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Family Violence As a Determinant Factor in Juvenile Maladjustment

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ABSTRACT: The family is one of the major socialization agencies for children. Parents are one of the most important models from whom the child and adolescent acquire a wide variety of behavior patterns, attitudes, values, and norms. The aim of this study was to determine the importance of factors related to family conflicts in the genesis of social maladjustment. A total of 189 young people (110 boys and 79 girls) from training schools connected with the juvenile court in Murcia (Spain) were studied. The subjects' ages ranged from 11 to 18 years (mean 13.51, SD 0.16). Our sample comprised a group of minors who experienced a high incidence of intrafamilial pathology, which was found to be a significant discriminant factor. Aggressive behavior, rules, norms, values, opinions, and attitudes toward aggressivity can be learned in the family setting.

KEYWORDS: psychiatry, jurisprudence, family violence, juvenile delinquency, human behavior

Numerous factors interact in the genesis and development of juvenile maladjustment, including sociofamilial, socioeconomic and cultural antecedents [1–7]. One of the factors shown to play an important role is the family setting. Family structure is one of the most important reference models in the learning of antisocial patterns of behavior, and has been described as one of the major socialization agencies for children [8]. All factors involved in learning anomalous models of behavior can be expected to enhance tendencies toward social maladjustment, and to consolidate patterns of criminal behavior [9]. Delinquent acts are behaviors that are learned through social intercourse with others, especially family members [10,11]. There is a tendency to reduce the problem of violence to its physical modality, that is, physical mistreatment and battering. What is often forgotten is that physical violence is usually preceded by mental violence. Any situation of recurrent or permanent conflict will deteriorate familial relations, and interfere with the normal development of all members of the family unit. The results of many studies that analyze the influence of familial patterns identify the most significant variables associated with behavioral disorders, and with juvenile delinquency, as: paternal and/or maternal criminal behavior, insufficient parental supervision, cruel, passive, or negligent attitudes, erratic or overly severe discipline, intramatrimonial conflictivity, and a large

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number of family members [4,7,12-14]. Lory [15] confirmed the importance of familial experience for the child's development toward delinquency and subsequent criminal involvement, and noted the possibility of arresting this development through family-centered intervention.

In previous studies [4], the authors demonstrated the importance of family conflictivity as a destabilizing factor in the child's and adolescent's social integration and adaptation. The goal of the present study was to center on specific family situations that reflected anomalous models of interfamilial relationships, and to attempt to determine their relative importance in comparison with other factors. Conflictive situations are easily identifiable, and can be of considerable value in the criminological prognosis and diagnosis of social maladjustment.

Materials and Methods

We studied a total of 189 subjects (110 boys and 79 girls) ranging in age from 11 to 18 years inclusive [mean age, 13.51; standard deviation, 0.16 years]. All the subjects were from centers under the administration of the juvenile court of the province of Murcia (Spain).

Each of the subjects underwent individual clinical psychological examination as well as psychometric and psychobiographical studies. Sociofamilial and school backgrounds were noted as well as previous history of asocial behavior. The State-Trait Anxiety Inventory (STAI) [16] was administered to each subject to assess the anxiety state and the anxiety trait.

Following this, two tutors in daily contact with these subjects were asked to assess different areas of behavior (impulsiveness, peer sociability, conflict, and overall behavior during confinement). Statistical treatment of the data was performed with the following BMDP programs (Biomedical Computer Programs): simple analysis of frequencies, association between variables, multivariate analysis and discriminant analysis. In the first phase of the step-wise discriminant analysis we used, the variables were considered individually. This detected the variable with the greatest power to discriminate between the groups established. In the second phase, the most powerful classifying variable was removed from consideration and the analysis was repeated to detect the next most powerful classifying variable. This process was repeated until none of the remaining variables showed a significant discriminant (classifying) ability. Thus the discriminant analysis does not establish a cause-and-effect relation between the grouping variable and any of the classifying variables, but rather, it reveals the specific weight (degree of influence) of each variable, that is, the ability of each variable to predict which group the subject belongs to.

Results

The subjects came from large families of low socioeconomic status and high levels of conflictivity. Of these families 57.6% had six children or more, and nearly all fathers were unspecialized workers, only 33.8% of whom had a permanent job.

