

PSYCHOLOGICAL RISK FACTORS PREDICTING SUICIDAL IDEATION AMONG JUVENILE DELINQUENTS: ROLE OF RELIGIOSITY

NAJMA IQBAL MALIK¹, MOHSIN ATTA², SIDRA SHAKOOR³, TOOBA LATIF⁴, JAWAIRIA ZAFAR⁵,
SHAISTA PERVEEN⁶,

¹(PhD), Professor, Department of Psychology, University of Sargodha, Sargodha,
Email: najmamalik@gmail.com (Corresponding Author) ORCID ID: <https://orcid.org/0000-0002-3521-1014>

²Assistant Professor, Department of Psychology, University of Sargodha, Sargodha, Email:
gotamabbasi@gmail.com

³Student Counselor, Counseling Center, University of Sargodha, Sargodha
Email: Sidrashakoor.here@gmail.com

⁴Department of Psychology, University of Lahore, Sargodha Campus
Email: toobalatif90@gmail.com

⁵Department of Psychology, University of Sargodha, Sargodha
Email: Jawairiazafar1@gmail.com

⁶Department of Psychology, University of Sargodha, Sargodha
Email: shaistaperveen41@gmail.com

Abstract -The study examined the relationships of psychological risk factors (depression, anxiety, and stress), with religiosity and suicidal ideation among juvenile delinquents. A survey research design was used to assess the construct upon a purposively selected 200 juvenile delinquents from Sargodha, Faisalabad, and Lahore district jails. Psychological risk factors, suicidal ideation, and religiosity were measured by DASS-21 (Lovibond & Lovibond, 1995), MMPI-II Sub Scale of Suicidal Ideation (Butcher et al., 2001), and Religiosity Scale (Amjad, 2007). Correlation analysis revealed that depression, stress, and suicidal ideation had a significant negative relationship with religiosity. Multiple regression analysis showed depression, anxiety, and stress were positively predicting suicidal ideation, whereas religiosity was negatively predicting suicidal ideation among juveniles. Moderation analysis revealed that religiosity weakened the positive relationship between anxiety and suicidal ideation. It concluded that increased anxiety in juvenile delinquents with low levels of religious belief makes them more likely to have suicidal thoughts.

Keywords: psychological risk factors, juvenile delinquency, suicidal ideation, religiosity

INTRODUCTION

With all its colours and beauty, life is a precious gift from Allah. Humans are expected to value this gift but are often trapped in various social, psychological, and economic situations, subjecting it to destruction. Whatever the process or way behind the destruction of this precious gift of life through suicide, the matter of concern is to explore the causes to save humanity. The current study focuses on the psychological risk factors of suicidal ideation among juvenile delinquents by exploring the role of religiosity in this relation. In this investigation, the importance of wrongdoing, issues of faulted/criminal children in penitentiaries, and being mindful of their cases were studied.

LITERATURE REVIEW

Any exhibit commission or prohibition acknowledged as terrible to a man or a social affair of individuals is known as an offence. All the acts committed against the state or any person and of low moral quality are considered offences or wrongdoings. It is a thumb rule that a showing can only be considered as wrongdoing if it is done with the entire will objective. In this manner, point of view is critical in charging an immature. In old social requirements, no designed laws were there; however, a vigilant social mechanism was feasibly more successful than any bleeding edge-made code (Malik & Shirazi, 2010).

Youngsters who demonstrate wrongdoings against the nation or state can be considered Juvenile delinquents. Their upsetting and dangerous actions can be considered "antagonistic or destructive acts which interrupt the general public and deviate forcefully from the social standard. According



to Britannica (2023), delinquency and its expressing issues are synchronised externally and contain interactive profusions, for example, irritating others, uttered and physical aggression, and demonstrations of wildness". According to the law, juvenile delinquency typically considers people under 18; however, states vary in age refinement. According to Bartol and Bartol (2004), a juvenile reprobate deliberates a demonstration and is legally recognised as illegitimate and arbitrated "reprobate" by an appropriate court. Any demonstration found harmful and dangerous to an individual or a group is considered an offence.

Juvenile delinquency is a social phenomenon that relates to illegal behaviour in children. The rise of industrialisation, increased urbanisation, and labour-class conditions exacerbated the issue of delinquency among children and adolescents and criminal predispositions in Pakistan; it arises in society due to the conflict between communities, such as the different expansion rates in urban and rural societies, joblessness, and education rates. In these circumstances, social activists urged for a shift in the part of the family, social foundations, and government attention, as well as prompt action to address society's unique social problem posed by children (Zhang, 2022).

