

Psychopathology, Psychosocial Characteristics, and Family Environment in Juvenile Delinquents

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Abstract

***Background:** The objective of this study was to analyze the records of juvenile delinquents with regard to family psychopathology, familial violence and alcohol abuse, organic brain dysfunctions, and psychiatric disorders.*

***Methods:** The sample characteristics and results of a number of psychometric tests of 91 male juvenile delinquents were analyzed.*

***Results:** The analysis showed a high rate of psychiatric disorders, including borderline personality disorder (DSM-IV 301.83), social phobia (DSM-IV 300.23), alcohol dependence (DSM-IV 291.9), organic brain dysfunctions, low intelligence quotients and behavior problems (including impulsive and aggressive behavior). Also, the present study confirmed previous findings of a grossly disturbed childhood environment in juvenile delinquents. Risk factors included high rates of parents' alcohol abuse, criminality, low educational level, and neglect and physical abuse of the children. The etiology of juvenile delinquency seems to be multifactorial, while both environmental and organic/hereditary factors seem to contribute to the behavioral problems.*

***Conclusions:** Interventions should include psychological measures to correct delinquency, psychotherapy (including family therapy programs), treatment of alcohol problems, special treatment of learning disabilities as well as psychopharmacological treatment (German J Psychiatry 2003; 6: 30-32)*

***Keywords:** juvenile delinquency, organic brain dysfunctions, personality disorders, childhood or adolescent antisocial behavior*

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Introduction

According to a study by Ruchkin et al. (2002), Russian juvenile delinquents represent a severely traumatized population, mainly due to high levels of exposure to violence. In a study by Famularo et al. (1990), unfavorable parental rearing styles contributed significantly to later delinquent behavior. The percentage of delinquents who had been physically abused was significantly higher among those convicted of committing violent crimes than among the non-violent delinquents.

In clinical practice it has been observed that many delinquent children of psychiatrically impaired and/or criminal parents had remarkably adverse health histories, according to a study by Lewis et al. 1979. These authors found a strong association between paternal criminality and serious medical problems in these delinquent children.

Moffitt et al. (2002) compared childhood-onset versus adolescent-onset antisocial behavior and recommended intervention with all aggressive children and with all delinquent adolescents, to prevent a variety of maladjustments in adult life. According to a meta-analysis on the efficacy of family and parental interventions, these measures have beneficial effects on reducing time spent in institutions and their criminal activity (Woolfenden et al., 2002).

The inter-relatedness of parental rearing, temperament, and character traits in socially normally integrated adolescents, as well as in delinquent adolescents, implying direct and indirect pathways from personality and parental rearing to delinquency, could be cross-validated in investigations of juvenile delinquents in Russia and Germany (Richter et al., 2002). Differences between delinquents and socially normally integrated adolescents are based on different levels of expressions of various temperament traits, harm avoidance and novelty seeking in particular, and the character trait self-directedness, as well as on parental rearing behavior (predominantly parental rejection and emotional warmth), rather

than on different structures within related developmental processes.

The sample consisted of 91 male pupils aged 11-16 of a special school they had to attend by direction of the courts for repeated crimes from the Marx region in Russia. Practically all children had committed thefts and one child was convicted of murder.

The study sample was separated into two age groups (11-13 years, n=51; and 14-16 years, n=40). The boys were examined as outpatients in the special school by a psychiatrist and a psychologist. A standardized questionnaire was developed and completed for every child by a psychiatrist. The questionnaire included questions on family history and educational problems and a psychiatric assessment including organic brain dysfunctions, personality disorders (antisocial, histrionic, obsessive compulsive), neurotic and affective disorders.

Children were placed in the special school for the period of half a year to three years. The period of attendance at the special school depended on age. After age 16 years, children were transferred to another special institution, or, if they did not have a family, were adopted. The boys were assessed in an outpatient setting in Saratov Regional Psychiatric Hospital, Russia, using a structured questionnaire specially developed for this study.

Results

Psychopathology

The sample of delinquent juveniles showed a high rate of psychiatric disorders.

In the lower age group, social phobia was most frequent, followed by alcohol dependence and emotionally unstable personality disorder. In the older children, alcohol abuse and emotionally unstable personality disorder were the most frequent diagnoses (Table 1). A high percentage of subjects showed signs of organic brain dysfunctions, sleepwalking and sleep talking. Mental retardation was not only expressed in insufficiency of intellectual-mnemonic functions, but also as retardation of formation of speech functions (Table 1). Aggressive behavior was common, in particular in the lower age group. A high percentage of the boys had run away from home and were skiving off school frequently. School performance was poor in most subjects, perhaps because of the high number of children skiving off school (Table 1). Most of the subjects were enrolled in primary school at age 7, and no additional measures were taken in order to compensate for the children's deficits.

At the age of 14-16 years, 91.2 % displayed addictive behavior, 65.9 % attention deficit hyperactivity disorder, 21% hypererethism, 47.3 % a propensity to conflicts and violence, and 39.5 % were demonstrative runaways.

