

Psychosocial & Mental Health of Children in Conflict with the Law (Age 16 to 18 Years)

Preliminary Individual Assessment Report for Juvenile Justice Board

Community Child & Adolescent Mental Health Service Project

Dept. of Child & Adolescent Psychiatry, NIMHANS-DWCD

As per the JJ Act 2015, the objective of the preliminary assessment of a child, is to 'evaluate the role of the child in the alleged offence, as well as his mental condition and background'. In keeping with this, the psychosocial and mental health assessment report provides information on the child's mental condition and background, namely the developmental level of the child, family history and relationships, school and education, involvement in child labour, peer relationships and experiences of trauma and abuse; it also provides information on any mental health disorders and developmental disabilities that the child may have. Finally, the report makes recommendations for treatment and rehabilitation interventions for the child. The report presents the above-said information using the framework proposed by JJ Act 2015 i.e. whether the child has the mental and physical capacity to commit the offence, the circumstances of the offence committed, whether the child knew the consequences of the offence.

This assessment report is dated: 6th December 7, 2016

Name of Child: N

Age: 17 years

Sex: Male

Place of Origin:

A. Mental & Physical Capacity to Commit Offence

The child's ability to make social decisions and judgments are compromised due to:

| | |
|--|----|
| Life skills deficits (emotional dysregulation/ difficulty coping with peer pressure/ assertiveness & negotiation skills /problem-solving/ conflict-resolution/ decision-making) | ✓ |
| Neglect / poor supervision by family/ poor family role models | ✓ |
| Experiences of abuse and trauma | ✓ |
| Substance abuse problems | ✓ |
| Intellectual disability | NA |
| Mental health disorder/ developmental disability | NA |
| Any other (specify): | NA |
| No treatment/ interventions provided so far to address the above issues | ✓ |

B. Circumstances of Offence

Family History:

The child is from a low socio-economic strata; child has lost his father 8 years ago. Father was an alcohol dependent and committed suicide. There was history of domestic violence by the father. The child's mother and elder brother are supportive and caring towards the child.

School History:

His school attendance has been regular and his academic performance average; currently studying 2nd PUC, commerce. Child is keen to peruse his education.

Child Labour:

None

Peer Relationships:

The child has friends in his neighborhood with whom he spends 2-3 hours every day. There is evidence of adverse peer influence in the context of substance abuse and spending time with people (much older than him) and people who have been previously charged with offences.

Abuse and Trauma:

The child has lost his father 8 years back. As the child has lost primary caregiver(father) the child is vulnerable to lack of supervision at home (particularly as the mother tends to be more permissive).

The child has experienced physical abuse by the police officer during his custody for almost 3 days.

Mental Health Disorder/ Developmental Disability:

His developmental milestones followed normal trajectories.

Substance abuse—prior to joining the OH, child was using nicotine (Cigarettes- 1 to 2/day).

C. Child's Knowledge of Consequences of Committing the Offence

Child's Understanding of Social/ Interpersonal and Legal Consequences of Committing Offence:

He has some understanding of the social and interpersonal consequences of committing such an offence.

His knowledge of the legal consequences was inadequate i.e. he was aware that commission of offence would lead to conviction by the police. He is against such acts of offence; he reports that he would never engage in such an offence.

D. Other Observations & Issues

He has been of easy and friendly/ social temperament since early childhood.

Based on the history taken from the child and the Observation home staff, child has no anger/ aggression issues, or any behavioural issues.

E. Recommendations

A brief intervention has been carried out for the child's negative peer influence, insights were provided to the child regarding the negative impacts and consequences of the same. Also, a brief intervention has been carried out for the child's substance use practices. Child is motivated to quit and responded well to the inputs given.

Referral: Given the nature of the alleged offence, we recommend that the child be referred to Dept. of Child & Adolescent Psychiatry NIMHANS, after he is released on bail, in order to address his life skills deficits namely- difficulty coping with peer pressure, assertiveness & negotiation skills, problem-solving, conflict-resolution and decision-making. These learnings and skills would be greatly beneficial to the child and protect him in the future.

Again, we are, as always, happy to assist vulnerable children, in particular children in conflict with the law, and the systems working with them.

Thanking you,
Yours sincerely,

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