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## The determinants of adolescents' deviant behaviours

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**Abstract.** Deviance is a fundamental social construct because the members of society interpret its meaning and attribute its meaning to it. In our research we described the causes that determine deviance (juvenile delinquency): *internal/individual causes and external / social causes*. The purpose of the research was to make a comparison between the psychological problems of institutionalized adolescents with deviant behaviour and those of non-institutionalized adolescents with deviant behaviour.

**Keywords.** adolescents, deviant behaviour, conflicts

### 1. Theoretical framework

The broadest meaning of the notion of "*deviance*" is that of violating norms of any kind; the deviant is the individual who resolves a situation or a conflict against the moral, social, cultural, religious expectations, etc. of the community or the group he/she belongs to.

A definition formulated in 1992 is relevant to illustrate the concept of "deviance": "reproach and sanctions" (Boudon, 1997, p. 440).

According to Achenbach (1991), the concept of delinquency is mainly used to reflect the type of antisocial behaviours that are manifested through behaviours such as lying, cheating, theft and committing antisocial acts with malevolent partners. Children with such behaviours are diagnosed with conduct disorder, according to DSM-V (Kendall, 2012). Children with manifestations of outsourced behaviour are more likely to become delinquent in adolescence.

Although most institutions create an environment that depicts structural neglect, some children remain resilient even in the most adverse conditions, but this is not the case for adolescents participating in our research. The common and uncommon features of the institutional environment and the genetic, temperamental and physical characteristics specific to each child can make a crucial difference in the scars of the placement centre.

It is important to study the interaction between the child and the institutional environment at the micro-level, taking into account the vulnerabilities and individual strengths at the temperamental level, as well as the strengths and weaknesses of the institutional environment. A closer look at the resilient child's interactions with the various facets of the institutional environment can provide insights into how to improve life in foster care for all or most of the children involved.

Delinquency presents "a series of antisocial manifestations that have a degree of danger and gravity in terms of the consequences of delinquent behaviour of adolescents, affecting the values, social norms protected by criminal law. The term designates inappropriate

behaviours of young people who have not reached the age of majority, being applied to those who violate the law, but also to those who integrate into potentially delinquent entourage". (Marica M.A., 2007)

In DSM-V antisocial characteristics can be identified as impulse control, disruptive conduct disorders, which can determine whether individuals will act with anger or aggression toward other individuals or their property.

Keil and Price (2006) analysed information from the literature related to the prevalence of outsourced behaviour in community samples in school-age children and adolescents, as well as from studies on institutionalized children. In the community, the percentage was 7-20% while institutionalized children were twice as likely to have problems with outsourced behaviour. The average prevalence rate was 42% in that group.

In the study conducted by Simsek, Erol, Öztop and Münir (2007), the prevalence of internalized behaviour was more than double in children in orphanages compared to children who were never institutionalized; 9.3% in the community versus 22.7% in orphanages.

Deviance is a fundamental social construct because the members of society interpret its meaning and attribute its meaning to it. The causes that determine deviance (juvenile delinquency) can be divided into two categories:

- ***internal/individual causes and***
- ***external/social causes.***

***Internal/individual causes:***

- brain dysfunctions such as: neuro-psycho symptoms, neuronal hyper-excitability, epileptic abnormalities;
- intellectual deficiencies;
- disorders of affectivity such as: insufficient emotional maturation, frustration, instability, ambivalence and affective indifference, absence of altruistic and sympathetic emotions and inclinations;
- characteristic disorders: insufficient self-control, impulsivity and aggression, underestimation, mistakes and antisocial acts committed, indolence, indifference and contempt for work, opposition and rejection of social-legal and moral norms, egocentric tendencies, exacerbation of selfish personal motives, narrow, low-level needs and tendencies, absence or insufficient development of superior, social motives and moral feelings, desire to achieve an easy life, without work, etc.

***External / social causes:***

- socio-economic and cultural causes: low standard of living; high unemployment; norms and values;
- social confusion; weakening social control; the aims and legal means of satisfying personal needs are discrepant and lead to social inequality; relaxation at the level of criminal policy and the legislative vacuum; decrease in the prestige and authority of social control courts; child poverty (with the phenomenon of "street children"); corruption and organized crime; violence, aggression and exploitation of minors;
- socio-affective causes;
- educational causes, at the level of micro-groups in which the child must gradually integrate, starting with the family (disorganization of family life as a consequence of divorce);
- conflictive and immoral family climate;
- excessively permissive/restrictive family climate;

- divergence of educational methods and lack of parental authority, cold/indifferent attitude of parents; autocratic/tyrannical attitude of parents) and continuing with school (failures of school adaptation and integration, low school performance, disobedience to school rules and regulations, absenteeism, classwork, repetition, aggressive behaviour in relation to teachers and colleagues, lack of a minimum level of satisfaction felt by the student due to poorly developed school skills, mistakes of educators in terms of attitude and relationship with students and lack of moral authority of teachers).