As freak practices are talented and picked up, delinquency is an ecological and social disease. The child is neither conceived as a sinner nor are its characteristics responsible for immoral practices. Delinquents are not seen to have intrinsic, physical, mental, or passionate characteristics. These are regular folks with regular wants and goals. Like other typical children, they require affection and security to be recognised as typical. Unsatisfaction with these fundamental demands causes a change issue, resulting in these children developing a hostile drive and dissent against the public. Following that, reprobate behaviour is given that is not very friendly to societal and environmental situations (Vijayanath et al., 2010).

According to Underwood and Washington (2016), the characteristics hypotheses emphasise the mental side of crime, including the association among identity, insight, learning, and criminal conduct. The psycho-dynamic point of view spotlights the early adolescence experience and its consequences for identity. Waring and Weisburd (2000) contended that psychoanalytical scholars assert that criminal conduct is the aftereffect of mental clashes, and these contentions may emerge in the intuitive or oblivious personality. Research also revealed that apart from the harsh punishment and rehabilitation facilities, juveniles tend to show high suicidal intentions and imagination as it is considered a complete threat. They believed it was a shortcut to dealing with specific psychosocial hazards (Hayes, 2004).

Adolescent crime is more harmful in terms of the risk of suicidal thoughts. Bjorkenstam et al. (2011) discovered that delinquent adolescents were three times more likely to try suicide than average youths. Thompson et al. (2006) found that delinquent children had higher rates of suicide ideation than ordinary youth. Juvenile delinquents are classified as a high-risk group for suicide because they are more likely to commit suicide, attempt suicide, or have suicidal thoughts than other adolescents (Peng, 2003). This data supports that adolescent delinquent behaviour is linked to suicide problems.

The precise significance of suicide signifies any activity of slaughtering oneself deliberately (Oxford Lexicon, 2006). Diverse societies and religions view suicide in various ways. Numerous Western societies and customary Judaism, Islam, and Christianity see suicide as unfavourable. It is considered a crime in a few social orders. However, suicide is at some point viewed as legitimate or even respectable. In many nations, ladies commit more suicides; however, men will probably commit suicide. Information concerning emotional instabilities signifies that dejection, stress, and uneasiness increase the probability of suicide endeavours and finish (Dryden-Edwards & Stoppler, 2011).

Freud reported a significant psychological understanding of suicide. In his opinion, suicide symbolises violence directed inward against an "interjected" object. This homicide murder is either hidden or utilised as a reason for revenge, and he refers to self-directed death instincts. The three components of aggressive suicide that Freud identified are the want to kill, the wish to kill, and the willingness to die. Suicide, according to Freud, is an aggressiveness turned secret against an



intruding doubtfully catheter-loved object, and he believed that there could be suicide without some previously suppressed intention to kill someone else (O'Connor & Nock, 2014).

Menninger's theory is constructed on Freud's concept. Because a person resents another person, he describes suicide as an inverted homicide. According to contemporary sociologists, suicidal people's fantasies about what will happen and the results of their suicide might teach us a lot about their psycho-dynamic worries. Retaliation, withdrawal, security, reunion with the dead, control, rejuvenation, sacrifice, power, compensation, and apologies are what they imagine. Overwhelming emotions like fury and remorse affect those who have suffered narcissistic damage or have lost a loved one (Van, 2010; Nock, 2014).

In youth, the risk factors can incorporate mental, behavioural, and familial. Many cognitive factors incorporate experiencing any psychiatric disease. The most prominent behavioural risk factor for finished suicide is a past endeavour. At long last, the family can be a risk factor if any of the relatives have some mental sickness or anomaly, parental strife or partition by death and separation, poor interpersonal connections, and damaging state of mind of relatives (Bilsen et al., 2018).

Depression could be credited to an individual's sadness, powerlessness, shyness of social backing, and adapting abilities when confronting issues and requesting backgrounds (Smith, 2014). More than 90 per cent of individuals who bite the dust by suicide have clinical depression. Much of the writing on youth self-destructive ideation is associated with despair and sentiments of misery (Biernesser et al., 2020). Through various studies, this fact often advocated that the association between depression and anxiety is the strongest predictor of suicide ideation and completion (Brachel et al., 2018).

Anxiety is the most widely recognised psychiatric disease found by extensive practice. Even though nervousness is perceived to be associated with suicidal ideation, the linkage between anxiety and suicidal ideation is interested in uncertainty. Anxiety may evoke side effects of depression and may similarly prompt suicidal contemplations. Parris et al. conducted a study to understand the relationship between anxiety and suicidal ideation. It found that patients with anxiety will likely have high suicidal ideation, attempt suicide, and finish suicide compared with those without anxiety (Parris et al., 2018).

