

Assessment of Antisocial Behaviour in the Juveniles

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ABSTRACT

Background: High level of crime, particularly by the people below 18 years, has been a matter of concern for many years. Assessing and preventing the antisocial behaviour in juveniles has become a policy priority.

Methods: A cross sectional study was conducted on 52 males less than 18 years in an observation home in Bangalore, India. The data was collected in an interview by filling a semi structured questionnaire. Revised Wisconsin Delinquency Risk Assessment Scale (RWDRAS) was filled up simultaneously and then results were analysed.

Results: Majority of the offenders were in the age group 16-18 years. In the majority the cause for antisocial behaviour was unknown followed by the family problems and poverty. The RWDRAS identified 47% of the juveniles with antisocial behaviour as low risk group.

Conclusion: The Education, counselling and prevention of poverty are some of the preventive measures of antisocial behaviour. There is a need to develop a better criteria and scale for the diagnosis of antisocial behaviour as the presently used RWDRAS failed in 47% of the juveniles.

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► *Implication for health policy/practice/research/medical education:* Antisocial Behaviour in the Juveniles

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1. Introduction:

Antisocial behaviour can be generally characterised as an overall lack of

adherence to the social values and standards that allow members of a society to coexist peacefully or it is an act committed or omitted in violation of a public law (1). Antisocial behaviour can start in childhood, adolescence or adulthood (2). There are two types of antisocial behaviour including limited and lifelong. Antisocial behaviour for most

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youth is limited to their adolescent years. The majority of juvenile offenders fall into this category. As they mature into adults, they return to the more normal and adjusted behaviour seen in earlier childhood. A youth who has displayed antisocial behaviour at every stage in his life will more likely turn to criminal behaviour as an adult as well as develop a pathological personality. Long-term antisocial behaviour typically starts very early in childhood (3).

Antisocial behaviour can include (4):

- Noise
- Rowdy behaviour such as shouting and fighting
- Intimidation of neighbours and others through threats or actual violence
- Harassment, including racial harassment or sectarian aggression, particularly if it takes place at or near a football match
- Verbal abuse
- Systematic bullying of children in public recreation grounds, on the way to school or even on school grounds, if normal school disciplinary procedures do not stop the behaviour
- Abusive behaviour aimed at causing distress or fear to certain people, for example, elderly or disabled people
- Driving in an inconsiderate or careless way, for example, drivers congregating in an area for racing
- Animal nuisance, including dog fouling
- Vandalism, property damage and graffiti.

Many scientists have proposed many hypotheses to explain such a deviance of a person from normal behaviour (5, 6). But no single theory has been universally accepted by the experts. Hence, there is a need to study and analyse the antisocial behaviour amongst children so as to check the juvenile delinquency and its growth.

2. Materials and Methods:

The cross sectional study was conducted in an observation (temporary house for the juveniles in conflict with the law) home in Bangalore, India. The consent was obtained from the parents/guardians and officials of the observation home. The study population included 52 males in the observation home.

Information was collected by interviews with the delinquents and parents/caregivers and observations made by the first author using a semi-structured questionnaire. After each interview the questionnaire was filled on the same day. The juveniles were divided into 3 groups according to their age including: group 1 (10 to 12 years), group 2 (13 to 15 years) and group 3 (16 to 18 years).

The results were tabulated and analysed. Revised Wisconsin Delinquency Risk Assessment Scale (RWDRAS) was applied to the study population to know the efficacy of this scoring system in our study population. The total score of -3 to 1 is considered as low risk, 2 to 4 as moderate, 5 to 8 as high risk and >9 as very high risk for antisocial behaviour (7).

3. Results:

The majority of the offenders belonged to the age group 16 to 18 years (Fig. 1). There were no females in the observation home. Majority of the offenders were Hindus (32) followed by Muslims (16) and Christians (4). 44 belonged to the nuclear family and 8 were from joint family. Family history of petty offence was present in 28 delinquents.

Figure 2 depicts the probable cause for the

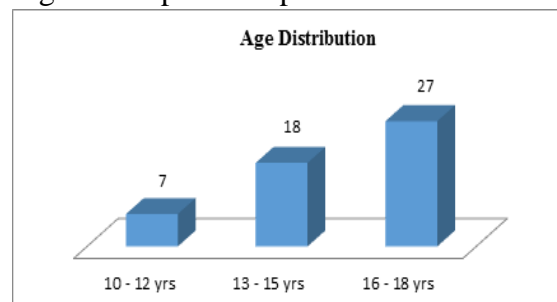


Fig. 1. Age distribution in the study.

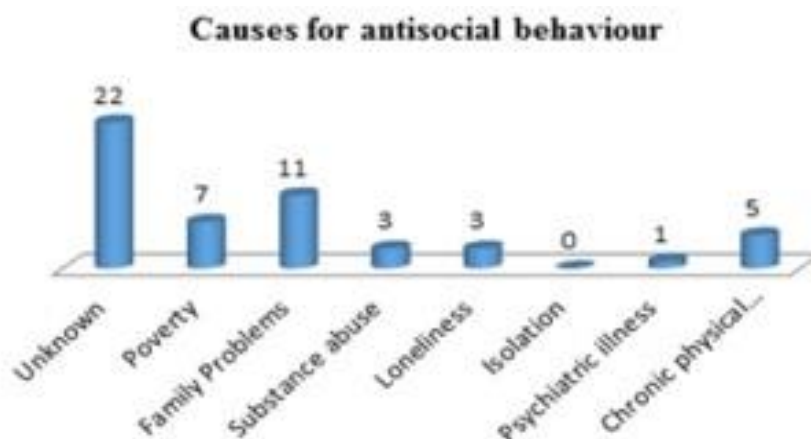


Fig. 2. Causes of antisocial behaviour in the study population.

