

Risk Factors and Interventions in Juvenile Delinquency: A Multidimensional Study of Eight Districts in Bangladesh

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Abstract: Juvenile delinquency often arises when children face poverty, family problems, school dropout, harmful peer influence, and substance abuse. This study examines these risks and identifies practical ways to support prevention, rehabilitation, and safe reintegration of children into their families and communities. This mixed-methods study examined juvenile delinquency among 286 respondents with juvenile-justice experience across eight districts of Bangladesh. The findings show that adolescence is the most critical period: 75.2% of respondents were aged 13–18 years, including 38.5% aged 16–18 years and 36.7% aged 13–15 years. Economic vulnerability was substantial. Seventy-one point four percent of the respondents were from households in which monthly income was beneath BDT 10,000 (n=102); 34.3% with income level below BDT 5000 (n=49). Additionally, only 7.7% reported that their household income was BDT 20,000 and above. Repeat incidence of delinquent behaviour, as reported on average was 43.4% with a clear need for long term follow up and rehabilitation. The most common reported crime was theft/robbery (32.2%) and drug use/trafficking (27.3%). The two categories together accounted for 59.5% of reported offences. 16.8% for violence/assault, 13.3% through gang activities and 6.3% was information from cybercrime. The most commonly reported risk factors included school dropout (72.0%), a lack of parental supervision (69.2%), a lack of emotional support (64.7%), past exposure to domestic violence (62.2%), low self-control (61.5%) and drug use (58.7%). 49.7% of respondents had been affected by mental trauma or adverse childhood experiences, while 41.3% reported a gang connection. Family therapy received the highest perceived effectiveness score (mean 4.1 out of 5; 82%), followed by community counselling (4.0; 80%) and NGO-based rehabilitation (3.8; 76%). Detention without rehabilitation received the lowest rating. The results support early prevention, school retention, parenting support, counselling, diversion, rehabilitation, and community-based reintegration services.

Keywords: Juvenile Delinquency; Risk Factors; Rehabilitation.

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I. INTRODUCTION

Juvenile delinquency is a big social, legal and developmental issue in Bangladesh. It is about illegal or harmful actions carried out by children and adolescents under the age of eighteen. Such behavior should not be viewed as merely a matter of individual failure or a criminal issue. Often fueled by poverty, family stress, school exclusion, violence, unsafe neighborhoods, negative peer influence and limited protective support. Bangladesh's Children Act, 2013 defines a child as a person below eighteen years of age and requires child-sensitive treatment that prioritises welfare,

development, rehabilitation, and social reintegration [1].

Bangladesh is experiencing rapid urbanisation, economic transformation and increasing use of digital technology. These changes have created new opportunities for education, communication and employment, but they have also created new social risks for many adolescents. Children in poor households, informal settlements, streets, disaster-prone areas and socially excluded communities may be deprived, neglected, involved in unsafe work, have their education interrupted and limited access to recreation. These conditions can make them more vulnerable to substance use,

theft, violence, gang involvement, and other harmful activities [2].

Family conditions greatly influence the behavioural development of children. Poverty, parental separation, domestic violence, neglect, harsh discipline, substance abuse and poor parental supervision can decrease emotional security and increase the risk of risky behaviour. Children without a solid family base often find acceptance, protection or identity in negative peer groups. Research from Bangladesh has found family dysfunction and economic hardship to be significant correlates of juvenile delinquency especially for children residing in underprivileged urban communities [3].

Juvenile delinquency is therefore a multidimensional issue. No single factor fully explains why a child becomes involved in unlawful behaviour. Individual vulnerability, family conflict, school dropout, financial hardship, peer pressure, community violence, and limited access to child-protection services often interact. The risk may increase when a child experiences several of these disadvantages at the same time. Effective interventions should address not only the child's behaviour but also family relationships, education, community safety, social support, and economic opportunity [4].

The digital environment has added a further dimension to this issue. Along with conventional offences such as theft, assault, and drug-related activities, adolescents may be exposed to cyberbullying, online harassment, harmful content, digitally organised gang activity, and peer pressure through social media. Digital platforms can be used to support learning and communication but they can also be used to spread misinformation, violence, risky behaviour and illegal networks. Child-protection and juvenile-justice interventions should therefore consider both offline and online risks affecting adolescents [5].

Bangladesh has made legal progress through the Children Act, 2013, which replaced the Children Act, 1974. The Act promotes a child-rights-based justice system and includes provisions relating to Children's Courts, diversion, probation, Child Development Centres, confidentiality, rehabilitation, and reintegration. Its underlying approach is that children in conflict with the law should receive guidance, care, correction, and opportunities for rehabilitation instead of unnecessary punitive treatment [6].

The Act is broadly consistent with the United Nations Convention on the Rights of the Child (UNCRC), which Bangladesh ratified in 1990. Article 37 provides that detention of a child should be used only as a measure of last resort and for the shortest appropriate period. Article 40 requires that children in conflict with the law be treated in a manner that preserves their dignity, promotes their self-respect and supports their reintegration into society. These principles support the provision of counselling, education, skills development, family support, probation, and community-based rehabilitation [7].