Stress is another risk factor for self-destructive ideation, and research has indicated that it is emphatically connected with self-destructive ideation. Stress is generally connected to adverse life occasions or negative background revealed by the writing concerning suicide. Stressful life occasions, misfortune, and types of life and work-related stressors are unemployment and other natural stressors that could be associated with self-destructive ideation. The cooperation of different parts of stressors can make stress administration troublesome and can prompt self-destructive ideation and shared psychological prosperity. The amount of stress may lead them to feel misery or not being upheld, and they may characterise stress as a potential supporter of self-destructive ideation (Howarth et al., 2020).

Religion is A systematised belief system bounded by devotions and practices for the one supreme or supernatural power. Holy presence, practice or activity, and faith refer to the term religiosity. The point on which a person may be recognised as religious is his level of belief and intensity of worship. According to Merriam-Webster's Dictionary, religiosity is a state of excellence in being religious, depending on the emotional enthusiasm of religion. Having faith in control beyond himself, the individual pursues to fulfil the demands of life, and which he shows in acts of worship and service is religiosity (Kate et al., 2018).

Several types of research fuel the view that religiosity is related to mental fitness, like Byrne and Morgan (2020), through longitudinal studies explore the effect of religious certainty and its contribution to death anxiety. The study found no connections between religiosity, fear of dying, or fear of death. The subjects with the lowest levels of anxiety were those who were either highly or minimally religious. The amount of worry was highest among moderately religious people, especially those who acknowledged their faith in the hereafter but did not actively practise it.

Researchers discovered that practising religion significantly decreased death anxiety, not only believing in an afterlife (Byrne & Morgan, 2020).

HYPOTHESES

- H1. Psychological risk factors would have a significant positive relationship with suicidal ideation among juvenile delinquents.
- H2. Religiosity would have a significant negative relationship with psychological risk factors and suicidal ideation among juvenile delinquents.
- H3. Psychological risk factors would have significant positive predictors of suicidal ideation among juvenile delinquents
- H4. Religiosity and its components, i.e. religious beliefs and religious practices, would be the significant negative predictors of suicidal ideation among juvenile delinquents
- H5. Religiosity would significantly moderate the relationship between psychological risk factors (anxiety) and suicidal ideation among juvenile delinquents.

RESEARCH METHODOLOGY

A survey research design was used to examine the objective of the research. This research used quantitative research methods, as it was best fitted for measuring the variable level in participants. A convenient sample of male delinquents (N = 200) was included in the present study. The sample was collected from different Sargodha, Faisalabad, and Lahore jails. The sample was approached through a convenient sampling technique. Male delinquents were aged 12-20, and the nature of crime included robbery, murder, murder, unnatural defence, and rape. The demographic form was designed to gather personal information such as gender, age, and nature of crime.

MEASURES

Depression Anxiety Stress Scale DASS-21. The DASS-21 in Urdu (Aslam, 2007) was employed to evaluate depression and anxiety. In this study, responses were collected using a 4-point Likert scale. According to Aslam (2007), the internal consistency of depression and anxiety's alpha reliabilities was highly satisfactory at .84 and .86, respectively. The depression subscale comprised items 3, 5, 10, 13, 16, 17, and 21, while the anxiety subscale comprised items 2, 4, 7, 9, 15, and 20. The depression and anxiety subscales did not have any items that were reverse-coded. A high rating on this scale indicates high anxiety and depression, and vice versa.

Scale of Religiosity. This scale is developed by Amjad (2007). It is designed to measure the four dimensions of religiosity. Six items are related to religious practice, five are related to faith, four are related to religious beliefs, and five are related to general teachings of religion. The scale consists of 20 items. It is a 5-point rating scale (1= strongly disagree to 5= strongly agree). This scale is highly reliable (.87).

Suicidal Ideation Sub Scale MMPI 2. The suicidal ideation scale was developed by Butcher et al. (2001), which is the sub-scale of MMPI-2. This scale consisted of 5 items. The true and false response format was used to gather responses from participants. It contained five items with a forced-choice response format, i.e., true = 1 and false = 0. Convergent and discriminant validities were demonstrated with clinical scales of MMPI-2. Reliability alpha coefficients for different samples ranged from .81 to .90.

PROCEDURE

Participants in the current study were approached in jail. They were briefed about the objective of the research and the confidentiality that their responses would be used only for research purposes, which would not affect their personal, social, and occupational aspects of life in any way. They were also briefed that they could withdraw from research participation at any time. After obtaining their consent, detailed instructions for scale administration were provided. Participants were instructed to respond honestly and freely. There was no time limit for completing the scales to collect the desired personal information, yet it took 15 minutes on average to complete the scales.

All participants were chosen based on their availability. Participants' participation was only based on their willingness to participate, and no amount was provided to participants. The study's participants were thanked for their participation, collaboration, and support.

