Adverse Childhood Experiences and Delinquent Behaviors Among Students of Quetta (Balochistan)

Saima Ambreen[1], Bilal Ahmed[2], Habiba[3] and Maryam Riaz[4]

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Abstract

This study explored the relationship between Adverse Childhood Experiences (ACEs) and delinquent behaviour among students from Quetta. The predictive influence of ASCEs on later display of delinquent behaviours was also examined. The Adverse Childhood Experiences Scale (ACEs; Felitti & Vincent, 1990) and the Self-Reported Delinquency Scale (SRDS; Naqvi, 2007) were used to assess the study variables. The study followed a cross-sectional correlational design and collected data from 260 students (n=180 boys and n=79 girls) aged 16 to 21 years, selected via convenience sampling. The results showed a significant positive relationship between ACEs and delinquent behaviour. Regression analysis also showed that ACEs substantially predict delinquent behaviour among adolescents and young adults, explaining almost 40% of the variance in the delinquency scores. Demographic analyses indicated no substantial difference in gender for either variable. Considering age, the late adolescent group (18-19 years) displayed significantly higher scores than the early teenage group. The finding that childhood adversity may strongly affect youth behaviour stresses the need for trauma-informed educational and mental health practices for youth.

Keywords: Adverse Childhood Experiences, Delinquent Behaviors, Delinquency, Adolescents.

Introduction

Childhood is a significant phase of one's life that encompasses emotional, social, and cognitive development. When childhood is saturated with love, encouragement, and consistency, it develops empathy, respect, and resilience. However, exposure to adverse childhood experiences like violence, neglect or household dysfunction can result in everlasting damage or psychological impact. ACEs disrupt a child's perceptions of security, consistency, and attachment, often leading to challenges in emotional regulation, interactions, and development. One of the worrying consequences of unaddressed ACEs is delinquent behaviours, which typically appear in adolescence as unlawful or disruptive behaviours. Such action generates obstacles for families, societies, and legal systems. Research reveals a powerful link between childhood adversity and future unlawful or hostile attitudes, emphasising the need for early assistance and trauma-informed care. Since youth are vital for country-wide growth, this study examines how ACEs shape delinquent tendencies.

[1]*Assistant Professor, Department of Psychology, University of Balochistan, Quetta.*
[2]*BS Psychology Graduate Student, Department of Psychology, University of Balochistan, Quetta.*
[3]*BS Psychology Graduate Student, Department of Psychology, University of Balochistan, Quetta.*
[4]*BS Psychology Graduate Student, Department of Psychology, University of Balochistan, Quetta.*

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Adverse Childhood Experiences

Traumatic experiences during childhood, such as abuse, neglect, or family problems, can have a lasting impact that occurs from ages 0-17 (Felitti et al.,1998; WHO, 2020). They undermine a sense of security and consistency, resulting in a lasting impact on physical and emotional well-being (CDC, 2019). ACEs can heighten the risks of anxiety, depression, attachment issues, and abnormal stress reactions (SAMHSA, 2014). Types of ACEs encompass physical abuse, such as hitting and kicking, sexual abuse, acts like assault and exploitation, psychological abuse, for instance, humiliation or threatening, and neglect, which is the failure to provide basic needs by caregivers (Riaz & Bano, 2020).

Literature from both theory and research consistently states negative impacts of ACEs throughout the lifespan, especially in youth. Several studies reported that adverse childhood events, like neglect, abuse, and domestic violence, can change brain structure, weaken immunity, and raise risks of chronic disease (Herzog & Schmahl, 2018; Anderson et al.,2003). They also result in anxiety, depression, PTSD, drug abuse, and impaired judgment, sometimes leading to premature death (Landau-Blanco et al., 2024). Likewise, Bowlby's attachment Theory shows that initial bonds are vital for healthy development (Kansra & Lal, 2024). ACEs disrupt family, educational, and social balance, but protective approaches, such as economic support, early care, and strong, mature bonds, are suggested for later adjustment or recovery. Healing approaches like meditation, expressive writing, EMDR, and supportive bonds can promote recovery and resilience (Donna Jackson Nakazawa, 2016).

Delinquent Behaviour

Delinquent Behaviour in adolescence comprises antisocial or criminal acts, including theft, vandalism, bullying, truancy, substance use, and even serious crimes (Uye et al., 2024). It is often linked to poor health, low self-regard, and peer groups that provide a false sense of belonging (Semenza, 2017). Becker (1966) outlined four forms of delinquency: individual (family-related), group-supported (peer-driven), organised (planned crimes), and situational (impulsive acts (Drishti Banerjee, 2021). Abuse, neglect, family conflict, poverty, unsafe neighbourhoods, poor academics, peer pressure, combined with mental health issues, are risk factors, though variations exist with higher rates in males.

