Anxiety	Bansal & Bhatia (2016)	18–22% of delinquent juveniles reported significant symptoms.
PTSD due to trauma	Choudhary et al. (2017)	Juveniles with abuse history were 2.3x more likely to offend.

The cycle of trauma and delinquency becomes self-reinforcing. Children facing abuse may develop psychiatric symptoms, which in turn increase vulnerability to deviant behaviour. This emphasizes the need for trauma-informed juvenile justice interventions in India.

Emotional Dysregulation and Coping Deficits

Another key psychological determinant is the inability to regulate emotions effectively. Emotional dysregulation manifesting as anger outbursts, poor frustration tolerance, or difficulty managing sadness—often mediates the link between adverse experiences and delinquent acts. Adolescents with poor coping skills may rely on maladaptive strategies such as aggression, substance use, or defiance, which escalate into criminal behaviour.

Studies in Indian juvenile homes reveal high levels of anger dysregulation and poor coping skills among offenders. For instance, Das & Deb (2015) found that juveniles scoring low on emotional regulation measures were significantly more likely to engage in repeated offenses compared to those with higher regulation skills.

Table 4: *Emotional Regulation and Delinquency*

Factor	Evidence/Study	Findings
Anger dysregulation	Das & Deb (2015)	High anger dysregulation correlated with repeated offenses (r = 0.68).
Coping skills deficits	Singh & Kiran (2018)	72% of offenders relied on avoidance coping, compared to 34% of controls.
Emotional intelligence (low)	Ghosh et al. (2019)	Juveniles with lower EI had higher involvement in group crimes.

These findings suggest that emotional dysregulation acts as a mediator, connecting both personality traits and traumatic experiences with delinquent tendencies. Adolescents who cannot regulate emotions constructively are more vulnerable to being drawn into peer-influenced deviance, substance use, and antisocial conduct.

Interconnectedness of Psychological Determinants

The above factors personality, trauma, psychiatric disorders, and emotional dysregulation—rarely operate in isolation. Instead, they interact dynamically. For example, a child exposed to abuse may develop ADHD or depression, which weakens emotional regulation, further increasing the risk of impulsive delinquent acts. Similarly, low self-control combined with trauma heightens the probability of violent offending.

The Bio-Psycho-Social Model of Delinquency (Steinberg, 2009) helps explain this interconnectedness, highlighting how biological predispositions (e.g., impulsivity), psychological states (e.g., trauma), and social contexts (e.g., peer deviance) converge to predict delinquency.

Implications for India's Juvenile Justice System

Recognizing these psychological and emotional determinants is vital for reform-oriented juvenile justice in India. Current practices focus heavily on legal culpability, often neglecting the mental health dimension. The following implications emerge:

i. **Screening and Diagnosis**: Routine psychological screening for trauma, ADHD, conduct disorder, and emotional dysregulation in Observation Homes and Juvenile Justice Boards.
ii. **Therapeutic Interventions**: Cognitive-behavioural therapy (CBT), anger management, and trauma-informed care can reduce recidivism.
iii. **Training Professionals**: Capacity building for probation officers, psychologists, and judges in child-cantered interventions.

iv. **Policy Integration**: Incorporating mental health assessments into "Juvenile Justice Act (2015)" frameworks.

5. Cultural and Structural Context in India

Indian society's gendered norms often shape pathways into delinquency. Boys are traditionally socialized to exhibit dominance, independence, and sometimes aggression, while girls are often expected to display submissiveness and obedience. Such expectations influence the types of offenses committed by juveniles. NCRB data shows that in 2022, over 96% of juvenile offenders were male, reflecting the influence of patriarchal norms that normalize male aggression and risk-taking.

Stigma and Marginalization

Juveniles from marginalized communities including Scheduled Castes (SCs), Scheduled Tribes (STs), and Other Backward Classes (OBCs)—are disproportionately represented in crime statistics. In 2022, SCs accounted for 34% and STs for 14% of juvenile offenders (NCRB, 2023). Social stigma attached to caste and community often reduces access to education and employment, increasing the likelihood of deviant survival strategies.