RESULTS

The data from 200 juvenile delinquents were used to analyse the Depression Anxiety Stress Scale (D.A.S.S.), Religiosity Scale (R.S.), and Suicidal Ideation Scale (S.I.S.). Alpha reliability of all scales was ensured through Cronbach's alpha. The link between the variables was evaluated using Pearson correlation (see Table 2). To validate the forecast, multiple regression analysis was utilised (see Tables 3 and 4). Moderation analysis was performed throughout the process (see Table 5). Statistical Products and Service Solution (S.P.S.S.) 22V was used to analyse the data and test the hypotheses.

The psychometric characteristics of the scales employed in this study are shown in Table 2. Reliability analysis indicates that all scales have good alpha reliability values of more than 70. The Pearson correlation between the study variables is also displayed in Table 2. The results showed a substantial positive link between suicidal thoughts and stress, anxiety, and depression; Table 3 shows the results of multiple regression. Table 3 suggested that 12% of the variance in suicidal ideation and predictor variable stress, depression and anxiety ($R^2 = .12$, $p < .001$), $\{F(3,196) = 9.19$, $p < .001\}$ and among the predictors, stress $\{B = .15$, $t = 2.12$, $p < .05\}$ and depression $\{B = .35$, $t = 3.98$, $p < .001\}$ was significantly positive predicting of suicidality, whereas anxiety $\{B = .12$, $t = 1.46$, $p = n.s\}$ was a non-significant predictor of suicidality. To investigate the relationship of suicidal ideation with religiosity as a predictor variable among juvenile delinquents, a simple linear regression analysis was carried out. Table 4 suggested that 13% variance in suicidal ideation and predictor variable religiosity ($R^2 = .13$, $p < .001$), $\{F(1,196) = 30.28$, $p < .001\}$ and among the predictor religiosity $\{B = -.36$, $t = 5.50$, $p < .001\}$ was significantly negative predicting of suicidal ideation. Table 5 showed that model 1 presented an interaction of anxiety and going along to get ahead predicting suicidal ideation and was found to be significant with $\{\Delta R^2 = .001$, $\Delta F(1, 198) = .18$, $p = n.s\}$ and product of anxiety and go along to get ahead non significantly predicts the dependent variable with $(B = -.03$, $t = -.42$, $p = n.s)$. These variables cause a 4.8% variance in suicidal ideation ($R^2 = .048$). Model 2 presented an interaction of religiosity and went along to get ahead in predicting suicidal ideation. The overall model was found to be significant with $\{\Delta R^2 = .04$, $\Delta F(1, 197) = 9.64$, $p < .01\}$ and product of religiosity and go along to get ahead significantly predicts the dependent variable with $(B = -.23$, $t = -3.11$, $p < .01)$. The model 3 of Table 5 demonstrated an interaction of anxiety with religiosity and go along to get ahead predicting suicidal ideation and overall model 3 was found to be significant with $\{\Delta R^2 = .05$, $\Delta F(1, 196) = 10.73$, $p < .01\}$ and product of interaction and go along to get ahead significantly predicts the suicidal ideation with $(B = .24$, $t = 3.28$, $p < .01)$. The product of these variables contributes for 9.7% variance in the dependent variable ($R^2 = .10$). Figure 2 summarises that religiosity reduced the positive relationship between anxiety and suicidal ideation.

Table 1 Frequency of Sample across Qualification and Nature of Crime (N = 200)

Variables	Illiterate	Primary	Middle	High	Intermediate	Vocational	Total
Robbery	39	11	7	6	0	2	65
Murder	34	7	18	21	4	0	84
Rape	11	3	1	2	0	0	17
Unnatural defence	12	4	9	4	0	0	29
Murder attempt	2	3	0	0	0	0	5
Total	98	28	35	33	4	2	200

Table 2 Descriptive Statistics and Pearson Correlation of Present Study (N = 200)

Variables	1	2	3	4	5	M	SD	α	Range
Stress	-	.48***	.56***	-.18*	.03	9.47	3.60	.79	7-28
Anxiety		-	.57***	-.03	.21***	7.79	3.38	.77	7-28
Depression			-	-.01	.29***	8.04	3.61	.80	7-28
Religiosity					-.36***	76.51	10.75	.81	20-60
Suicidal ideation					-	8.08	1.43	.76	5-10