Historically, under such headings as "social disorganization" and "social control," restraint theories have dominated social science. In modern theorizing, under such headings as "strain" and "subculture," the tendency is to favour motivational theories, a tendency that is increasingly coming under attack. Motivational theories draw strength from their association with the idea that delinquency is caused. At the same time, resistance to motivational theories draws strength from alleged difficulties in the concept of causation as applied to human behaviour. (Hirschi T.,1995)

By conducting a comprehensive and systematic study on the psychological profile of adolescents from orphanage, certain main aspects, significant in the profile development have been outlined, as follows:

- the affectivity as an important factor of the psycho-emotional development of the institutionalized teenager;
- social behaviour and adaptability;
- the intellectual development and emotional intelligence;
- the Ego perception in the personality structure of the teenager from the care institution;
- the development of a psychotherapeutic intervention model. (Matei R.S., Dumitrescu S.M., 2013)

Studies show that in orphanages, the percentage of outsourced problems is higher than in the general population. Numerous studies have documented the negative effects of institutionalization on children in many areas of functioning.

Compared to children raised in families, *institutionalized children have more negative psychological outcomes*, such as:

- *insecure attachment and lower IQs* (IJzendoorn, Luijk, Juffer, 2008),
- *social problems as well as attention, emotional and behavioural issues* (Gunnar, Van Dulmen, 2007; Hawk, McCall, 2010)

Other research suggests that institutionalized children are more vulnerable to developing psychopathological symptoms, especially internalized and outsourced behaviour problems (Cheung, Goodman, Leckie, Jenkins, 2011) and low self-esteem (Nilofer Farooqi, Intezar, 2009; Pinheiro Mota, Matos , 2012).

## **2. The purpose of the research**

The purpose of the research was to make a comparison between the psychological problems of institutionalized adolescents with deviant behaviour and those of non-institutionalized adolescents with deviant behaviour.

## **3. Research hypothesis**

The research was based on the following hypothesis: there are statistically significant differences between the psychological problems of institutionalized adolescents with deviant behaviour and those of non-institutionalized adolescents with deviant behaviour. These

differences are significant as there is a higher intensity of predisposition to violence, negative self-image and opposition behaviours in the case of institutionalized adolescents, compared to non-institutionalized adolescents.

#### **4. Research Methods**

The research instruments applied were: ***Adolescent Disorder Assessment Scale - Short Form (PHC - SF)***, and ***The Adolescent Symptom Inventory (ASI-4)***.

***Adolescent Disorder Assessment Scale - Short Form (PHC - SF)*** derives from the standard version of the Adolescent Disorder Assessment Scale (PHC; Reynolds, 1998a, 1998b, 1998c). The original form of the APS scale was designed to assess the symptoms of clinical disorders and distress in adolescents, taking into account the descriptions of clinical symptoms in DSM - IV.

“The scale comprises of 115 items, distributed in 12 clinical subscales and 2 subscales for the validity of the answers, as follows: Conduct Disorder (CND) - 15 items, Challenging Opposition Disorder (TOP) - 9 items, Substance Addiction (SUB) - 9 items, Predisposition to violence / anger (PVF) - 14 items, School problems (PS) - 9 items, Generalized Anxiety (GA) - 11 items, Post Traumatic Stress Disorder (PTSD) - 11 items, Major Depressive Disorder (PAD) - 14 items, Disorder (TA) - 8 items, Suicide (SUI) - 6 items, Self-perception (CS) - 9 items, Interpersonal problems (IP) - 11 items, Defensive attitude (DEF) - 6 items, Consistency of answers (CR) - 14 items.

Of the one hundred and fifteen APS - SF items, twenty-six are named critical items based on their content and/or ability to differentiate between clinical and non-clinical individuals. The twenty-six critical items are distributed in the corresponding APS - SF pathways, namely: conduct disorder, substance addiction, post-traumatic stress, major depressive disorder, eating disorder, predisposition to violence/anger, school problems, suicide and interpersonal problems. Critical items do not form a formal scale, but represent an important aspect of the general interpretation of scores and responses to APS - SF items”.

The Adolescent Symptom Inventory (ASI-4) was developed by Gadwo and Sprafkin (1998) and adapted and standardized on the Romanian population by Carmen David, Mircea Miclea, Monica Albu, Anca Bălaj (2013).