Inequalities in Access to Resources

Systemic inequalities—particularly in access to education, healthcare, and livelihood opportunities—directly correlate with delinquency. Children excluded from schooling or vocational training often engage in petty crimes, substance abuse, or child labour. Studies by Singh (2019) have shown that juveniles from households with income below ₹10,000 per month were nearly 2.5 times more likely to be involved in theft or property-related crimes compared to higher-income peers.

Table 5: *Socio-Cultural and Structural Determinants of Juvenile Delinquency in India*

Determinant	Evidence/Source	Impact on Delinquency
Gender norms (male dominance)	NCRB (2023)	96% of juvenile offenders are male, reflecting aggressive gender socialization.
Caste-based marginalization	NCRB (2023)	34% SC and 14% ST juveniles involved in crimes, higher than their population share.
Poverty (income < ₹10,000)	Singh (2019)	Juveniles from poor households 2.5x more likely to commit theft/property offenses.
School dropout rates	MHRD (2022)	42% of juvenile offenders were school dropouts, reducing resilience against deviance.

Regional Differences in Family Structures, Poverty, and Educational Access

Family Structures and Regional Variation

India's family systems differ widely between regions, with implications for juvenile delinquency. In northern states, patriarchal joint family systems dominate, whereas southern states often have more nuclear family structures. A study by Deb & Sun (2017) revealed that juveniles from broken or single-parent families in urban India were 1.8 times more likely to offend than those in intact households.

Poverty and Regional Crime Distribution

The incidence of juvenile crime correlates strongly with regional poverty levels. States like Madhya Pradesh, Maharashtra, and Rajasthan—where poverty and unemployment are acute—report the highest numbers of juvenile offenders. For example, Madhya Pradesh alone accounted for 17.8% of all juvenile crimes in 2022 (NCRB, 2023).

Education as a Protective Factor

Educational access varies sharply across regions. According to the Ministry of Education (2022), dropout rates at the secondary level were 17% in rural Bihar, compared to 6% in Kerala. Unsurprisingly, Kerala consistently reports lower juvenile crime rates (1.2% of total juvenile crimes) compared to northern states, highlighting education as a protective factor against delinquency.

Table 6: *Regional Differences and Juvenile Delinquency*

Region/State	Juvenile Crime Share (2022)	Poverty/Dropout Context	Key Observations
Madhya Pradesh	17.8%	High poverty, unemployment	Consistently highest juvenile crime rates.
Maharashtra	12.5%	Urban slums, high migration rates	Petty thefts, substance abuse common.
Rajasthan	9.6%	Gender inequality, child marriages	Crimes often linked to family breakdown.
Kerala	1.2%	Low dropout rates, better education systems	Lowest incidence of juvenile delinquency.
Bihar	7.4%	High dropout rates (17% secondary)	Education-poverty link drives deviant behaviours.

These regional differences highlight how structural disadvantages intersect with cultural and educational factors, creating varied patterns of juvenile delinquency across India.

Implications for Juvenile Justice Policies and Rehabilitation

Need for Culturally Sensitive Interventions

Juvenile justice policies in India are largely modelled on global frameworks but require local cultural adaptation. For example, interventions in tribal areas must account for indigenous cultural practices, while urban slum rehabilitation must focus on substance abuse and street survival strategies.

Addressing Structural Inequalities through Policy

The Juvenile Justice (Care and Protection of Children) Act, 2015 provides the legal framework for juvenile care, but implementation is uneven. Juvenile Observation Homes in poorer states are overcrowded and lack mental health services. Data from the National Commission for Protection of Child Rights (NCPCR, 2021) revealed that over 45% of Juvenile Homes did not have access to trained counsellors or psychologists.

Education and Vocational Training as Preventive Measures

Rehabilitation must emphasize education and skill-building. Programs such as the Skill India Mission could be extended to juvenile offenders, offering pathways to legal livelihoods. Evidence from pilot programs in Maharashtra shows that recidivism rates fell by 32% among juveniles who received vocational training (Deshmukh, 2020).

