



Psychiatric Morbidity in Children in Contact with the Indian Legal System- A Pilot Study

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Abstract

Background: Many children world over end up having tussles with the legal systems and coming under their purview results in them facing challenges which negatively impact their psyche.

Aim and Objectives: to assess the psychiatric impact of being in contact with the legal system in children.

Materials and Methods: it was retrospective study carried out over a period of 12 months, from 1st January 2024 to 31st December, 2024. All medicolegal records of children brought to psychiatry department were retrieved and data was collected as per a designed performa to assess their sociodemographic, clinical and legal profile.

Results: A total of 11 children were included in the study out of which 10 were males of age range 13-17 years with an average age of 16.09 ± 1.22 years. 36.36% children had studied till middle grade. 54.45% were still students. 54.45% belonged to lower socioeconomic status. 5 out of them belonged to single parent family with 72.72% had either parent suffering from alcoholism and 90.90% reported witnessing domestic violence at home. 54.45% were migrants. 28% were diagnosed with adjustment disorder after getting in contact with the legal system. 3 of the children had illness preceding the contact with the legal system. 72.72% had comorbid substance use with tobacco use being the most common. Sleep disturbances were the most commonly reported symptom. All were involved in criminal cases with 2 of them having been incarcerated for a period of 2 years. Worries pertaining to duration of case (72.7%) and implications of case (100%) were reported.

Conclusion: Adolescent boys with low educational achievement, belonging to lower socioeconomic status, migrant and disrupted families were found as risk factors children getting in conflict with law.

Keywords: juvenile delinquency, children in conflict with law, child victims, psychiatry comorbidity, legal profile

MeSH terms: Juvenile Delinquency / legislation & jurisprudence Juvenile Delinquency / rehabilitation* Mental Disorders / rehabilitation*

Introduction

India has enacted over 250 statutes aimed at protecting children from abuse and maltreatment.¹ Despite the perceived innocence of childhood, many children across the world still come into conflict with the law.²

In 2022, India recorded 162,449 cases of crimes against children, with 30,555 involving juveniles, according to data from the National Crime Records Bureau (NCRB). In Himachal Pradesh alone, 740 cases were reported, yielding a crime rate of 34.4%, with 163 children identified as being in conflict with the law.³

Once children enter the justice system, they face numerous challenges. The children's rights movement in India is a relatively recent development, and the juvenile justice system is still evolving.⁴ Although government initiatives aim to support the mental health of children entangled in legal processes, the adversarial nature of the justice system often exacerbates psychological distress, potentially leading to psychiatric comorbidities.⁵ Petersen et al. (2014) emphasized the importance of a comprehensive, multidisciplinary approach to addressing mental health needs. Such an approach considers various determinants, including physical, mental, and behavioral health, child welfare, education, criminal justice, healthcare systems, and economic support.⁶

Understanding the psychological burden of legal involvement—whether as a perpetrator or a victim—is critical, as the stress and trauma associated with such experiences can significantly affect a child's mental health. This study was undertaken to explore psychiatric comorbidities among children in contact with the Indian penal system. The primary objectives were to examine the socio-demographic profile of these children and evaluate the presence of psychiatric disorders. A secondary objective was to assess the severity of the psychiatric illness and explore the psychological impact of legal involvement.

Materials and Methods

This retrospective observational study was conducted over a 12-month period, from January 1, 2024, to December 31, 2024. All medicolegal records assessed by the psychiatry department during this time were retrieved from the hospital's records section after obtaining the necessary permissions.

Only records pertaining to individuals under the age of 18 were included. Eligible cases involved children currently undergoing legal proceedings who were either referred by the Juvenile Justice Board or brought in by guardians. Each record was reviewed for sociodemographic details, clinical presentation, and legal context using a structured pro forma developed for the study.

Permission to access and utilize the data was obtained from the departmental head. Ethical approval was waived, as the study was retrospective in nature and direct contact with the children—many of whom were involved in active legal proceedings—was not legally permissible.⁷

Statistical Analysis

Data were analyzed using SPSS for Windows (version 16.0; SPSS Inc., Chicago, IL, USA). Descriptive statistics, including frequency, percentages, means, and standard deviations, were used to summarize categorical and continuous variables.