Table 1. Sample Characteristics, Psychiatric Disorders, Behavioral symptoms, Organic Brain Dysfunctions, Speech Disturbances, and School Performance

	Lower Age Group (11-13 years) N=51 (56.1%)		Higher Age Group (14-16 years) N=40 (43.9%)		Total N=91	
	N	%	N	%	N	%
Psychiatric disorders						
Social phobia (DSM-IV 300.23)	36	70.6	18	45.0	54	59.3
Emotionally unstable personality (DSM-IV 301.83)	32	62.7	24	60.0	56	61.5
Attention deficit/hyperactivity disorder (ADHD) (DSM-IV 314.01)	11	21.6	7	17.5	18	19.8
Enuresis (DSM-IV 307.6)	22	43.1	12	30.0	34	37.4
Impulse control disorder (DSM-IV 313.81)	26	51.0	15	37.5	41	45.1
Alcohol dependence (DSM-IV 291.9)	34	66.7	26	65.0	60	65.9
Organic brain dysfunctions	20	39.2	20	50.0	40	44.0
Sleepwalking (DSM-IV 307.46)	26	51.0	19	47.5	45	49.5
Sleep talking (DSM-IV 307.5)	7	13.7	4	10.0	11	12.1
Speech disturbances						
Dyslalia (DSM-IV 315.31)	5	9.8	7	17.5	12	13.2
Behavioral symptoms						
Aggressive	14	27.5	6	15.0	20	22.0
Histrionic	6	11.8	2	5.0	8	8.8
Running away from home	21	41.2	15	37.5	36	39.6
Frequently skiving off school	22	43.1	24	60.0	46	50.5
School performance						
Satisfactory	37	72.5	33	82.5	70	76.9
Unsatisfactory	13	25.5	7	17.5	20	22.0

Family environment

The characteristics of the families of the delinquents are presented in Table 2. A high level of environmental risk factors could be demonstrated in the sample of the juvenile delinquents.

Risk factors included high rates of parents' or other relatives' alcohol abuse, suicidality, criminality, and a high percentage of neglect and physical abuse of the children. The educational level of parents was average in most cases.

Table 2. Family Environment (N=91)

Environmental problems	N	%
Alcoholism		
Father	48	52.7
Mother	30	32.9
Other close relatives	10	10.9
Suicides of relatives	17	18.6
Parents' criminality	46	50.5
Parents' educational level		
High school	3	3.2
Secondary school	68	74.7
Primary school	5	5.4
Parental rearing styles		
Neglect	44	48.3
Physical violence	28	30.7

Discussion

The analysis of the characteristics of a sample of juvenile delinquents showed a high rate of psychiatric disorders, including emotionally unstable personality disorder and social phobia, alcoholism, organic brain dysfunctions, low intelligence quotients and behavior problems. Also, the present study confirmed previous findings of a grossly disturbed childhood environment in juvenile delinquents. Risk factors included high rates of parents' alcohol abuse, criminality, suicidality and neglect and physical abuse of the children. Although these risk factors have not been compared to an age-matched group of non-delinquent juveniles, the high absolute numbers of unfavorable environmental stress factors are alarming. Juvenile delinquency seems to be the product of a number of hereditary and environmental factors.

The complex of actions directed to social adaptation of children should include psychological correction of delinquency, psychotherapeutic work with children and their parents with the purpose of normalization of the family microclimate, treatment of alcohol problems, special treatment of learning disabilities and psychopharmacological treatment (e.g. treatment of social phobia with antidepressants, treatment of attention deficit hyperactivity disorder with methylphenidate). The present analysis demonstrates the need for a revision and an expansion of the indications for training at specialized schools, the necessity of additional jobs for psychiatrists, alcohol and substance abuse experts, psychologists, and psychotherapists.

The evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions and their criminal activity. In addition to the obvious benefit to the participant and their family, this may result in a cost saving for society as a whole (Woolfenden et al., 2002).

References

- Famularo R, Kinscherff R, Fenton T, Bolduc SM (1990). Child maltreatment histories among runaway and delinquent children. *Clin Pediatr* 29(12): 713-8.
- Lewis DO, Shanok SS, Balla A (1979). Parental criminality and medical histories of delinquent children. *Am J Psychiatry* 136(3): 288-92.
- Moffitt TE, Caspi A, Harrington H, Milne BJ (2002). Males on the life-course-persistent and adolescence-limited antisocial pathways: follow-up at age 26 years. *Dev Psychopathol* 14(1): 179-207.
- Richter J, Krecklow B, Eisemann M (2002). Interrelations between temperament, character, and parental rearing among delinquent adolescents: a cross-validation. *Compr Psychiatry* 43(3): 210-4.
- Ruchkin VV, Schwab-Stone M, Kopolov R, Vermeiren R, Steiner H (2002). Violence exposure, posttraumatic stress, and personality in juvenile delinquents. *J Am Acad Child Adolesc Psychiatry* 41(3): 322-9.
- Woolfenden SR, Williams K, Peat JK (2002). Family and parenting interventions for conduct disorder and delinquency: a meta-analysis of randomised controlled trials. *Arch Dis Child* 86(4): 251-6.