However, significant implementation gaps remain. In many areas, specialised Children's Courts, probation officers, trained child-affairs police officers, social workers, counsellors, legal-aid providers, and rehabilitation facilities are insufficient. Initiatives to establish separate Children's Courts indicate policy commitment, but an effective child-friendly justice system requires coordinated action by the police, courts, Department of Social Services, educational institutions, health services, local government bodies, families, and civil-society organisations [8].

This study applies Bronfenbrenner's Ecological Systems Theory to examine juvenile delinquency from a multilevel perspective. The theory says that the family, school, peers, community institutions, economic conditions, culture, and public policy are all interrelated and interdependent environments that affect child development. This framework is relevant for Bangladesh as it helps to analyze how family, social, institutional and community conditions influence individual behavior [9].

The study also feeds into Sustainable Development Goal 16, which aims to promote peaceful and inclusive societies, reduce violence, provide access to justice and build accountable institutions. Children can be protected from violence and receive fair treatment under the law through the strengthening of prevention, rehabilitation and child-friendly justice [10]. The study analyzes the impact of poverty, family environment, peer relationship, education, exposure to digitalization, community conditions and institutional capacity. Its findings will offer practical recommendations for prevention, diversion, probation, rehabilitation and sustainable reintegration.

II. MATERIALS AND METHODS

The study was conducted for the examination of risk factors and intervention of juvenile delinquency in eight districts of Bangladesh from January 1, 2026 to March 31, 2026. A quantitatively dominant explanatory mixed-method design in which the survey results were combined with qualitative evidence to create a multidimensional understanding of juvenile delinquency [11], [12]. Qualitative evidence was used to explain the influence of individual, family, peer, community, institutional, and economic factors on juvenile involvement in crime and the effectiveness of existing interventions [13].

The study was performed in eight Upazillas of eight districts covering all the eight administrative divisions of Bangladesh. The selected areas were coastal, haor, Barind, char and agricultural plain-land areas so as to reflect geographical, ecological and socio-economic diversity.

Quantitative survey was conducted with 286 respondents (30 respondents from each Upazila). Responses were received from adolescents, parents/guardians, teachers, community representatives, local leaders, law-enforcement personnel, social workers and other relevant stakeholders. To achieve representation of different groups of respondents and experiences related to juvenile delinquency, stratified and purposive sampling methods were used [14].

Juvenile delinquency risk was assessed through factors such as poverty and financial hardship, family neglect or violence, school dropout, unemployment, negative peer influence, gang involvement, drug use, gambling, weak parental supervision, social stigma, limited recreation, and inadequate community support. Intervention effectiveness was assessed through family counselling, school-based support, vocational training, sports and recreational activities, community leadership, awareness programmes, rehabilitation services, drug prevention, police–community coordination, and reintegration support. Responses were recorded using a five-point Likert scale [15].

Primary data were collected through face-to-face interviews using a structured questionnaire. The survey was supplemented by 16 key informant interviews, eight focus group discussions, field observations, and reviews of relevant institutional documents. Quantitative data were coded, cleaned, and analysed using Microsoft Excel and SPSS. Descriptive statistics, Pearson's correlation, multiple regression, paired-sample t-tests, and path-coefficient analysis were used where applicable. Statistical significance was assessed at the 5% level [16].

Qualitative data were coded and analysed thematically. Findings from surveys, interviews, focus group discussions, observations, and document reviews were compared and

integrated through triangulation [13], [17], [18]. The internal consistency of the survey instrument was assessed using Cronbach's alpha [19]. Participation was voluntary, informed consent was obtained from all participants, and anonymity, confidentiality, and privacy were maintained throughout the study.

III. RESULT AND DISCUSSIONS

➤ *Socio-economic Characteristics of Respondents*

The socio-economic profile provides an understanding of the age, family background, and living conditions of children and adolescents with juvenile-justice experience. This information can help guide timely support for prevention, education, counselling, rehabilitation, and reintegration. Details are presented below.

➤ *Current Age Distribution of Respondents with Juvenile Justice Experience*

This study includes respondents whose alleged offence, delinquent behaviour, or first contact with the juvenile justice system occurred before they reached 18 years of age. Their current age profile helps identify children and adolescents who may need timely support through prevention, education, counselling, rehabilitation, and reintegration. The age-group distribution is presented in Table 1.

Table 1 Current Age Distribution of Respondents with Juvenile Justice Experience

Age Group	n	%
9–12 years	58	20.3
13–15 years	105	36.7
16–18 years	110	38.5
19+ years*	13	4.5
Total	286	100.0

The largest group of respondents were 16-18 years old (38.5%), followed closely by those aged 13-15 years (36.7%). These two age groups combined accounted for 75.2% of the study sample. The pattern suggests mid-to-late adolescence is a critical period for timely identification and support of at-risk children.

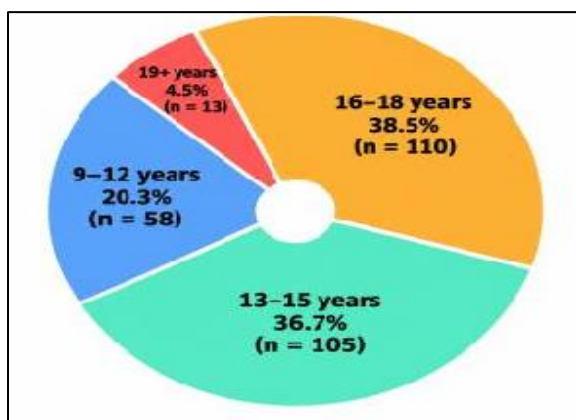


Fig 1 Age Group Distribution of Respondents

The findings underline the importance of keeping adolescents engaged in school, family care, and positive community activities. Counseling, mentoring, vocational guidance and reintegration support are especially important for those aged 13-18 years, while prevention should begin early for children aged 9-12 years.