Delinquency has consequences of a serious nature that include detention, stigma, disrupted education, family stress, financial strain, and community harm through fear and reduced investment (Wang Dongyan, 2024; Majeed, Imran, & Ali, 2024). To prevent, families, schools, communities, and law enforcement must support parenting and quality education, provide safe spaces, and police based on trust. Early delinquency often begins when children lie or play truant. It escalates towards theft, vandalism, or substance abuse in later adolescence, and some progress to serious crime. Bandura's Social Learning Theory highlights that youth model the observed behaviours (2001), while Akers (2017) stresses peer influence, also noting parenting's role (Uye et al., 2024). Agnew's General Strain Theory (2006) also adds that stressors such as abuse or rejection may drive criminals to crime that is anger-fuelled, especially if they do not try to cope or do not have support (Agnew, 2006).

Relationship between Adverse Childhood Experiences and Delinquent Behaviour

Adolescence or youth brings challenges, and some teens respond with dispute or delinquent antisocial acts that are common under age 22 (Ernawati, 2023). Research shows ACEs such as family violence, abuse, and neglect strongly predict violence, aggression and crime (Baglivio et

al., 2015). More ACEs increase the risk of delinquency (Jackson et al., 2023). Several other studies link child abuse and neglect to emotional and behavioural problems. ACEs harm parent-child relationships. Abuse is connected with violent crimes, and neglect often leads to property crimes (Valdivieso et al., 2022). On the contrary, researchers also highlight that the risk of violent acts reduces along with positive parental attachment, especially maternal (Gautam et al., 2024). So, timely identification and early screening, recovery strategies to minimise the influence of ACEs, such as trauma-informed care, and family support may prove helpful to prevent delinquency and improve adolescent well-being.

In light of the literature mentioned above, the researchers intended to validate the findings through an empirical study in the indigenous context. This study was conducted in Quetta, Balochistan, which is relatively marginalised and considered, and has experienced unstable security conditions. The fact that youth here have been increasingly reported to be engaged in anti-social, unlawful, and violent acts makes it pertinent to look for possible causes that may include negative childhood experiences. So, the current study intends:

1. To establish a relationship between adverse childhood experiences and delinquent behaviours among school and college students of Quetta.
2. To identify the predictive impact of adverse childhood experiences on the display of delinquent behaviours among school and college students.
3. To explore the mean difference of scores on adverse childhood experiences and delinquent behaviours for the two gender groups and various age groups of students.

Methodology

The study aimed to assess the association between adverse childhood experiences and the display of delinquent behaviours during adolescence or young adulthood. The study also explored the predictive influence of these adverse childhood experiences on later display of delinquent behaviours. The study objectives were achieved following a cross-sectional correlational research design.

Participants

The study included 260 students (n=181 boys & n=79 girls) from various schools, colleges, academies, and universities in Quetta. Participants aged 16 to 21 years were selected through convenience sampling.

Measures

The study utilised two scales, along with the informed consent form and demographic information sheet. The Adverse Childhood Experiences Scale (ACEs), developed by Felitti and Vincent (1990), was used to assess ACEs. The scale consists of 10 items evaluating abuse, neglect, and household dysfunction, with yes/no response categories. A higher score indicates greater exposure to childhood adversity.

The Self-Reported Delinquency Scale (SRDS; Naqvi, 2007) was used to assess participants' delinquent behaviours and tendencies. This 27-item scale measures behaviours such as theft, truancy, aggression, substance use, and vandalism on a five-point Likert scale ranging from 0 (never) to 4 (10 or more times). Higher scores mark greater involvement in delinquent acts.

Procedure

After receiving permission from the institutions, participants were briefed about the study and provided informed consent. They were guaranteed confidentiality and the voluntary nature of

participation. The scales were administered, and responses were correctly recorded for further analyses.

Results

To assess the relationship between Adverse Childhood Experiences (ACES) and Delinquent Behaviours among students, the collected data were analysed using SPSS version 23. Descriptive statistics, reliability analysis, person correlation, and regression analysis were conducted to generate findings.

Descriptive analysis was conducted through examining the score distributions of the study scales, including the Adverse Childhood Experience Scale (ACEs) and the Self-report delinquency Scale. The psychometric strength of the research scales was also established through internal consistency techniques.