Results

Out of 180 medicolegal records reviewed, 11 met the inclusion criteria and were included in the study. Of these, 10 participants were male and one was female. The participants ranged in age from 13 to 17 years, with a mean age of 16.09 ± 1.22 years. The sociodemographic profile of the children is presented in Table 1

Table 1: Sociodemographic profile of the patients

Parameter		N	%
Sex	Male	10	91%
	Female	1	9%
Education	No formal education	2	18.18%
	Primary	0	0
	Middle	4	36.36%
	Secondary	2	18.18%
	Inter	3	27.28%
Occupation	Student	6	54.45%
	Skilled	3	27.28%
	Unemployed	2	18.18%
Area	Urban	2	18.18%
	Rural	9	81.81%
Religion	Hindu	11	100%
Type of Family	Nuclear	11	100%
Socio-Economic Status	Lower	6	54.45%
	Lower Middle	5	45.55%
Migrant status	Migrants	6	54.45%
	Non migrants	5	45.55%

All belonged to nuclear family but 5 (45.55%) out of them belonged to single parent family. 72.72% (n=8) had either parent suffering from alcoholism and 10 (90.90%) of them reported witnessing domestic violence at home.

Clinical Profile

Sleep disturbance (54.54%), and sadness (45.5%) were reported as the most common symptoms irrespective of period of incarceration. Other symptoms reported included: Anxiety (27.7%), irritability (27.7%), bodily complaints (18.8%), alcohol withdrawal (9.09%) and opioid withdrawal (9.09%)

Clinical profile is shown in Figure 1.

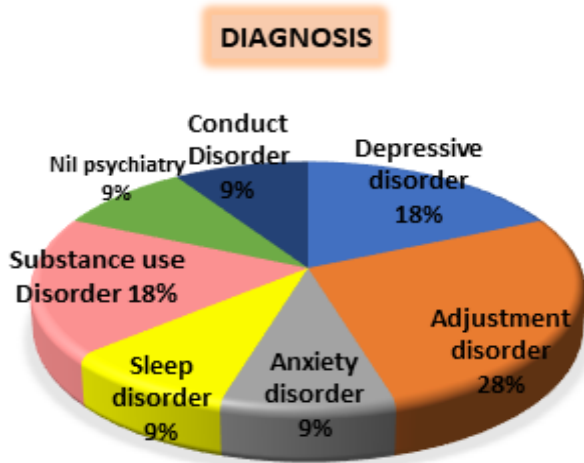


Figure 1: Clinical profile of the patients

Severity profile shown in **Table 2**

Complaints	Scales	Severity Range (minimum to maximum score)	Average score
Anxiety disorder	HAM-A	12- 15	15
Depressive disorder	HDRS	16-20	18
Opioid withdrawal	COWS	7-15	11
Alcohol use	CIWA-Ar	1-8	4

Three children had pre-existing psychiatric disorders—two with substance use disorder and one with conduct disorder. Substance use was present in 72.72%, with tobacco most commonly used dependently (n=6). Two had opioid dependence (one IVDU), two had alcohol dependence, and occasional use of alcohol and cannabis was reported. All substance use preceded incarceration.

Symptoms of illness was present for less than 6 months in 54.5% patients. 3 children had features suggestive of conduct issues while only 1 was diagnosed with conduct disorder.

Legal Profile

The only female patient was a plaintiff, while the others were defendants, all involved in criminal cases. Two had been incarcerated for two years. Legal proceedings lasted over six months for two patients, while the others had cases pending for less than a month. Three children were sent by the Juvenile Justice Board for capacity assessments, while the others were brought by the police for physical and mental health check-ups. The plaintiff and one male child had not been incarcerated; the non-incarcerated male child came for a capacity assessment.

Of the group, 36.36% (n=4) were under trial for Section 302 IPC, 18.18% (n=2) were tried under the POCSO Act, 9.09% (n=1) under the NDPS Act, 18.18% (n=2) under Section 376 IPC, and 9.09% (n=1) under Section 452 IPC. One victim was a

plaintiff under the POCSO Act. Among the group, 36.36% (n=3) were referred for capacity assessment, and the rest were brought for psychiatric evaluation and treatment. Three had previously been incarcerated. All reported concerns about the future implications of their cases, with 72.7% expressing worries about the duration of legal proceedings.