• *Reported Offence Types Among Respondents*

The most frequently reported offense was theft or robbery (92 respondents, 32.2%). The second most reported category was drug use or trafficking with 78 (27.3%) respondents. In total, the two categories together comprised 59.5% of all reported offenses, suggesting that economic hardship and substance-related risks may be significant concerns for many children and adolescents in the study. The distribution of offence types is presented in table 2.

Table 2 Type of Offence Reported by Respondents

Type of Offence	n	%
Theft/robbery	92	32.2
Drug use/trafficking	78	27.3
Violence/assault	48	16.8
Gang activities	38	13.3
Cybercrime	18	6.3
Other offences	12	4.2
Total	286	100.0

Violence or assault was reported by 48 respondents (16.8%), while 38 respondents (13.3%) reported involvement in gang activities. Cybercrime accounted for 6.3%, and other offences for 4.2%. These findings suggest the need for early

support through family care, school engagement, counselling, substance-use prevention, and safe community activities to help children avoid harmful behaviour.

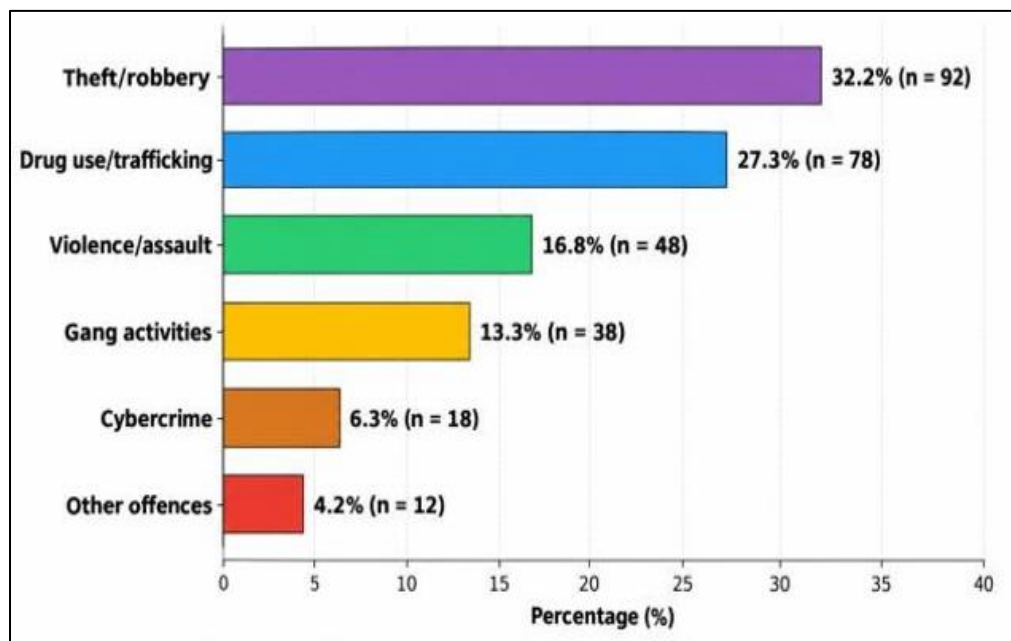


Fig 2 Distribution of Respondents by Type of Offence

• *Monthly Family Income Distribution of Respondents' Households*

Household income helps us understand the living conditions of respondents and their families. Families with

limited income may struggle to meet children's needs for education, nutrition, healthcare, housing, and supervision. But poverty is not a cause of juvenile delinquency. It can increase stress in the family and limit access to support and opportunity. Table 3 shows the monthly income of the family.

Table 3 Monthly Family Income Distribution of Respondents' Households

Monthly Family Income	n	%
Below BDT 5,000	98	34.3
BDT 5,001–10,000	106	37.1
BDT 10,001–20,000	60	21.0
BDT 20,000 and above	22	7.7
Total	286	100.0