With regard to the patterns of family conflictivity, we concentrated on the most evident variables, which were easier to record and assess (in our analysis of juvenile maladjustment). Of the entire sample, 28.6% cited antecedents of parental separation, and 48.1% mentioned family conflictivity. The most common pattern was physical aggression (Table 1). In 7.4% of the subjects, antecedents of maternal prostitution were found.

Of our subjects, 40.7% reported alcoholism in the family setting. This high percentage is a further reflection of conflictivity, alcoholism being one of the most characteristic features of family disintegration.

TABLE 1—*Family conflict pattern.*

	N	%
Non conflict	98	51.8
Mental abuse	10	5.2
Physical abuse	44	23.2
Attempted murder	6	3.1
Murder	1	0.5
Others	26	13.7
No answer	4	2.0

A noteworthy finding was the early age at which our subjects had their first contact with toxic substances. A total of 9% of the smokers reported starting at an age of under 10 years. Similarly, 10.1% began drinking before the age of 10, and 34.4% began between the ages of 10 and 14 years.

Anomalous patterns of cohabitation were related with higher levels of social maladjustment (Table 2).

The multivariate analysis revealed a statistically significant correlation between variables related with patterns of family conflictivity and different degrees of social maladjustment.

In our discriminant analyses, we used the variables most representative of familial and social maladjustment as the grouping variables. When we considered antecedents of parental separation as the grouping variable, the classifying variables were found to be those that indicated behavioral problems (Table 3). The variable "number of schools attended" was closely associated with behavioral disorders in the school setting.

Similar results were obtained with "mistreatment" (Table 4) and "alcoholism in the family setting" (Table 5) as the grouping variable. The latter case can be considered the most representative, in association with the classifying variables "reason for appearing before the juvenile court," "alcohol consumption," "number of schools attended," "behavioral assessment at the detention center" and "number of detentions." As can be seen, these variables reflect the range of manifestations of social maladjustment. The data obtained when the variable "reason for confinement" was removed and re-entered in the discriminant analysis indicate that this variable has a high discriminant (classifying) value when "alcoholism in the family setting" is used as the grouping variable.

Discriminant analysis was also performed in the opposite direction, that is, using "number of appearance before the juvenile court" as the variable that best defines the

TABLE 2—*Relationship between family conflict pattern and social maladjustment.*

Association	χ^2	df	Probab.
Family conflicts—begging	20.49	3	0.0001
Alcoholism family—begging	8.40	3	0.0384
Prostitution—record juv.court	20.78	3	0.0001
Parental separ.—record juv.court	72.92	2	0.0001
Family conflicts—record juv.court	109.92	3	0.0001
Alcoholism family—record juv.court	35.50	3	0.0001
Parental separ.—violent behavior	14.85	2	0.0006
Prostitution—violent behavior	21.68	6	0.0014
Prostitution—number of arrests	26.04	3	0.0001
Parental separ.—number of arrests	6.10	2	0.0473
Family conflicts—number of arrests	13.66	3	0.0034
Prostitution—reason first arrest	26.58	3	0.0001
Parental separ.—reason first arrest	78.37	2	0.0001

TABLE 3—*Summary of the discriminant analysis "antecedents of parental separation."*

Variable Entered	F Value	F Stat.	Degrees of freedom
Reason for confinement	141.92	141.92	1 187
Number of schools attended	22.49	90.36	2 186
Begging	9.49	66.16	3 185
Inhalant consumption	9.03	54.03	4 184
First contact with inhalants	7.87	46.42	5 183

TABLE 4—*Summary of the discriminant analysis "mistreatment."*

Variable Entered	F value	F Stat.	Degrees of freedom
Reason for confinement	86.43	86.43	1 183
Alcoholism family	12.10	51.89	2 182
Father interested studies	10.90	40.11	3 181
Cannabis	7.57	33.07	4 180

TABLE 5—*Summary of the discriminant analysis "alcoholism in the family setting."*

Variable Entered	F value	F Stat.	Degrees of freedom
Reason for confinement	41.75	41.75	1 178
Alcohol consumption	13.58	29.14	2 177
Number of schools	14.61	25.79	3 176
Behavioral assessment	13.51	24.10	4 175
Reason for confinement*	3.21	30.67	3 176
Number of arrests	5.62	25.01	4 175
Reason for confinement	5.09	21.50	5 174

*Variable removed.

degree of juvenile social maladjustment (grouping variable). This analysis yielded as classifying variables "antecedents of parental separation" and other variables related with social and familial maladjustment (Table 6).

