

Received: February 11, 2003

Accepted: June 2, 2003

Ref: ● Agnihotri A.K. Juvenile Delinquency-Scenario in Mauritius *Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology*, 2003; Vol. 4, No. 1 (January - June 2003); ; Published June 2, 2003, (Accessed:



Arun Kumar Agnihotri

Juvenile Delinquency-Scenario in Mauritius

● **Dr. Arun Kumar Agnihotri MD**
Assistant Professor
Department of Forensic Medicine
Manipal College of Medical Sciences,
Pokhara, Nepal
(Formerly, Assistant Professor, Department of
Forensic Medicine & Toxicology, SSR Medical
College, Mauritius)

Abstract

The present study reviews statistical trends of juvenile delinquency in Mauritius with objective to plan preventive strategies for avoiding such crime. A detailed analysis of reported cases indicates that despite the reduction in total crime, the cases involving *wounds & blows, damaging property and sexual assault (i.e. attempt upon chastity and rape)* are found to be increasing. Rising trends in family problems (i.e. extramarital affairs, alcoholism, divorce and financial) and children problems (i.e. child with psychological problems, child with behavior problems and child neglect) in 2000 as shown in table-2 are thought to be important factors responsible for such crimes.

This paper stresses that, the improvement of financial condition, stability of family and the fight against alcoholism can play a major role to achieve this goal of reduction in crime among juveniles. Pediatricians can play a major role in violence prevention.

Key Words

Aggressive behavior, Alcoholism, Juvenile delinquency, Juvenile offender

Introduction

Juvenile delinquency is an important public health problem that contributes to the morbidity and mortality of adolescents as well as places a significant economic burden on society. It is not merely an offence but also embraces all deviations from normal youthful

behavior. Juvenile delinquency is a massive and growing problem world wide. Research and treatment will not be completed without giving a precise operational definition of "juvenile delinquency". Delinquency means an offence committed against the law and legally juveniles are described as adolescents under 18 years of age when he or she may held legally responsible for his/her action. In India, the Children Act-1960 defines juvenile offender as a child (boy below 16 years and girl below 18 years), who has committed a crime for which he or she is legally responsible ¹. With implementation of *Juvenile Justice Act 1986*, the children's act applicable in different part of the country has been repealed that provides a comprehensive scheme for care, protection, treatment, development and rehabilitation of delinquent juveniles². According to this new act modified in 2000, a juvenile is any child (boy or girl) below the age of 18 years. In Mauritius, the Juvenile offender act-1935 defines "juvenile" as a person under the age of 18 years and "young person" as a person who has attained the age of 14 years and is under the age of 18 years³. This article reviews statistical trends of juvenile delinquency in Mauritius with objective to plan preventive strategies for avoiding such crime.

Scenario in Mauritius

This tiny paradise (Mauritius) is located in the Indian Ocean, approximately 2,400 kilometers off the south east coast of Africa. This island that is of volcanic origin covers an area of 1,865 square kilometers (720 square miles). Today, Mauritius has achieved the status of Newly Industrialized Country with a fairly stable population, almost zero unemployment and GNI (Gross National Income) per capita (2000) U.S. \$ 9940 (In India, it is only 2340). The estimated resident population of the island of Mauritius at 31-12-2000 was 1,157,789 showing average population growth rate (2000-2005) of about .8%⁴. Comparative statistics of "juvenile delinquency in Mauritius obtained from '*Annual report of the Mauritius Police Force-Year 2001*'⁵, shows steady decrease in the juvenile violent crime rate during past 3 years-1998, 1999 and 2000. Please click [here](#) to download table 1.

A detailed year-wise breakup of the cases of juvenile delinquency indicates that in 1998, majority of the cases (104 cases out of 194) were related to the traffic contravention followed by larceny. The reduction of total crime in following years i.e. 1999 & 2000 was mainly due to marked decrease in traffic contravention. However, the cases of *wounds & blow, damaging property and sexual assaults (i.e. attempt upon chastity and rape)* are found to be increased.

Discussion

Violence is a form of aggressive behaviour that has debilitating effects on the optimal growth and development of our youth. As in Mauritius, the juvenile violence crime rate has also decreased steadily during past 5 years in USA, but the problem of violence and violence-related behavior in the lives of our children & adolescent remains and exposure to violence in the home, school, community or videogames and other entertainments significantly influences aggressive behaviors among children & adolescents⁶. Cohall A, Cohall R and Bannister H⁷

What is already known on this topic

Juvenile delinquency is an important public health problem that places a significant economic burden on the society. It is a massive and growing problem world wide. Risk factors and behaviors associated with juvenile delinquency are mainly classified into *individual, family, school/academic, peers-related, neighborhood and situational*. Exposure to violence in the home, school and community, alcoholism and other entertainments like videogames, cinema, etc. influence aggressive behaviors among children and adolescents.