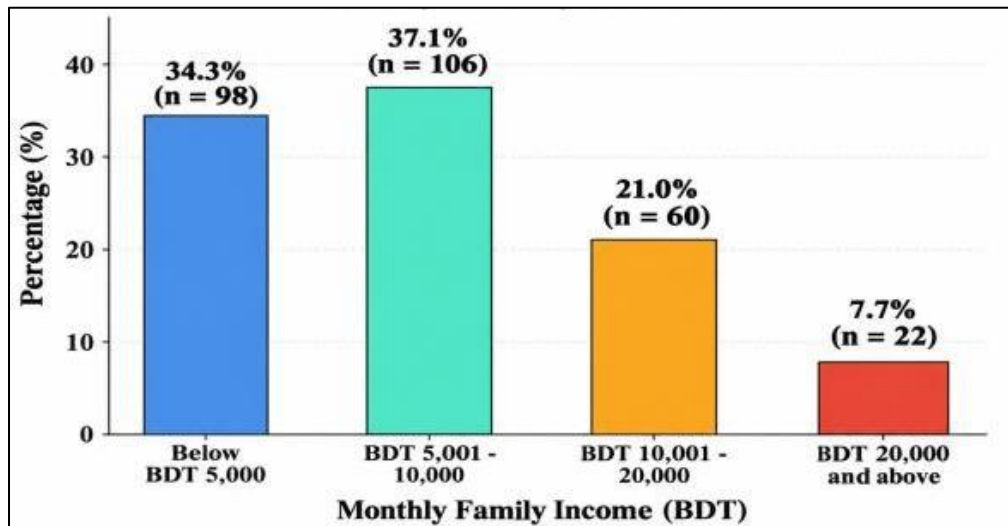


Fig 3 Distribution of Respondents by Monthly Family Income

More than one third (37.1%) of the respondents' household earned BDT 5,001 to BDT 10,000 as monthly income and 34.3% earned below BDT 5,000. In general, 71.4% of respondents were from households with a monthly income less than BDT 10,000.

Only 7.7% of the households reported a monthly income of BDT 20,000 and above. Economic hardship is not a cause of juvenile delinquency, but may create pressure on families and limit access to education, nutrition, healthcare, and supervision. The findings suggest better access to school support, livelihood opportunities, social protection, family

counseling and local youth support services.

• Summary of Key Socio-economic Findings

The findings provide an overview of the age, household economic condition, reported repeat involvement, and offence patterns of respondents with juvenile-justice experience. Together, these indicators help identify the children and adolescents who may need stronger support for prevention, education, counselling, rehabilitation, and reintegration.

Table 4 Summary of Key Socio-economic Findings

Indicator	Finding	Interpretation
Largest age group	16–18 years: 38.5%	Late adolescents were the largest respondent group; this age group needs focused prevention and reintegration support.
Middle and late adolescence	13–18 years: 75.2%	Most respondents were aged 13–18 years, indicating the importance of school continuity, family guidance and positive peer support.
Low-income households	Below BDT 10,000 per month: 71.4%	Most respondents came from low-income households; economic hardship should be considered with family, school and community conditions.
Reported repeat involvement	43.4%	Repeat involvement was common; its definition and reference period should be stated in the Methodology section.
Most frequently reported	Theft/robbery: 32.2%	Property related offences were the most prevalent, indicating a necessity to address household vulnerability and school disengagement.
Second most common reported offence	Drug use/trafficking: 27.3%	Substance-related offences point to the need for adolescent-friendly prevention, counselling and rehabilitation services.

The findings suggest that many respondents came from economically vulnerable households, and the largest age group was 16–18 years. Property-related and drug-related offences were the most commonly reported concerns. Reported repeat involvement points to the need for stronger family support, counselling, diversion, rehabilitation, and post-release reintegration services.

➤ Risk Factors Associated with Juvenile Delinquency

Juvenile delinquency is often linked to connected risks in a child's life, including school dropout, family stress, poverty, weak supervision, drug exposure, harmful peers, and

limited community support. These findings are based on responses from 286 participants. Details are presented below.

• Prevalence of Individual-Level Risk Factors

School dropout was the most frequently reported individual-level risk factor, affecting 72.0% of respondents. Low self-control (61.5%), drug use (58.7%), emotional instability (55.2%), and mental trauma or adverse childhood experiences (49.7%) were also widely reported. These findings suggest that many children may face several personal and social difficulties at the same time.

Table 5 Prevalence of Individual-Level Risk Factors among Respondents

Individual risk factor	n	%
School dropout	206	72.0
Low self-control	176	61.5
Drug use	168	58.7
Emotional instability	158	55.2
Mental trauma or adverse childhood experiences	142	49.7
Gang connection	118	41.3
ADHD symptoms self-reported	88	30.8
Early crime exposure age 9 to 12	62	21.7