It is a screening instrument designed to assess the behavioural, emotional and cognitive symptoms present in certain psychiatric disorders characteristic to adolescents.

The items included in ASI -4 are based on the diagnostic criteria provided by the American Psychiatric Association (1994) in the Diagnostic and Statistical Manual of Mental Disorders (DSM). “The development of the ASI -4 questionnaire was motivated by the need of have a useful clinical tool for collecting information from those who care for adolescents and those who provide specialized services in a clinical context, as well as to systematize exchange of information between caregivers involved in adolescent development in clinical or community settings.

It is a screening instrument that evaluates the most prevalent psychiatric disorders manifested in adolescents aged 12 to 18 years and consists of 106 items, for the teacher variant, which we used in our research.

ASI-4 is a screening tool and not a diagnostic one, assessing the risk for the following disorders: the three types of ADHD; Conduct disorder; Antisocial personality; Provocative opposition; Generalized anxiety; Specific phobia; Panic attacks; Obsessions, compulsions; Posttraumatic stress; Motor and vocal tics; somatization; Social phobia; Separation anxiety; Schizoid personality; schizophrenia; Nocturnal enuresis; Enuresis, encopresis; Major

depressive disorder; Dysthymic disorder; Bipolar disorder; Anorexia nervosa; Bulimia nervosa; Substance use”.

### 5. Findings

Data collected from the two groups of adolescents were subjected to a comparative analysis, also using a nonparametric test, in this case the Mann-Whitney test (U), a test for comparing the average rank, for provocative opposition that is directly related to deviant behaviour, predisposition to violence and low self-esteem.

#### Ranks

	grup	N	Mean Rank	Sum of Ranks
provocative opposition	institutionalized adolescents	34	40,40	1373,50
	adolescents with deviant behaviours	33	27,41	904,50
	amount	67		
predisposition to violence	institutionalized adolescents	34	39,88	1356,00
	adolescents with deviant behaviours	33	27,94	922,00
	amount	67		
low self-esteem	institutionalized adolescents	34	40,59	1380,00
	adolescents with deviant behaviours	33	27,21	898,00
	amount	67		

Table no. 1. Rank averages for "provocative opposition", "predisposition to violence" and "low self-esteem"

Table no. 1 presents the rank averages for the three variables considered in the comparison analysis, namely "provocative opposition", "predisposition to violence" and "low self-esteem". It is easy to comprehend that the averages of the ranks obtained by institutionalized adolescents are higher than the averages of the ranks obtained by non-institutionalized adolescents.

#### Test Statistics<sup>a</sup>

	provocative opposition	predisposition to violence	low self-esteem
Mann-Whitney U	<b>343,500</b>	<b>361,000</b>	<b>337,000</b>
Wilcoxon W	904,500	922,000	898,000
Z	-2,752	-2,602	-2,823
Asymp. Sig. (2-tailed)	<b>,006</b>	<b>,009</b>	<b>,005</b>

a. Grouping Variable: grup

Table no. 2. Mann-Whitney test for "provocative opposition", "predisposition to violence" and "low self-esteem"

We notice in table no. 2 that the values of the Mann-Whitney test (U) are presented for the three variables, but also the significance threshold of this test, which is less than 0.01, for all three variables, which means that there are differences between the ranks of the scores obtained by institutionalized and non-institutionalized adolescents, the differences being statistically significant:

- provocative opposition: ( $U = 343,50$ ,  $p = 0,006 < 0,01$ )
- predisposition to violence ( $U = 361,00$ ,  $p = 0,009 < 0,01$ )
- low self-esteem ( $U = 361,00$ ,  $p = 0,009 < 0,01$ )

Based on these results, we can state that there are statistically significant differences between the psychological problems of institutionalized adolescents with deviant behaviour and those of non-institutionalized adolescents with deviant behaviour, the relevant psychological problems for adolescents being "provocative opposition", "predisposition to violence" and "negative conception of itself".

## 6. Conclusions

Predisposition to violence refers to the assessment of anger, hostility and aggression towards other people.

Anger items assess the loss of temperance, excessive anger at home or school, defiance, the tendency to get very angry, and lack of control over anger. The predisposition to violence is assessed by items related to participating in altercations and physically injuring others, using a weapon during an altercation, destroying the property of others, and physically punishing those who have offended him/her.

We can assess this hypothesis as true, the results confirming this, namely the existence of statistically significant differences between the psychological problems of institutionalized adolescents with deviant behaviour and those of non-institutionalized adolescents with deviant behaviour.

It is necessary to implement social policies in Romania to reduce the number of institutionalized adolescents, to facilitate access to obtaining a job, to facilitate obtaining living spaces with reduced rents.

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