What This study adds

● The present study reviews statistical trends of juvenile delinquency in Mauritius with objective to plan preventive strategies for avoiding such crime. A detailed analysis of reported cases indicates that despite the reduction in total crime, the cases involving *wounds & blows, damaging property and sexual assault (i.e. attempt upon chastity and rape)* are found to be increasing. Rising trends in family problems (i.e. extramarital affairs, alcoholism, divorce and financial) and children problems (i.e. child with psychological problems, child with behavior problems and child neglect) in 2000 as shown in table-2 are thought to be important factors responsible for such crimes.

In my opinion, the improvement of financial condition, stability of family and the fight against alcoholism can play a major role to achieve this goal of reduction in crime among juveniles. Pediatricians can play a major role in violence prevention.

demonstrated in their article that juveniles are responsible for about 19% of all violent crime committed in the United State and peak age incidence for violent offender is 18 years that is within the spectrum of the adolescent age grouping. In India, juvenile delinquency is on increase during the past 2 or 3 decades due to changes in the cultural pattern of the people, urbanization and industrialization showing highest incidence in the children above 15 years of age and it is found to be more common in boys⁸. Detailed analysis of official records obtained from Mauritius Police Force (Annual report of the Mauritius Police Force -Year 2001, Annex D & E) indicates that juveniles are responsible for only 7.9% of the total crime reported in the year 2000 that is the great success for this country in contrast to the United state where the juvenile are responsible for about 19% of all violent crimes.

Risk factors and behaviors associated with juvenile delinquency are mainly classified into 6 major categories-*Individual, Family, School/academic, Peer-related, Community & neighborhood and Situational*⁹.

Individual

The child personality is determined by genetic endowment and modified by environmental factors¹⁰. Therefore certain individual factors such as high impulsiveness with low intelligence, hereditary defects and glandular imbalance forms the root of 'juvenile delinquency'. Lober R and Farrington DP¹¹ observed that early onset of delinquency prior to age of 13 years increases the risk of later serious, violent and chronic offending by a factor of 2-3 times.

Family

The family unit is a crucial body for the child development and healthy upbringing. In addition, whatever a child learns is mainly through their family or guardians. A criminal parents can teach their adverse lessons about the life when a child views or witnesses their parent's delinquent behavior. The common family problems are poor supervisions, harsh discipline, a broken family, child physical abuse, a violent parent, poverty, large family size and alcoholism.

Peer-related

Peer group is a group of adolescents and children of similar age and ability. Peers can also teach an adolescent or child about the criminal behavior as the family member can. They can also cause delinquent patterns of behavior by labeling their child as delinquent.

School/academic

The school can also influence a juvenile to participate in crime especially through their friends in a similar way as the family and peers.

The juveniles are usually having low academic orientation and school absenteeism.

Community and neighborhood

The demographic characteristics of the adolescents and children's living environment can also be a contributing factor to juvenile delinquency. A crime-prone community and neighborhood characterized by gangs, violence, and easy access to dangerous weapons such as firearms, drug abuse and also low-socioeconomic status can lead to criminal activities of the children and adolescents.

According to Eric Silver¹², the following aspects of the neighborhood context should be examined such as:

- Neighborhood poverty- percentage of all persons in households with income below the federal poverty level and percentage households that had public assistance incomes.
- Neighborhood wealth- means household wages and percentage of families with income greater than \$50,000 per year.
- Neighborhood family structure- percentage of family headed by a female.
- Neighborhood residential stability- percentage of residents who lived in the same housing unit 5 years earlier.
- Neighborhood ethnic composition- percentage of neighborhood residents who are foreign born.
- Neighborhood housing stock- percentage of housing units that is vacant.

Situational

The important short-term situational factors include motives of potential offenders like anger & desire to hurt/kill, alcohol consumption and actions leading to violent events like the escalation of a trivial altercation¹³.

On analyzing the family and children problems published in Statistics 2001¹⁴ by Ministry of Women's Rights, Child Development and Family Welfare, the following problems are found to be significantly increased in the society that influence the juvenile delinquency. Please click [here](#) to download table 2.

These above mentioned problems in the society related to family (such as extramarital affairs, alcoholism & divorce) and children (i.e. Child with psychological and behavioral problems & child neglect) play an important role to increase in juvenile delinquency like wounds & blows, damaging property and attempt upon chastity that need further attention.

Prevention

Juvenile delinquency develops and manifests within a complex constellation of factors. Therefore, the prevention and intervention efforts should be theory based, multi-component and multi-system. Emphasis should be based on empirically supported programs that have identified key malleable risk factors in children, family, schools and neighborhood especially drug abuse, delinquency and violence. We should target preschool and primary grade children aged 0-8years because the researches suggest that the most effective interventions can nip in the bud in the early years¹⁵.

Relevant preventive and remedial interventions in the juvenile justice system, families, peer groups, schools and neighborhoods should be done making a case important in the integration of the services for juvenile delinquents. The juvenile justice system was also created

because it was recognized that youthful offenders are needed to be managed differently from the adults. They should receive habilitation services instead of punishment because adolescent brain has not fully developed before the age of 18 years of age and children don't have same emotional and mental capacity as adults. The United States is the only nation in the world that continues to execute its youth¹⁶. In Mauritius, according to *Juvenile offender act*, no magistrate shall inflict on any young person imprisonment with or without hard labor for more than one year or any fine exceeding 1000 rupees. The juvenile offenders should be separated from the adults, therefore they should be sent in reformatory schools and not in jail.