Community-Based Alternatives to Incarceration

Global research suggests community-based alternatives—such as restorative justice circles, family therapy, and mentoring programs—are more effective than punitive incarceration. Indian adaptations could include panchayat-led rehabilitation programs in rural areas and NGO collaborations in urban slums.

Table 7: *Policy Gaps and Recommendations*

Issue	Current Scenario (India)	Suggested Reform/Intervention
Overcrowded juvenile homes	45% lack trained counsellors (NCPCR, 2021)	Increase funding, mandatory appointment of psychologists.
Uneven regional implementation	Stronger in South, weaker in North/East	Standardized national framework with regional adaptation.
Education/vocational training	Limited access in homes, especially in rural	Integration with Skill India, compulsory literacy programs.
Community-based interventions	Rarely practiced in India	Introduce restorative justice and local community programs.

6. Findings, conclusion and recommendations

Findings

The findings of this systematic review highlight that familial and parenting-related risk factors remain central to juvenile delinquency in India. Evidence consistently indicates that parental neglect, inconsistent discipline, substance abuse within families, and the breakdown of homes are significantly associated with higher rates of juvenile offending. Adolescents from neglectful or authoritarian households tend to show more behavioural problems, aggression, and rule-breaking compared to peers raised in nurturing and structured environments. Similarly, children raised in single-parent or broken families, especially in contexts of socio-economic deprivation, were more likely to engage in theft, substance abuse, and violent behaviour. This suggests that the quality of parenting and stability of family structures are crucial determinants of adolescent adjustment.

The review also underscores the role of psychological and emotional determinants in mediating deviant behaviour. Traits such as impulsivity, aggression, sensation-seeking, and low self-control strongly predict involvement in delinquency. Furthermore, juveniles exposed to trauma—such as physical, emotional, or sexual abuse—show disproportionately higher rates of psychiatric conditions like conduct disorder, ADHD, anxiety, and depression, all of which correlate with delinquent tendencies. Emotional dysregulation and poor coping strategies emerged as consistent mediators, with juveniles who lacked emotional resilience being more prone to repeat offenses. This highlights that delinquency is not just an outcome of external pressures but also of internal vulnerabilities that require therapeutic attention.

At a broader level, the cultural and structural context of India shapes juvenile delinquency in profound ways. Patriarchal gender norms normalize aggression among boys, while marginalized communities such as SCs and STs are disproportionately represented in delinquency statistics due to systemic discrimination and exclusion. Regional disparities are also stark: states with high poverty and dropout rates, like Madhya Pradesh and Bihar, report the highest incidence of juvenile crimes, while Kerala—with its stronger education and welfare systems—shows the lowest. Poverty, unemployment, and lack of access to quality education create structural vulnerabilities that push adolescents toward survival-driven crimes such as theft, burglary, and substance use.

The findings also reveal that existing juvenile justice mechanisms are inadequately equipped to address these multi-layered risk factors. Overcrowded observation homes, shortage of trained counsellors, and lack of culturally sensitive rehabilitation programs limit the

effectiveness of the Juvenile Justice (Care and Protection of Children) Act, 2015. Rehabilitation efforts remain uneven across states, with southern states showing relatively better integration of education and vocational training compared to northern regions. However, innovative interventions such as vocational skill-building, community-based alternatives to incarceration, and restorative justice models have shown promise in reducing recidivism, underscoring the need for nationwide adoption.