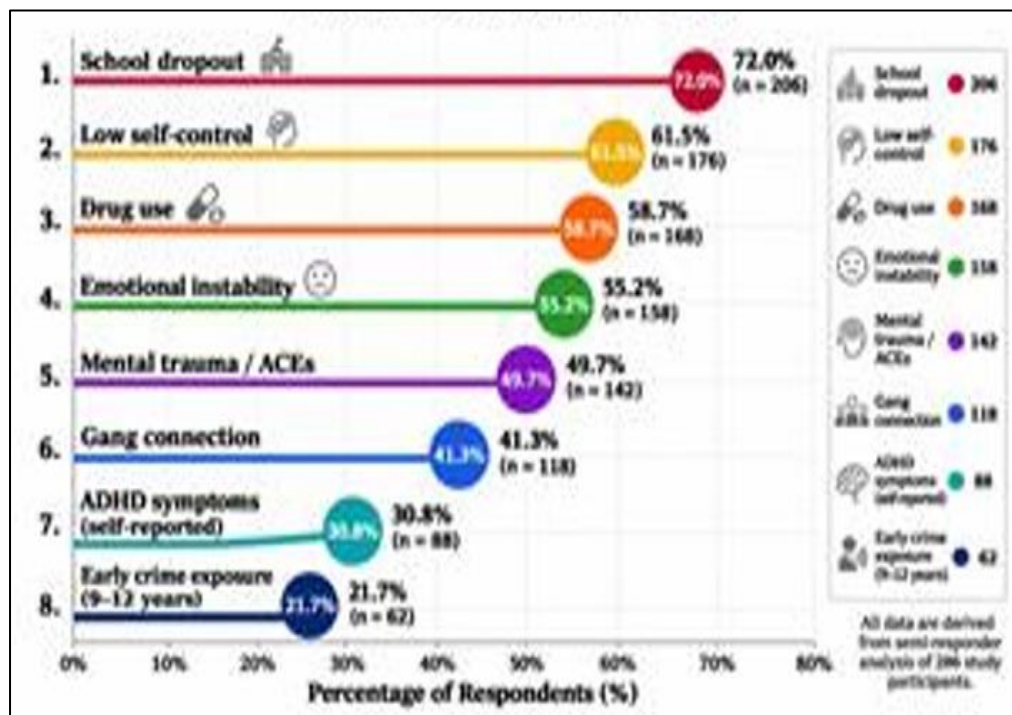


Fig 4 Prevalence of Individual Risk Factors Among Respondents (N=286)

Gang connection was reported by 41.3% of respondents, while 30.8% reported ADHD symptoms and 21.7% had early exposure to crime between the ages of 9 and 12 years. The findings point to the need for early identification, school retention, counselling, mental-health support, substance-use prevention, and safe community activities for at-risk children.

• *Respondents' Perceptions of Individual Risk Pathways the Results Support These Descriptive Findings. Poverty*

And financial hardship received the highest mean score (4.27, SD = 0.96). Peer and gang pressure, school dropout, and gang culture each received high ratings, with mean scores ranging from 4.20 to 4.24. Respondents also agreed that family neglect and violence contribute to delinquent (mean = 4.15, SD = 0.98).

Table 6 Prevalence of Family Risk Factors Among Respondents

Statement	Mean	SD
Poverty and financial hardship increase crime risk	4.27	0.96
Peer and gang pressure contribute to offending	4.24	0.91
Lack of education and school dropout increase crime risk	4.24	0.93
Gang culture plays a role in spreading crime	4.24	0.97
Family neglect or violence is a cause of delinquency	4.15	0.98
Recidivism increases without adequate support	4.09	1.02

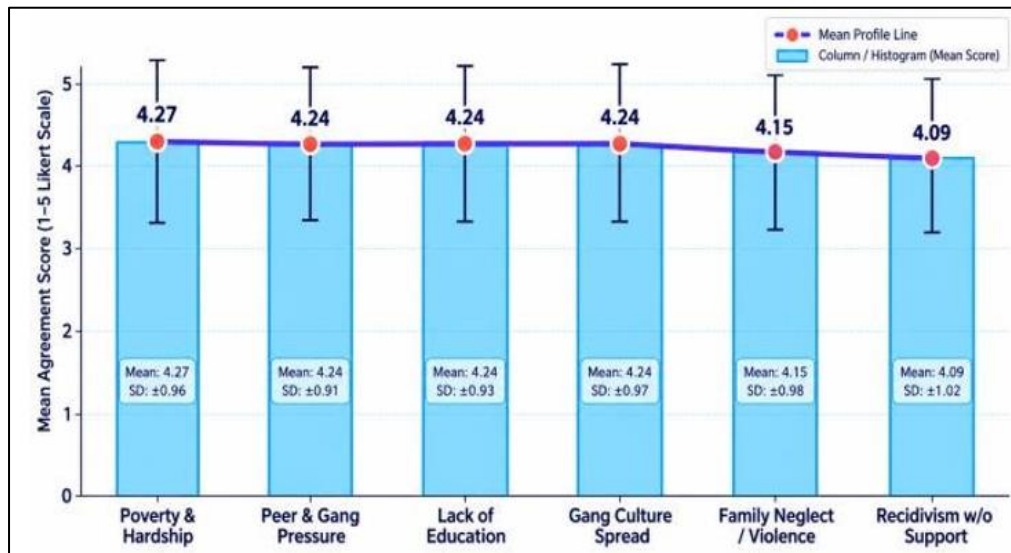


Fig 5 Prevalence of Family Risk Factors Among Respondents

These descriptive findings are supported by the results. Poverty and financial hardship had the highest mean score (4.27, SD = 0.96). Peer and gang pressure, school dropout and gang culture were rated high with mean scores ranging from 4.20 to 4.24. Respondents also agreed that family neglect and violence contribute to delinquency (mean = 4.15, SD = 0.98).

- *Family Environment, Supervision and Support*
Family conditions were strongly associated with

respondents' perceptions of juvenile delinquency. Weak parental supervision was reported by 69.2% of respondents, followed by lack of emotional support (64.7%) and exposure to domestic violence (62.2%). These results underline the importance of family-centred prevention, counselling, parenting support, and early identification of children exposed to violence or neglect.