*** $p < .000$, ** $p < .05$ **Table 3** Stress, anxiety, and depression as Predictors of Suicidal Ideation (N = 200)

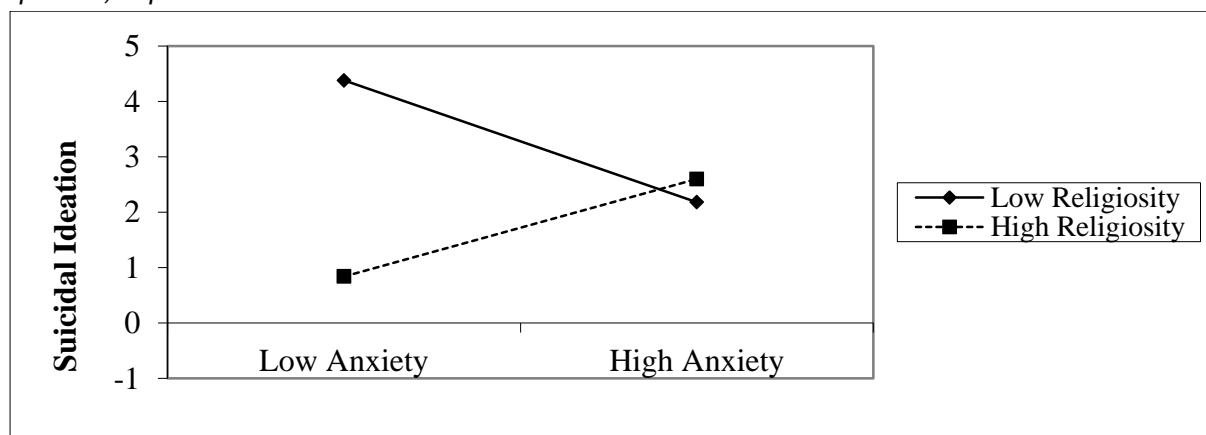
Variables	Suicidal ideation		
	B	R ²	F
Stress	.23**		
Anxiety	.12	.12	9.19***
Depression	.35***		

*** $p < .001$, ** $p < .01$ **Table 4** Religiosity as a Predictor of Suicidal Ideation (N = 200)

Variables	Suicidal ideation		
	B	R ²	F
Religiosity	-.36***	.13	30.28***

*** $p < .001$ **Table 5** Summary of the Results for Moderating Role of Religiosity between Suicidal Ideation and Anxiety (N = 200)

Models	Predictor	Suicidal Ideation	
		B	ΔR^2
Model 1	Anxiety	-.03	.001
Model 2	Anxiety	.05	.05**
	Religiosity	-.23**	
Model 3	Anxiety \times Religiosity	.24***	.05***
	Total R ²	.15	

* $p < .05$, *** $p < .001$ **Figure 2.** Religiosity reduced the positive relationship between anxiety and suicidal ideation.

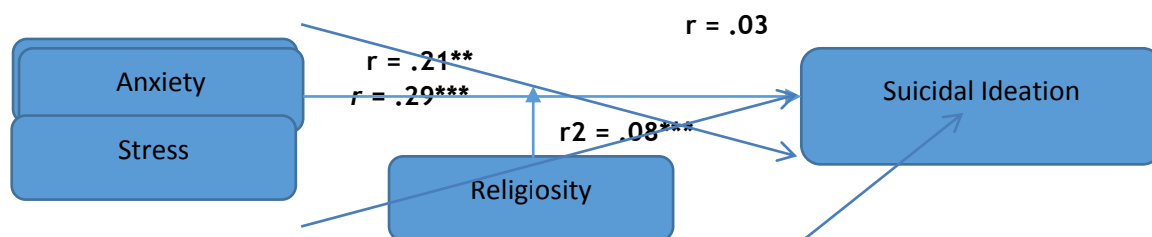


Figure 3. Path Diagram of Study Model

DISCUSSION AND CONCLUSION

Findings supported the current study's first hypothesis, which stated that depression, anxiety, stress, and suicidal thoughts are all psychological risk factors significantly correlated with adolescent delinquency. According to studies, there is a strong link between anxiety disorders and suicide attempts. It remained unclear, though, which form of anxiety was more frequently linked to attempted suicide (Stewart et al., 2018). A few of these researches discovered positive or both negative and positive associations between religion and mental illness; the majority found an opposite association. According to studies the results of these studies seem to support the idea that religion protects against mental illness and, as a result, the idea that if religion may predict positive outcomes for persons with mental illness, it can also lessen suicidality in people with mental illness who are at an increased likelihood of suicide. (Dein, 2018).