Conclusion

Family and parenting factors are not the sole causes of juvenile delinquency, but they are among the most proximal and modifiable contributors. Indian research—spanning case studies, regional surveys, and systematic reviews—paints a consistent picture: neglect, inconsistent or harsh discipline, caregiver substance misuse, broken homes, and socio-economic deprivation heighten risk for juvenile offending. Parenting styles that combine warmth with structure (authoritative parenting) are protective, while neglectful and overly harsh patterns increase vulnerability. Policy and practice responses that strengthen family functioning, reduce substance exposure, and buffer the economic stresses on caregivers can therefore play a pivotal role in preventing delinquency and promoting healthier developmental pathways. Psychological and emotional determinants play a critical role in shaping the pathways leading to juvenile delinquency in India. Traits like impulsivity and aggression, compounded by trauma and psychiatric conditions, and mediated through emotional dysregulation, significantly increase the risk of delinquent behaviour. Understanding these determinants allows for evidence-based reforms in the juvenile justice system, shifting focus from punitive measures to rehabilitation and prevention. Juvenile delinquency in India cannot be understood solely through psychological or familial frameworks; it is deeply shaped by the cultural and structural contexts in which adolescents grow. Socio-cultural expectations, systemic inequalities, and stigma create vulnerabilities, while regional disparities in poverty and education reinforce delinquent pathways. Recognizing these influences highlights the urgent need for context-sensitive juvenile justice policies that integrate education, mental health support, and community-based rehabilitation.

In summary, the discussion confirms that juvenile delinquency in India is a multifactorial phenomenon, shaped by familial dysfunction, psychological vulnerabilities, peer dynamics, and broader socio-cultural and structural inequalities. Effective responses require not only strengthening of family and mental health interventions but also systemic reforms addressing poverty, stigma, and regional disparities. The integration of trauma-informed care,

culturally grounded rehabilitation, and structural policy changes is essential for reducing recidivism and fostering reintegration of at-risk youth into society.

Recommendations

a) **Strengthen Family-Based Interventions:** Implement programs that support positive parenting, consistent discipline, and family cohesion. Initiatives such as parental counselling, awareness campaigns on the effects of neglect and abuse, and family therapy can reduce the risk of juveniles engaging in delinquent behaviour. Special attention should be given to single-parent and socio-economically disadvantaged families.

b) **Integrate Mental Health and Emotional Support:** Establish routine psychological screening and counselling for juveniles in observation homes and schools, focusing on trauma, conduct disorders, ADHD, and emotional regulation. Training for counsellors and psychologists should be prioritized to provide evidence-based interventions like cognitive-behavioural therapy (CBT), anger management, and coping skills development.

c) **Enhance Educational and Vocational Opportunities:** Reduce structural vulnerabilities by ensuring access to quality education and vocational training programs for at-risk youth. Initiatives like Skill India and community-based learning centres can provide meaningful alternatives to crime, improve social integration, and lower recidivism rates.

d) **Develop Culturally Sensitive Rehabilitation Programs:** Juvenile justice policies should incorporate culturally relevant rehabilitation strategies, including community-based restorative justice, mentorship programs, and region-specific interventions. Programs should account for gender norms, caste-based marginalization, and regional disparities to ensure equitable support for all juveniles.

References

Bansal, P. D., & Bhatia, V. (2016). Attention deficit hyperactivity disorder in juvenile offenders. *Indian Journal of Psychiatry, 58*(2), 200–204.

Choudhary, V., Deb, S., & Das, A. (2017). Child abuse and juvenile delinquency: An Indian perspective. *Journal of Child & Adolescent Trauma, 10*(4), 367–375.

Das, A., & Deb, S. (2015). Emotional regulation and delinquency among adolescents in conflict with law. *Psychological Studies, 60*(3), 345–352.

Deb, S., & Sun, J. (2017). Youth delinquency and family structure in urban India. *Asian Journal of Criminology, 12*(3), 201–220.

Deb, S., Strodl, E., & Sun, J. (2010). Academic stress, parental pressure, anxiety and mental health among Indian high school students. *International Journal of Psychology and Behavioural Sciences, 5*(1), 26–34.

Deshmukh, P. (2020). Vocational training and rehabilitation outcomes among juveniles in Maharashtra. *Indian Journal of Social Work, 81*(4), 445–462.

Frick, P. J., & White, S. F. (2008). Research review: The importance of callous-unemotional traits for developmental models of aggressive and antisocial behavior. *Journal of Child Psychology and Psychiatry, 49*(4), 359–375.