Table 7 Prevalence of Family Risk Factors Among Respondents

Family risk factor	n	%
Weak parental supervision	198	69.2
Lack of family emotional support	185	64.7
Exposure to domestic violence	178	62.2
Parental illiteracy	105	36.7
Family income below BDT 5,000 per month	98	34.3
Single-parent household	82	28.7
Criminal member in the family	68	23.8

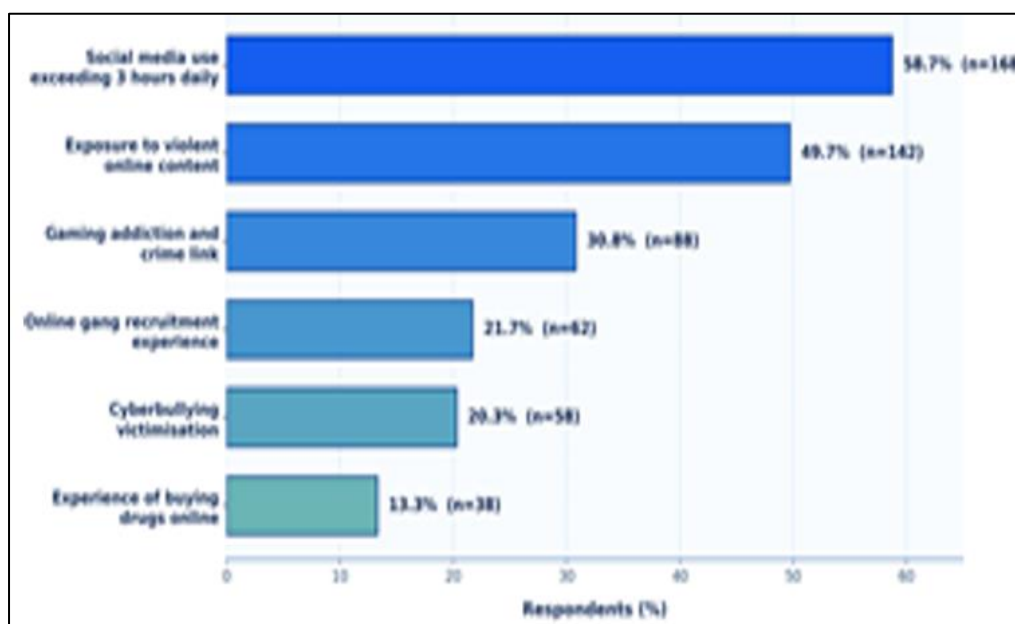


Fig 6 Prevalence of Digital Risk Indicators Among Respondents

Respondents placed particular emphasis on the protective role of the family. A healthy family environment reducing crime received the highest family-related score (mean = 4.29, SD = 0.88). Family counselling was rated at 4.24 (SD = 0.97), while family cooperation in reducing recidivism was rated at 4.23 (SD = 0.92). These findings favour interventions that engage caregivers throughout prevention, diversion, rehabilitation, and post-release reintegration.

• *Family Support in Prevention and Rehabilitation*

Respondents placed strong importance on a caring and supportive family environment. A healthy family environment received the highest mean score (4.29), followed by the need for family counselling (4.24) and family cooperation in reducing repeat involvement (4.23). These findings show that children benefit when parents and caregivers are actively involved in their care, guidance, and recovery.

Table 8 Respondents' Perceptions of Family Support in Juvenile Delinquency Prevention and Rehabilitation

Statement	Mean	SD
Healthy family environment reduces crime	4.29	0.88
Family counselling is necessary	4.24	0.97
Family cooperation reduces recidivism risk	4.23	0.92
Lack of parental supervision increases crime risk	4.07	1.01
Lack of family emotional support leads to delinquency	4.02	1.04

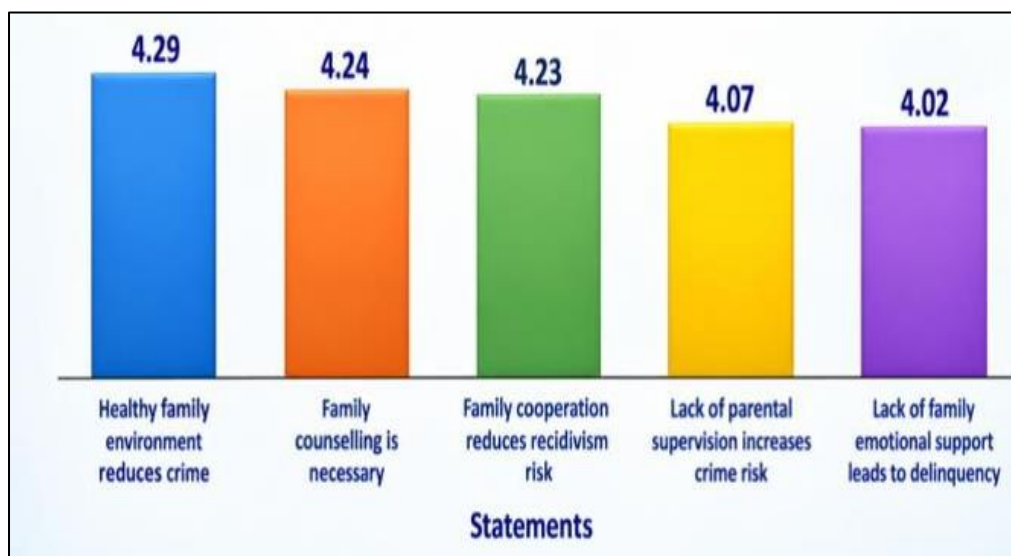


Fig 7 Respondents' Perceptions of Family Support in Juvenile Delinquency Prevention and Rehabilitation

Respondents also agreed that weak parental supervision (mean 4.07) and a lack of emotional support at home (mean 4.02) can increase the risk of delinquent behaviour.