The present study's second hypothesis showed a substantial inverse association between religiosity and suicidal ideation (see Table 2). It confirms the present study hypothesis, and the literature also suggests that religiosity is significantly negatively correlated with suicidal ideation (Dua et al., 2021). In fact, as participants aged, their prevalence fell steadily. This trend is consistent with other studies demonstrating that religious participation declines as teenagers become young adults. Juvenile delinquents have a lower rate of religious participation, likely due to personal and familial problems (such as disappointment, the loss of a loved one, parent separation, etc.). As a result, many teenagers choose to leave the religion they were raised in without joining another one, remaining religiously disengaged for most of their lives (Guo, 2018). Estrada et al. (2019) attribute the lowering trend to age-related programs offered by religious communities. For example, youth religious programmes are regularly provided at schools within the religious community, but they get very few chances to participate in them after school. Other living stressors that attract young adults' attention, modify their priorities (Estrada et al., 2019), and shift religious attachment to the background could also explain their lower religious participation. Finally, some adolescents follow their parents' religious enthusiasm. They usually adopt the same religious practices as their parents, attend religious events at a rate similar to theirs, and commonly hold similar beliefs. (Elizabeth et al., 2020), so it is understandable that as they grow older, their religious participation may reduce as they seek to shape a position for themselves and chart their interests.

The present findings showed that anxiety significantly predicts suicidal ideation (see Table 3). Current findings are aligned with the third hypothesis, which states that anxiety significantly correlates with suicidal ideation. According to Chung et al. (2020), post-traumatic stress disorder as a hazard found a positive association with suicide attempts.

The current study's multiple regression analysis showed depression and anxiety as significant predictors of suicidal ideation (see Table 3). Religiosity is a significant negative predictor of suicidal ideation (see Table 4). These findings support the fourth hypothesis of the current study. The findings are supported by literature that revealed that mosaic faiths (Judaism et al.), which believe that humans are made in God's image, are more anti-suicide than Eastern religions, which believe in reincarnation and rebirth (Firestone, 2019). A detailed examination of current beliefs reveals that few, if any, of the religious traditions examined here fail to incorporate contextual



considerations when contemplating suicidal behaviour. Suicide, according to certain faiths, is the result of an underlying mental disorder. As a result, various religions have softened their stance on the influence of suicidal behaviour on the afterlife over time.

Several theories have been put out to explain how religion affects suicidal behaviour. Researchers state that suicide is considered morally wrong in some religions (Hajiyousaf, 2022), or the person must avoid risky behaviours due to religious attachments. Others concluded that religion could support people dealing with obvious life difficulties and give a light of hope and meaning. A religious person must avoid suicidal ideation and attempts (Edward & Alonzo, 2018).

The 5th hypothesis stated the moderating role of religiosity between anxiety and suicidal ideation among juvenile delinquents. Results revealed that when religious practices are high, a positive relationship between anxiety and suicidal ideation is prevented. Thus, these findings revealed that the 5th hypothesis had been accepted. According to Naveed and associates (2017), women's higher level of religion may explain their lower suicide rates. He discovered that females had a higher desire to live, which was related to a decreased risk of suicide. He also discovered that as religion increased, so did aversion to life, which translated into a lesser proclivity to commit suicide. Males did not show similar associations between religiosity and suicidal tendencies. According to Naveed and his fellows (2017), this change may be justified by females having a more inherent, strong religious alignment than males with a more extrinsic, apparent orientation. Suicide has been and continues to be strictly Haram (forbidden) in Islam from the beginning of time. Suicide is prohibited in Islam because suicide represents a blatant rejection of trust in Allah, the All-Knowing, All-Wise, and All-Merciful. Those who commit suicide are considered sinners and will not be allowed into Heaven.

The present study examined the effect of different variables, such as anxiety, depression, and religiosity, on suicidal ideation. The present study revealed a positive correlation between suicidality, depression, and anxiety and a negative correlation between religiosity, suicidality, and psychological risk factors.

The current study also investigated other demographic characteristics' influence on suicidal thoughts, such as age, education, and crime. The findings revealed that significant marital status has a significant impact on suicidal ideation and a significant effect of education on suicidal ideation. Numerous interacting impacts of personal information on study variables in the current study were investigated, revealing the significance of the shared effects of gender, marital status, education, and family system. Moderation analysis reported the moderating role of religiosity between anxiety and suicidal ideation. Religiosity also moderated the relationship between suicidal ideation and anxiety.

SUGGESTIONS AND LIMITATIONS

Depression, anxiety, and stress were significant predictors of suicidal ideation among juvenile delinquents in Lahore and Faisalabad prisons. More psychological constructs should be added as the risk or protective factors of suicidal ideation. For the actual and proficient intervention of suicidal risk in juvenile delinquents, early recognition of at-risk adolescents is highly needed, and treatment programs should be designed to promote coping skills that can help deal with emotional and behavioural problems. Future studies should measure depression with diagnostic criteria and information from other sources like parents.

The most apparent limitation of the current study was its cross-sectional design, in which the researcher cannot control the correlation and effect of the association between suicidal ideation and its correlates. Secondly, the study's data relied only on self-report measures, even though self-report measures have been recognised as helpful information regarding delinquent behaviour. When responding to sensitive questions about academic records, household income level, suicidal ideation, and health risk behaviour, there may be some under or over-reporting bias.