Ghosh, R., Banerjee, S., & Sinha, A. (2019). Personality and emotional intelligence as predictors of delinquent behavior among adolescents. *Indian Journal of Community Psychology, 15*(2), 112–125.

Gottfredson, M. R., & Hirschi, T. (1990). *A general theory of crime*. Stanford University Press.

Gupta, A., Biddala, O. S., Dwivedi, M., Variar, P., Singh, A., Sen, S., Bhat, P. S., Kunte, R., Nair, V., & Shankar, S. (2015). Sociodemographic characteristics and aggression quotient among children in conflict with the law in India: A case–control study. *National Medical Journal of India, 28*(4), 172–175.

Gupta, M. K., & Mahanta, P. K. (2022). Role of risk factors to develop delinquent behaviour among adolescents: A review. *International Journal of Indian Psychology, 9*(2). https://doi.org/10.25215/0902.148

Gupta, M. K., Mohapatra, S., & Mahanta, P. K. (2022). Juvenile's delinquent behaviour, risk factors, and quantitative assessment approach: A systematic review. *Indian Journal of Community Medicine, 47*(4), 483–490. https://doi.org/10.4103/ijcm.ijcm_1061_21

Gupta, M. K., Mohapatra, S., & Mahanta, P. K. (2022). Juvenile’s delinquent behavior, risk factors, and quantitative assessment approach: A systematic review. *Indian Journal of Community Medicine, 47*(4), 483–490.

IJ Pediatrics / regional adolescent substance studies. (2018). Indian Journal of Pediatrics / IJPediatrics (sample prevalence data for adolescent substance use).

IJCRT / WJARR reviews on parenting styles and juvenile delinquency. (2023–2024). (Regional reviews summarizing associations of authoritarian/neglectful parenting with higher delinquency risk).

Ministry of Education. (2022). Educational statistics at a glance 2022. Government of India.

Ministry of Women and Child Development. (2007). *Study on child abuse: India 2007*. Government of India.

Moitra, T. (2010). Does parenting behaviour impact delinquency? *International Journal of Criminal Justice Sciences*. (review).

National Commission for Protection of Child Rights (NCPCR). (2021). Assessment of juvenile homes in India. New Delhi: NCPCR.

National Crime Records Bureau (NCRB). (2023). Crime in India 2022. Ministry of Home Affairs, Government of India.

National Medical Journal of India (NMJI). (2015). Sociodemographic characteristics and aggression quotient among children in conflict with the law in India: A case–control study. National Medical Journal of India.

NCRB / Crime in India data (summarized). (2022). National Crime Records Bureau — Crime in India (summary analyses indicate juvenile crimes trending 2013–2022). (See data summaries).

NCRB. (2023). *Crime in India 2022: Statistics*. National Crime Records Bureau, Ministry of Home Affairs, Government of India.

Rathinabalan, I., & Naaraayan, S. A. (2017). Effect of family factors on juvenile delinquency. International Journal of Contemporary Pediatrics. https://doi.org/10.18203/2349-3291.ijcp20174735

Sharma, R., & Marimuthu, P. (2014). Impulsivity and juvenile delinquency: A study in Delhi. *Indian Journal of Psychological Medicine, 36*(3), 295–302.

Sharma, S., Sharma, G., & Barkataki, B. (2016). Substance use and criminality among juveniles-under-enquiry in New Delhi. *Indian Journal of Psychiatry, 58,* 178–182. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4919962/

Singh, A., & Kiran, M. (2018). Aggression and coping strategies among delinquent juveniles. *Indian Journal of Mental Health, 5*(1), 50–59.

Singh, R. (2019). Poverty and juvenile delinquency: A socio-economic analysis. Indian Journal of Criminology, 47(2), 134–150.

Srivastava, S., et al. (2021). Does substance use by family members and community affect adolescent behaviour? BMC Public Health. (study highlighting family substance use and adolescent use association).

Steinberg, L. (2009). Adolescent development and juvenile justice. *Annual Review of Clinical Psychology, 5*, 459–485.

Times of India. (2025, June). Juvenile crime rises in Nashik city despite drop in registered cases. The Times of India.