Prevention and rehabilitation services should therefore involve parents and caregivers through counselling, parenting support, diversion, probation, and post-release reintegration.

➤ *Community, Social and Digital Risk Factors*

Children may be at greater risk of delinquency when they face unsafe communities, unemployment, stigma, harmful peer influence, and online risks. Family care,

community support, safe recreation, and digital awareness can help protect them and keep them connected to education and positive opportunities. Details are presented below.

• *Community Environment and Social Disorder*

Respondents considered sports and cultural activities to be important ways of keeping adolescents away from harmful behaviour, with the highest mean score of 4.27. Community leadership was also rated highly (mean 4.22), showing the value of positive role models, safe spaces, mentoring, and local action to support children and adolescents.

Table 9 Respondents' Perceptions of Community Factors Related to Juvenile Delinquency and Rehabilitation

Community statement	Mean	SD
Sports activities keep adolescents away from crime	4.27	0.92
Community leadership is important	4.22	0.93
Drug trade is linked to gang activities	4.10	1.01
Unemployment has increased crime	4.10	0.99
Juvenile gang numbers are increasing	4.09	1.02
Social stigma creates rehabilitation barriers	4.05	1.03

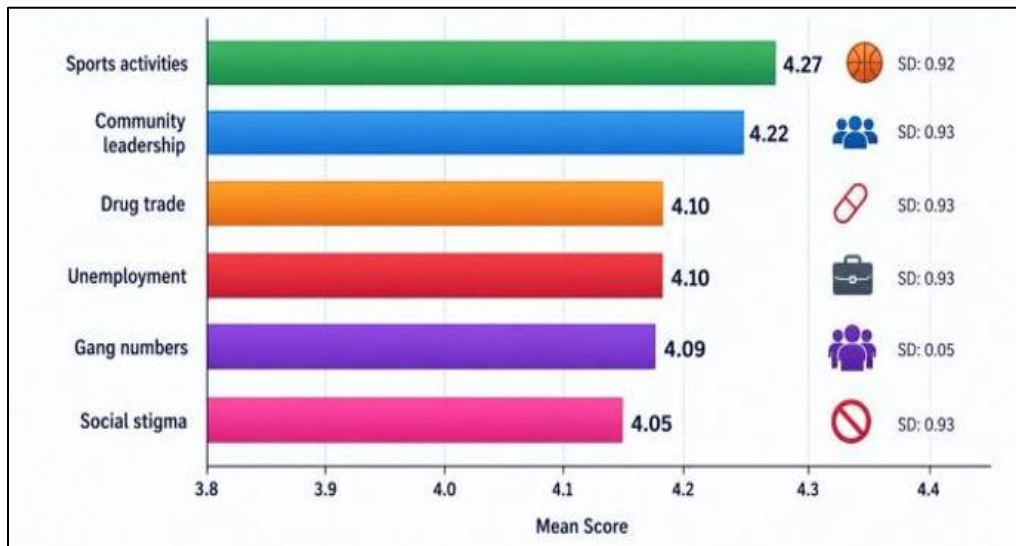


Fig 8 Graph of Key Community Factors in Juvenile Delinquency & Rehabilitation Respondents' (Mean Scores from Table 9)

Drug trade linked to gang activity and unemployment both received a mean score of 4.10, while perceived increases in juvenile gangs scored 4.09. Social stigma was also seen as a barrier to rehabilitation (mean 4.05). These findings suggest that prevention should combine safe recreation, employment support, community awareness, local leadership, and respectful reintegration of children who need help.

- *Digital Exposure and Online Risk Experiences*

At community level, respondents linked juvenile delinquency to drug markets, gang activity, unemployment,

limited positive role models, weak law enforcement, and social stigma. Drug trade linked to gang activity and unemployment each received a mean score of 4.10. The perceived increase in juvenile gangs received a mean score of 4.09. In contrast, sports and cultural activities were identified as important protective measures (mean = 4.27, SD = 0.92), indicating the value of safe recreational opportunities and community-based mentoring.

Table 10 Prevalence of Digital Risk Indicators Among Respondents

Digital risk indicator	n	%
Social media use exceeding 3 hours daily	168	58.7
Exposure to violent online content	142	49.7
Gaming addiction and crime link	88	30.8
Online gang recruitment experience	62	21.7
Cyberbullying victimization	58	20.3
Experience of buying drugs online	38	13.3