Thirdly, another study limitation was the inability to use authentic depression assessments in adolescents. Having depressive thoughts, as described in this study, may not be a reliable indicator of depression. Moreover, several questions with varying time frames were answered, including

suicidal thoughts in the previous year, health risk behaviours before entering reformatories, and health perceptions at the time of the survey.

Lastly, the current study used a small sample and just one gender, which is another restriction; it should be done with a female sample and a larger sample size to obtain more authentic results and to observe the phenomenon in more aspects.

IMPLICATION

Despite limitations, this study explored predictors of suicidal ideation that must be considered in suicide prevention intervention. This study is the first to examine suicidal ideation and its correlation with juvenile delinquents in Punjab. For this reason, findings can be generalised into the characteristics of Pakistani juvenile delinquency. The findings of this study will help complete the prison department in device religious counselling programmed for delinquents to cut down their rate of suicidal ideation and to decide to protect them from risk factors of suicidal ideation.

REFERENCES

- [1] Amjad, N, 'Religiosity practice and beliefs scale' (2007) *An Investigation across Two Cultures*
- [2] Butcher, J.N., Graham, J.R., Ben-Porath, Y.S., Tellegen, A., Dahlstrom, W.G. & Kaemmer, B, 'MMPI-2 (Minnesota Multiphasic Personality Inventory-2)' (2001) University of Minnesota Press
- [3] Byrne CM, Morgan DD, 'Patterns of Religiosity, Death Anxiety, and Hope in a Population of Community-Dwelling Palliative Care Patients in New Zealand-What Gives Hope If Religion Cannot' (2020) 37(5):377-384 *Am J Hosp Palliat Care*. <https://doi.org/10.1177/1049909119891148>
- [4] Britannica, 'The Editors of Encyclopaedia. "Juvenile delinquent". *Encyclopedia Britannica*' (2023)
- [5] Biernesser C, Sewall C.J.R., Brent D, Bear T, Mair C, Trauth J, 'Social Media Use and Deliberate Self-Harm Among Youth: A Systematised Narrative Review' (2020) 116 *Child Youth Serv Rev*. <https://doi.org/10.1016/j.childyouth.2020.105054>
- [6] Bilsen J, 'Suicide and Youth: Risk Factors. *Front Psychiatry*' (2018) 9:540. <https://doi.org/10.3389/fpsyg.2018.0054>
- [7] Chung YR, Hong JW, Kim BB, Kim JS, Noh IS, Wee JH, Kim NH, Bae SM, Lim MH (2020). 'A.D.H.D., suicidal ideation, depression, anxiety, self-esteem, and alcohol problem in Korean juvenile delinquency' 99(11) *Medicine (Baltimore)*. <https://doi.org/10.1097/MD.00000000000019423>
- [8] Dua D, Padhy S, Grover S, 'Comparison of religiosity and spirituality in patients of depression with and without suicidal attempts' (2021) 63 (3) *Indian J Psychiatry* <https://doi.org/10.4103>
- [9] Dein S, 'Against the Stream: Religion and Mental Health - the Case for the Inclusion of Religion and Spirituality into Psychiatric Care' (2018) *BJPsych Bull* 42(3). <https://doi.org/10.1192/bjb.2017.13>
- [10] Dryden-Edwards, R. & Stöppler, M. C, 'Alcohol and Teens' (2011) *Medicine Net* (12)
- [11] Estrada, C.A.M., Lomboy, M.F.T.C., Gregorio, E.R. et al., 'Religious education can contribute to adolescent mental health in school settings' (2019) *Int J Ment Health Syst* (13). <https://doi.org/10.1186/s13033-019-0286-7>
- [12] Firestone, Reuven, 'Muhammad, the Jews, and the Composition of the Qur'an' (2019) *Sacred History and Counter-History Religions* 10. <https://doi.org/10.3390/rel10010063>
- [13] Ghufuran, M. & Ansari, S, 'Impact of widowhood on religiosity and death anxiety among senior citizens' (2008) *Journal of Indian Academy of Applied Psychology* 34, 175-80.
- [14] Guo S, 'A model of religious involvement, family processes, self-control, and juvenile delinquency in two-parent families' (2018) *J Adolesc* 63:175-190. <https://doi.org/10.1016/j.adolescence.2017.12.01>
- [15] Hajjiyousouf, I. and Bulut, S., 'Mental Health, Religion and Suicide' (2022) *Open Journal of Medical Psychology* 11, 12-27. <https://doi.org/10.4236/ojmp.2022.111002>
- [16] Howarth EJ, O'Connor DB, Panagioti M, Hodgkinson A, Wilding S, Johnson J, 'Are stressful life events prospectively associated with increased suicidal ideation and behaviour? A systematic