Victim Profile

A 13-year-old girl, referred by the Juvenile Justice Board for evaluation of sadness and sleep disturbances, was the sole victim. Legal proceedings under the POCSO Act began within the past month. She was diagnosed with adjustment disorder and started on antidepressants.

Discussion

This study assessed eleven children in contact with the law and found patterns consistent with previous research. As noted in earlier studies, adolescent boys with limited educational attainment, belonging to lower socio-economic backgrounds, migrant families, and disrupted households, were more likely to be in conflict with the law.^{8,9} In alignment with NCRB data, which shows that 78.6% of juveniles apprehended in 2022 were between 16 and 18 years old, the average age in our study was 16.09 ± 1.22 years.³

Juvenile delinquency is often rooted in early familial and social experiences. The erosion of traditional support structures and social institutions has contributed to confusion and instability among today's youth. When marginalized communities, such as migrant populations, are excluded from these institutions, they often face difficulties in providing stable and nurturing environments for their children, thereby increasing the risk of delinquent behavior.

Himachal Pradesh reported the second-highest crime rate under the NDPS Act for juveniles in 2022, with 11 convictions—one of whom was included in our study. Comorbid substance use was identified in 72.72% of the participants, reflecting the rising prevalence of substance abuse among

youth with mental health concerns. This is consistent with existing literature establishing links between substance use, juvenile delinquency, and psychiatric comorbidities.^{10,11}

In our study, 28% of children were diagnosed with adjustment disorder following their involvement with the legal system. Teplin et al. previously reported that 50% of incarcerated males had substance use disorders, a figure lower than the 72.72% observed in our sample.¹² Substance use and disruptive behavior disorders are the most frequently reported diagnoses in such populations; however, the lower rate of disruptive behavior disorders in our study may be attributable to reliance on self-reported symptoms in the absence of input from guardians or detailed collateral histories.

NCRB data from 2022 revealed that 88.03% of juveniles were apprehended under IPC offences and 11.96% under SLL provisions, with the POCSO Act being the most frequently invoked among SLL statutes.³ In Himachal Pradesh, 88.95% of juvenile cases were under IPC, and 11.05% under SLL. Our findings closely reflect this trend, with 90% of the participants facing IPC charges (including POCSO), and 10% charged under SLL (NDPS).

Further, NCRB statistics reported that out of 369 rape victims in Himachal Pradesh in 2022, 223 (60%) were minors. Similarly, in 2021, over 60% of rape victims in the state were girls under 18—significantly higher than the national average of 9.5%.³ Despite this, only one victim in our sample was referred for mental health assessment, indicating a critical gap in the provision of psychiatric services to child victims of crime.

Three children in our study were referred by the Juvenile Justice Board for capacity assessment, while the rest were brought in by law enforcement for physical and mental health evaluations. Only one participant was a victim. Mental health professionals advocate for the integration of psychiatric services into the juvenile justice system as a means of improving overall well-being and

reducing recidivism.^{13,14} The provision of mental health care for children in contact with the law not only offers therapeutic support but also enhances their capacity for resilience.

Several limitations must be acknowledged. The small sample size restricts the generalizability of the findings. Additionally, only one participant had a guardian present during the assessment; the rest were under institutional care, limiting the scope for evaluating family dynamics or temperament reliably.

This study underscores critical gaps in the Indian juvenile justice system, particularly in the mental health care of children in conflict with or affected by the law. There is a pressing need to address the psychiatric needs of child victims, ensure access to trauma-informed care, and build sustainable support structures for rehabilitation. Longitudinal studies with follow-up assessments are required to explore the long-term psychological impact of legal involvement. Furthermore, a thorough evaluation of familial and social support systems is essential for holistic rehabilitation. Migrant populations, facing compounding vulnerabilities such as displacement, lack of access to welfare, and fragile social networks, are especially at risk. Implementing a formal registry and targeted welfare strategies for migrant children could be a critical step toward inclusive reform.

Conclusion

Involvement with the penal system is associated with considerable psychiatric morbidity among children. Identified risk factors include adolescence, male gender, low educational attainment, lower socio-economic status, migrant background, and disrupted family structures. Emphasis must be placed on early identification and treatment of psychiatric illness and, importantly, on prioritizing the mental health needs of child victims within the justice system.

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