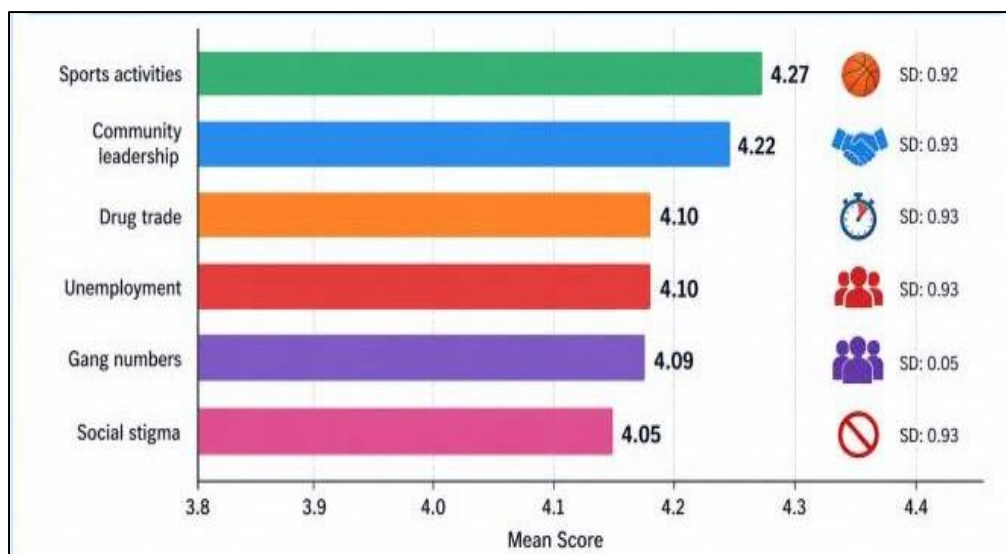


Fig 9 Visualized Growth of Juvenile Delinquency & Rehabilitation Key Factors Respondents' Perceptions (Mean Scores)

Digital exposure was common, although the results should be interpreted as reported exposure rather than proof of causal influence. The findings nevertheless support the inclusion of digital literacy, online-safety education, parental guidance, school counselling, and community awareness in juvenile-delinquency prevention strategies.

• *Respondents’ Perceived Effectiveness of Intervention Approaches*

Family therapy received the highest perceived effectiveness rating (mean 4.1; 82%), followed by community counselling (mean 4.0; 80%). NGO-based rehabilitation (76%) and diversion (72%) also received favourable ratings. These results suggest that respondents value support that helps children strengthen family relationships, receive counselling, and remain connected to their communities.

Table 11 Respondents’ Perceived Effectiveness of Intervention Approaches

Intervention approach	Mea n	SD	Standardised perceived effectiveness %
Family therapy	4.1	0.7	82
Community counselling	4.0	0.7	80
NGO rehabilitation	3.8	0.8	76
Diversion	3.6	0.9	72
Probation services	3.2	1.0	64
Child Development Centre intervention	2.8	1.1	56
Detention only without rehabilitation	1.9	0.9	38

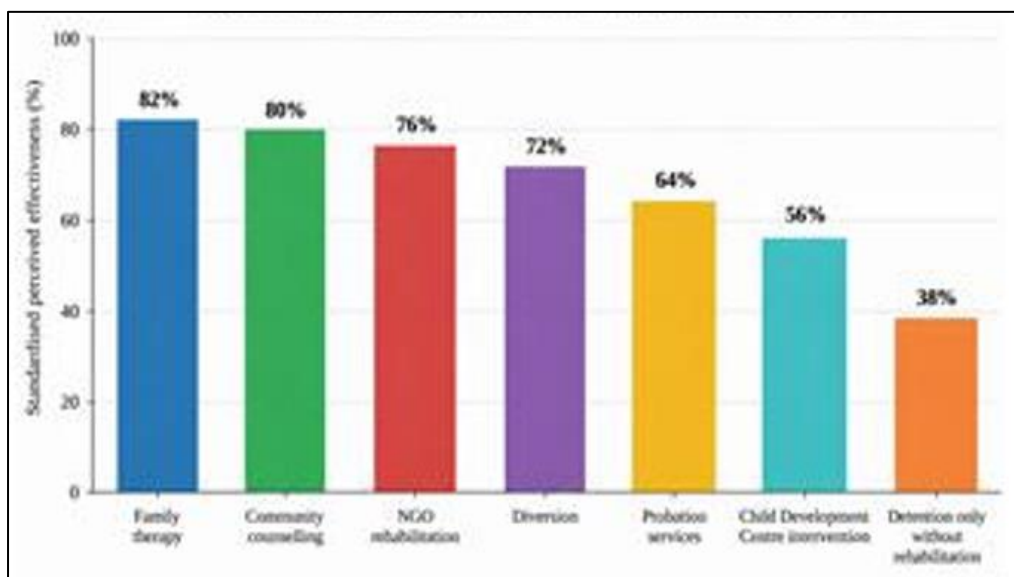


Fig 10 Perceived Effectiveness of Intervention Approaches

Probation services received a moderate rating (64%), while Child Development Centre intervention received 56%. Detention without rehabilitation received the lowest rating (38%). These results reflect respondents’ views, rather than measured reductions in repeat offending. Long-term follow-up and comparison data are needed to assess the actual effectiveness of each approach.

IV. CONCLUSION AND RECOMMENDATION

This study shows that juvenile delinquency is shaped by connected problems at the individual, family, school, and community levels. Children can be vulnerable to the effects of weak parental supervision, negative peer influence, poverty, dropping out of school and substance abuse without the support and guidance they require. The findings suggest that family support and community support may offer more humane and effective alternatives for rehabilitation than detention alone.

There is need to strengthen the Children Act 2013 by providing access to child psychologists during judicial proceedings and by developing a National Juvenile Justice Policy. There is a need to expand Child Development Centers and probation services and establish an inter-ministerial coordination mechanism to support the more consistent response. A national reintegration program should support children returning from CDCs through education, skills development, counseling, family reunification and community support. Schools should teach cyber-safety and family therapy should be trialed for children at risk. A juvenile information management system and 3–5-year follow-up study would help to track outcomes and improve services. Such measures can help reduce re-involvement and support Bangladesh’s commitment toward SDG 16.

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