Table 1: Distribution of Scores and Reliability Coefficients for Adverse Childhood Experiences (ACEs) and Self-Reported Delinquency Scale (SRDs)

Sr. No	Scales	No. Of Item	Mean	Std. Deviation	α	Range		Skewness	
						Min.	Max.	Statistic	Std. Error
1	ACEs	10	4.25	2.31	.61	0	9	-.14	.15
2	SRDS	27	28.03	17.29	.89	0	65	.27	.15

Note: ACEs= Adverse Childhood Experiences Scale; SRDS= Self-Reported Delinquency Scale; *N* = 260.

Table 1 shows score distribution of scales i.e., mean, standard deviation, range (min/max) and skewness. Both scales showed non-significant skew in their distributions. Table also shows alpha reliability coefficients for the research scales, where Adverse Childhood Scale (ACEs) shows moderate reliability whereas Self-Reported Delinquency Scale shows quite good reliability.

Correlational Analysis

The main objectives of the study i.e. to find relationship between Adverse Childhood Experience (ACEs) and Delinquent Behavior and to explore if adverse childhood experiences predict later display of delinquent behaviors were examined through correlation coefficients and regression analysis.

Table 2: Correlation Coefficient between Adverse Childhood Experiences Scale (ACEs) and Self-Reported Delinquency Scale

Scale	SRDS	
	R	*p*
ACEs	.582	<.001

Note: ACEs= Adverse Childhood Experiences Scale; SRDS= Self-Reported Delinquency Scale; *N* = 260.

Table 2 shows the correlation coefficient between adverse childhood experiences and delinquent behavior scores. Results indicate that relationship of adverse childhood experiences and delinquent behaviors is moderately significant (*p=<.001)* and positive. This indicate that higher level of adverse childhood experiences may lead to higher display of delinquent behaviors.

Table 3: Linear Regression Analysis of Adverse Childhood Experiences Scale and Self-Reported Delinquency Scale

Variable	*B*	*T*	*p*	R^2
ACEs	.582	11.455	.000	.399

Note: ACEs= Adverse Childhood Experiences Scale; SRDS= Self-Reported Delinquency Scale; *N* = 260.

The results of the linear regression analysis show a significant positive relationship and predictive influence of Adverse Childhood Experiences (ACEs) on Delinquent Behavior scores among students. The R^2 value reveals that approximately 40% of the variance in delinquent behavior scores can be explained by ACE scores. The standardized beta coefficient (β=.582) indicate that higher levels of ace are associated with increased levels of delinquent behavior. This relationship is statistically significant, as evidenced by the high t-value (p<.01). The findings highlight the critical role of early adverse experiences in predicting delinquent behaviors among students.
Considering the last study objective regarding age and gender differences on scores of both ACE scales and SRDS, ANOVA and t-test were also run respectively. For gender groups significant mean differences were not evident on both groups but for age groups significant mean difference was found on ACE only.

Table 4: F-Ratio and Post Hoc Analysis among Different age groups on Adverse Childhood Experiences Scale

(i)	(J)	M(SD) of i	*F*	*p*	I-J	Mean D	SE	95% CI LL	UL
I6-17	18-19	4.91	6.248	.002	16-17<20-21	.307	.399	-.63	1.25
	20-21				16-17<18-19	1.153*	.368	.28	2.02
18-19	16-17	4.60			18-19>20-21	-.307	.399	-1.25	.63
	20-21				18-19>16-17	.846*	.324	.08	1.61
20-21	16-17	3.75			20-21<18-19	-1.153*	.368	-2.02	-.28
	18-19				20-21>16-17	-.846*	.324	-1.61	-.08

The post hoc analysis indicates meaningful differences in Adverse Childhood Experiences across age groups. Specifically, individuals aged 18–19 reported the highest levels of these experiences as compared to both younger (16–17) and older (20–21) age groups. The findings indicate that late adolescence may be a particularly sensitive period during which individuals are more vulnerable to the effects of adverse experiences. In contrast, younger adolescents and those entering early adulthood show comparatively lower levels.

Discussion

This study primarily examined the relationship between Adverse Childhood Experiences (ACEs) and delinquent behaviour among school and college students in Quetta. Adverse factors such as family conflict, abuse, neglect, parental divorce, and household substance abuse were linked in several studies with maladaptive coping strategies that may manifest as aggression, defiance, or criminal conduct during adolescence. Researchers explored this relationship in Quetta, the capital

of Balochistan province, which is considered relatively marginalised in terms of development and unstable in terms of peace and security. A large part of the youth currently residing or getting an education in Quetta had spent their early childhood in various rural and even more marginalised and unstable areas of Balochistan. Poor economic status, lack of basic facilities, and continuing security issues increase the probability of adverse childhood experiences (ACEs) in their lives. Similarly, Quetta has seen a continuous increase in delinquent acts on the part of youth, which may have roots in their marginalised lives and past ACEs.