Discussion

Our results demonstrate the importance of the family setting in the acquisition and consolidation of anomalous patterns of behavior. Our sample comprised a group of minors who experienced a high incidence of intrafamilial pathology, which was found to be a significant discriminating factor. Family conflictivity in its different manifestations was present in a subgroup of minors with high levels of social conflictivity. Our data support the conclusions of many studies showing that asocial behavior in the child and adolescent is linked to the use of physical violence in the family setting [17–21]. According to Bandura [9], asocial behavior is the result of learning from aggressive models of behavior, together with the destabilizing role of these models during the child's development.

As noted by Feshbach [22], all theoretical models of aggression assume that aggressive behavior is somehow "acquired." It has also been shown that behavioral patterns learned during childhood and adolescence are very likely to persist into adulthood [23,24]. Aggressive behavior, rules, norms, values, opinions and attitudes toward aggressivity can

TABLE 6—*Summary of the discriminant analysis "number of appearances before the juvenile court."*

Variable entered	F value	F Stat.	degrees of freedom
Parental separation	132.46	132.46	1 187
Begging	25.82	87.94	2 186
Money	18.56	70.35	3 185
Tobacco	21.22	63.84	4 184
Number of schools	15.98	58.43	5 183
Alcohol	8.28	52.00	6 182
Behavioral assessment	5.80	46.58	7 181
Running away from home	4.85	2.24	8 180
To have hopes future	4.05	38.63	9 179
Begging*	3.73	42.35	8 180
Expulsion from school	4.12	38.76	9 179

*Variable removed.

be learned in the family setting, as the first stage of infancy is an especially important period for the acquisition of patterns of behavior. During this stage, the child is particularly susceptible to all environmental influences, and is extremely sensitive to any difficulties in integration and communication in the immediate surroundings. This does not rule out the possible role of biological and hereditary factors [25,26]. The influences of genetic factors in family violence should also be kept in mind, however, the analysis of these factors required an approach and experimental design that differ from those used in the present investigation.

In general, perception by the adolescent of anomalous family relations increases the likelihood of developing patterns of social maladjustment. The destabilizing effects of paternal alcoholism on the family unit is an example of how abnormal models of family interaction can contribute to early social maladjustment [3,4,27]. Also, maternal prostitution evidently causes considerable disruption in familial interrelations, adding new sources of conflict and destabilization to an already precarious situation (socioeconomic difficulties, instability, etc.) These variables interact to create a negative environment unlikely to support personal maturation and development in children and adolescents.

In the present study we centered on patterns of familial conflictivity as a cause, alone or in combination with other abnormal sociofamilial features such as consumption of toxic substances, sociofamilial problems and marginalization. What we are looking at may be a chain of variables that generally arises under conditions of socioeconomic marginalization, and that may have repercussions on the child's and adolescent's behavioral development. We have not tried to analyze the cause-and-effect relationship between familial factors and juvenile maladjustment. However, we should mention that this interaction can occur in both directions. This implies that therapeutic intervention should deal with the different links in the chain (sociofamilial, cultural, personality traits, etc.) involved in the genesis and consolidation of juvenile social maladjustment.

The statistically significant associations between certain variables that define personality traits of affective immaturity (STAI) are much more common in minors from conflictive families. From a practical standpoint, an anomalous model of familial relationships is a negative factor in the assessment of the minor. We believe there is a constellation of elements of familial conflict that facilitates the development of asocial behavior.

It is difficult to say what measures should be taken. A child's perception of the lack of a supportive familial structure, and the risks associated with prolonged confinement, are facts in our social milieu. Only when the negative effects of familial conflictivity on the child become serious enough is separation from the family warranted. It should be

recalled that placement of an adolescent in a foster family is difficult, meaning that for practical purposes, he or she faces confinement in a closed or semi-open institution for a period we consider too long to offset the risks noted above. Policies aimed at supporting familial stability may, on the other hand, be of great value in preventing juvenile maladjustment.

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