- review and meta-analysis (2020) *Journal of Affective Disorders*, 1; 266:731-742. <https://doi.org/10.1016/j.jad.2020.01.171>
- [17] Lovibond, P.F. & Lovibond, S.H, 'The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (D.A.S.S.) with the Beck Depression and Anxiety Inventories (1998) *Behavior Research and Therapy* 33, 335-343
- [18] Malik, M.A. & Shirazi, R. A., 'An analytical review of juvenile delinquents in jails of Sindh province: Some Problems and suggestions to overcome (2010) *Indus Journal of Management and Social Sciences* 4 (1), 43-54
- [19] Nelson, C.M., Rutherford, R.B. & Wolford, B. I, *Comprehensive and collaborative systems that work for troubled youth (1996) A national agenda*
- [20] Nock, M.K., Hwang, I., Sampson, N.A. & Kessler, R. C, 'Mental disorders, comorbidity and suicidal behaviour: results from the National Comorbidity Survey Replication (2010) *Molecular Psychiatry* 15, 868-876
- [21] Nock, M.K., Borges, G., Bromet, E.J., Cha, C.B., Kessler, R.C. & Lee, S, 'Suicide and suicidal behaviour' (2008) *Epidemiologic reviews* 30(1), 133-154
- [22] Naveed S, Qadir T, Afzaal T, Waqas A, 'Suicide and Its Legal Implications in Pakistan: A Literature Review' (2017) *Cureus* 8;9(9):e1665. <https://doi.org/10.7759/cureus.1665>
- [23] Overholser, J., 'Predisposing factors in suicide attempts: Life stressors. Evaluating and treating adolescent suicide attempters: From Research to practice' (2003) 41-52
- [24] Parris MS, Marver J.E., Chaudhury SR, Ellis SP, Metts AV, Keilp JG, Burke AK, Oquendo MA, Mann JJ, Grunebaum MF, 'Effects of anxiety on suicidal ideation: exploratory analysis of paroxetine versus bupropion randomised trial' (2018) *Int Clin Psychopharmacol* 33(5):249-254. <https://doi.org/10.1097/YIC.0000000000000225>
- [25] Robin Edward Gearing, Dana Alonzo, 'Religion and Suicide: New Findings' (2018) *J Relig Health*. <https://doi.org/10.1007/s10943-018-0629-8>
- [26] Smith, B.L, 'Psychologists need more training in suicide risk assessment' (2014) *Monitor on Psychology* 45(4), 42
- [27] Smith, C., 'Theorising religious effects among American adolescents's (2003) *Journal for the Scientific Study of Religion* 42 (1), 17-30
- [28] Smith, C. & Denton, M. L, 'Soul searching: The religious and spiritual lives of American teenagers (2005) New York: Oxford University Press
- [29] Smith, C., Denton, M.L., Faris, R. & Regnerus, M, Mapping American adolescent religious participation (2002) *Journal for the Scientific Study of Religion* 41(4), 597-612
- [30] Stewart JG, Valeri L, Esposito EC, Auerbach RP, 'Peer Victimization and Suicidal Thoughts and Behaviors in Depressed Adolescents' (2018) *Journal of Abnorm Child Psychol* 46(3):581-596. <https://doi.org/10.1007/s10802-017-0304-7>
- [31] Underwood LA, Washington A, 'Mental Illness and Juvenile Offenders' (2016) *Int J Environ Res Public Health* 18;13(2):228. <https://doi.org/10.3390/ijerph13020228>
- [32] Ten Kate J, de Koster W, van der Waal J, 'The Effect of Religiosity on Life Satisfaction in a Secularised Context: Assessing the Relevance of Believing and Belonging' (2017) *Rev Relig Res* 59(2):135-155. <https://doi.org/10.1007/s13644-016-0282-1>
- [33] Vijayanath, V., Anitha, M.R., Raju, G.M. & Babladi, P, 'Juvenile Delinquency (2010) *Biomedical Research* 21(3), 257-259
- [34] Von Brachel R, Teismann T, Feider L, Margraf J, Suicide ideation as a predictor of treatment outcomes in cognitive-behavioural therapy for unipolar mood disorders (2019) *Int J Clin Health Psychol* 19(1):80-84. <https://doi.org/10.1016/j.ijchp.2018.09.002>
- [35] Van Orden KA, Witte TK, Cukrowicz KC, Braithwaite SR, Selby EA, Joiner TE Jr, 'The interpersonal theory of suicide' (2010) *Psychol Rev* 117(2):575-600. <https://doi.org/10.1037/a0018697>
- [36] Williams, S.K, 'Textbook on criminology' (2004) New York: Oxford University Press