Findings revealed a positive relationship between study variables, indicating that students with higher ACE scores showed more delinquent behaviours later. Moreover, the ACEs were also found to be significantly predictive of delinquent conduct both in adolescence and early childhood. These findings are consistent with prior research (Baglivio et al., 2014; Ford & Hawke, 2012; Fox et al., 2015), which reported that multiple ACEs increase the likelihood of externalising behaviours and justice system involvement. Interpreted through trauma theory, these results suggest that early exposure to chronic stress may alter brain structures involved in emotional regulation and executive functioning. Consequently, delinquent behaviours can be understood as symptoms of unresolved trauma rather than inherent criminality. Several other theoretical concepts also support our research findings. Developmental theories posit that negative early experiences shape future behaviours; similarly, the cumulative risk perspective suggests that a greater number of ACEs increases the risk of delinquency later (Wang & Meng, 2024).

Though the study included 260 students (181 males, 79 females) selected through convenience sampling, the gender analysis showed no statistically significant differences in ACEs or delinquent behaviour. This suggests that both males and females are equally vulnerable to the behavioural consequences of adversity. While traditional views associate delinquency with males, recent research highlights that females also engage in such behaviours, though often in less overt forms (e.g., relational aggression or self-harm).

Although ACEs increase the risk of delinquency, they are not deterministic; supportive relationships, community resources, and early interventions can foster resilience and reduce adverse outcomes. The strong association observed between childhood adversity and delinquent behaviour underscores the importance of protective environments, trauma-informed interventions, and inclusive prevention strategies for at-risk youth.

Implications of the Study

The findings of this study have several important implications for education, clinical practice, and policy making. The strong relationship between Adverse Childhood Experiences (ACEs) and delinquent behaviour highlights the need for schools and colleges to adopt trauma-informed practices. Teachers, counsellors, and administrators should be trained to recognise signs of trauma and provide timely referrals to mental health services. Early screening and intervention can prevent behavioural problems from escalating into delinquency. Rather than relying solely on punitive disciplinary measures, schools should emphasise restorative and rehabilitative approaches that address the underlying emotional pain associated with ACEs. Providing counselling, emotional support, and positive behaviour reinforcement can help students develop resilience and healthier coping strategies.

The findings reaffirm prior research showing that ACEs increase risks of emotional dysregulation, peer difficulties, and aggression, which may lead to delinquency if unaddressed (Perfect et al., 2016). Therefore, investing in preventive mental health services and building resilience in vulnerable students is essential for improving both educational and social outcomes. Exposure to

ACEs often disrupts students' academic performance, concentration, and peer relationships. Therefore, schools must integrate social-emotional learning (SEL) into curricula and ensure that at-risk students receive appropriate accommodations and individualised intervention plans. Supportive relationships with teachers, school psychologists, and counsellors can act as protective factors against the adverse effects of childhood adversity.

Finally, at a policy level, the results underscore the importance of implementing teacher training in trauma-informed care, strengthening collaboration between schools, families, and community mental health providers, and ensuring access to school-based psychological services. Such efforts not only improve students' academic outcomes but may also reduce future criminal involvement and promote better social adjustment (Felitti et al., 1998; Burke et al., 2011; Mersky, Topitzes, & Reynolds, 2013).

Limitations and Recommendations

Although this study provides valuable insights, several limitations must be acknowledged. First, the cross-sectional design restricts the ability to establish causal relationships between Adverse Childhood Experiences (ACEs) and delinquent behaviour. Future longitudinal studies would provide more substantial evidence of the temporal links between adversity and behavioural outcomes. Second, the sample size was relatively small and drawn from a limited population, which reduces the generalizability of the findings. Expanding future research to include larger, more diverse samples would improve external validity and enable broader application of the results.

Moreover, the study relied on self-report measures, which may be affected by response bias or social desirability. Incorporating objective assessments or multi-informant approaches in future research would enhance the reliability and accuracy of findings. Further, other variables that may influence the relationship between ACES and delinquency have not been studied; in later research, other moderating or mediating factors should also be explored to develop a clear causal model.

Despite these limitations, the study makes an important contribution by demonstrating the strong association and predictive impact of ACEs on delinquent behaviours among students. The findings highlight the need for personalised interventions in educational settings and the development of comprehensive mental health support systems. Future studies should explore how school-based programs, trauma-informed practices, and family–community partnerships can mitigate the effects of early adversity and promote resilience among at-risk youth, which in turn will help mitigate delinquency and crime.

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