A well adjusted family can stem the tide of delinquency. In my opinion, the improvement of financial conditions, stability of families and the fight against alcoholism can be the means to achieve this goal of reduction in crime among juveniles. According to Rivara FP and Farrington DP¹⁷, pediatricians can play a major role in violence prevention through recognition of and intervention for poor parenting, provision of social support to families, recognition and management of behavior problems, and promotion of pre-school and early childhood education programs. The parents should be prepared for parenthood and needs of children should be appreciated. The school comes next to the home in the community in ordering the behavior of children. There should be healthy teacher -pupil relationship.

References

1. Parikh CK: 'Personal Identification', Parikh's Text book of Medical Jurisprudence, Forensic Medicine and Toxicology, 6th Edition, 2000: 2.12
2. Park K: 'Preventive medicine in obstetrics, pediatrics and geriatrics', Park's text book of Preventive & Social Medicine, 6th Edition 2000: 399.
3. Juvenile Offender Act-RL 3/303-April 6, 1935
4. Health Statistic Annual 2000, Ministry of Health and Quality of Life, Island of Mauritius, IX
5. Annual Report of the Mauritius Police Force-Year 2001, Annex E.
6. Daane DM: 'Child and adolescent Violence', Orthop Nurs. 2003, Jan-Feb; 22(1): 23-9; quiz 30-1
7. Cahall A, Cohall R and Bannister H: 'Adolescents and violent crime', Curr opin Pediatr. 1998 Aug; 10(4): 356-62
8. Park K: 'Preventive medicine in obstetrics, pediatrics and geriatrics', Park's text book of Preventive & Social Medicine, 6th Edition 2000: 397.
9. Valois RF, Mc Donald JM, Bretous L, Fischer MA and Dane JW: 'Risk factors and behaviors associated with adolescent violence and aggression' Am J Health Behav. 2002 Nov-Dec; 26(6): 454-64.
10. Ghai OP: 'Juvenile delinquency', Essential Pediatrics, 4th Edition, 1996 June; 30.
11. Loeber R and Farrington DP: 'Young children who commit crime: epidemiological, developmental origins, risk factors, early interventions and policy implication', Dev Psychopathol. 2002 Autumn; 12(4): 737-62.
12. Silver E: 'Neighborhood Social Disorganization as a Cofactor in Violence Among People With Mental Disorders', International Journal of Offender Therapy And Comparative Criminology, 2001; 45(4), 403-6
13. Farrington DP and Lober R: 'Epidemiology of juvenile violence' Child Adolesc Psychiatr Clin N Am. 2000 Oct; 9(4): 733-48.
14. Statistics 2001, Ministry of Women's Rights, child development and family welfare, Republic of Mauritius, 42.
15. Webster-Stratton C and Taylor T: 'Nipping early risk factors in the bud: preventing substance abuse, delinquency and violence in adolescents through interventions targeted at young children (0-8years)', Prev. Sci. 2001 Sep; 2(3): 165-92.
16. Brokman M: 'Juvenile justice-A role for health professionals', J Ambul Care Manage. 2003 Jan-March; 26(1): 91-2
17. Rivara FP and Farrington DP: 'Prevention of violence-Role of the pediatrician', Arch Pediatr Adolesc Med. 1995 Apr; 149(4): 421-9

*Corresponding author and requests for clarifications and further details:

[Dr. Arun Kumar Agnihotri MD,](#)

You've been on Dr. Arun Kumar Agnihotri 's Paper for seconds.

● *N.B. It is essential to read this journal - and especially this paper as it contains several tables and high resolution graphics - under a screen resolution of 1600 x 1200 dpi or more, and preferably on a 17" or bigger monitor. If the resolution is less than this, you may see broken or overlapping tables/graphics, graphics overlying text or other anomalies. It is strongly advised to switch over to this resolution to read this journal - and especially this paper. These pages are viewed best in Netscape Navigator 4.7 and above.*

-Anil Aggrawal



[Sign My Guestbook](#)



[View My Guestbook](#)

● Click [here](#) to contact us.



You are Visitor No:



since January 1, 2002
when this page was created.

● This page has been constructed and maintained by Dr. Anil Aggrawal, Professor of Forensic Medicine, at the Maulana Azad Medical College, New Delhi-110002. You may want to give me the feedback to make this pages better. Please be kind enough to write your comments in the guestbook maintained above. These comments would help me make these pages better.

● **IMPORTANT NOTE: ALL PAPERS APPEARING IN THIS ONLINE JOURNAL ARE COPYRIGHTED BY "ANIL AGRAWAL'S INTERNET JOURNAL OF FORENSIC MEDICINE AND TOXICOLOGY" AND MAY NOT BE REPOSTED, REPRINTED OR OTHERWISE USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE WEBMASTER**

Questions or suggestions ? Please use ICQ [19727771](#) or email to dr_anil@hotmail.com

[Page Professor Anil Aggrawal via ICQ](#)