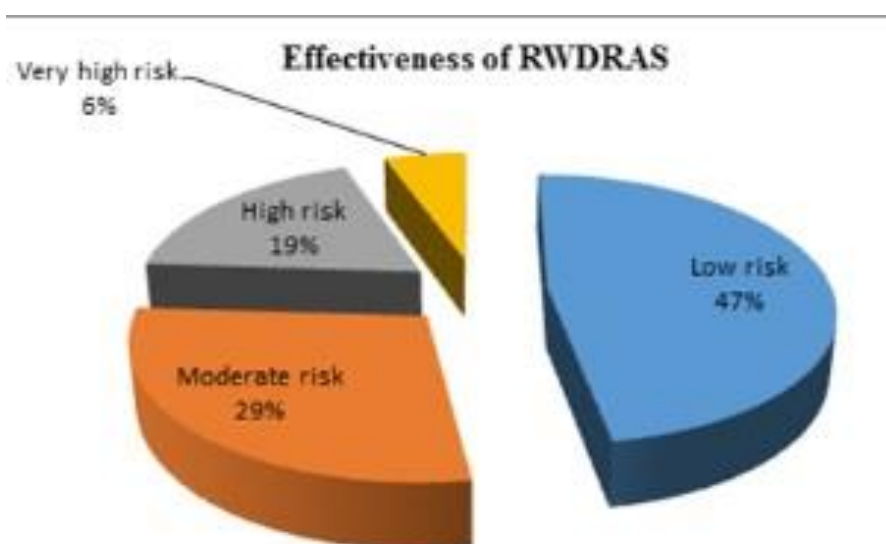


Fig. 3. Effectiveness of Revised Wisconsin Delinquency Risk Assessment in study population.

antisocial behaviour. In majority of the cases the cause could not be determined. Family problems, poverty and chronic physical illness were the common causes for antisocial behaviour. Majority of the juveniles knew the reason for being kept away from the home (43). Stealing was the commonest offence.

On analysing the behavioural and psychological factors concentration problems, getting angry soon, lying and stealing were common in the juveniles (Table 1).

Table 2 shows that the relationship of the delinquents was best with the parents and worst with the strangers.

Effectiveness of RWDRAS in identifying a child at risk of being involved in antisocial behaviour was assessed and majority of the delinquents were identified as low risk group (Fig. 3).

4. Discussion:

In our study there were only males this could be because of the in Indian society in which females are protected. There is restriction on the females as when they are supposed to go out of the home and when they are supposed to be back. This could also because of the soft corner which the society has for the females as their petty offences are not documented. In addition, aggression and violence suggest

Table 1: Behavioural and psychological factors analysis (%).

Factors	Never	Some times	Often	Very often
Failed to complete the activity which they started	82	6.5	06	5.5
Difficulty to concentrate	67	24	07	02
Refused to do things told by the guardians	63	21.5	09	6.5
Difficulty in waiting for their turn	73	16.5	7.5	03
Getting angry soon	14	18	24.5	43.5
Lied	07	57	27	09
Annoyed the others deliberately	79	17	04	--
Stole things	08	03	66	23

Table 2: Relationship of the study population with others (%).

Factors	Worse	Not well	Well	Very well
Parents	7	13.5	27.5	52
Siblings	35	21	17	27
Other kids	27	19.5	20.5	33
Teachers	37	17	15	31
Strangers	43	11	17	29

masculinity and authoritative position of men and sexuality in some groups of societies.

The above findings are in agreement with the studies conducted by Chidananda *et al* (1), Sadock and Sadock (6) and Bowen *et al* (8).

Prevalence of antisocial behaviour peaked in the age group of 16-18 years, which is consistent with Sadock and Sadock (6) and Chidananda (1). However, it is in contrast to findings of the UN Delinquency Report (2), where antisocial behaviour was high in <14 years and low in >17 years. This could be because of the more care and attention given to the child below 16 years in developing countries. Stealing is not the common offence in developed countries unlike in developing countries it may be due to the socio-economic background of the family.

The antisocial behaviour was more common in nuclear families in the present study. This is consistent with the UN Juvenile delinquency Report (2) and UN Publication (9). This could be due to the factors such as financial constraints, single

parent, abusive parents, excessive stress and responsibility of earning by the child at an early age.

Familial problems, poverty and chronic physical pain were the most significant causes for antisocial behaviour in the present study. Similar results were obtained by many others (1, 10, 11).

When juveniles were assessed using the RWDRAS, majority of them fell into low risk and moderate risk category for committing antisocial acts, but in fact they were actual culprits. This could be due to varying standards from place to place, or changing views of the public in branding a specified type of act as an offence, or this scale may not be effective enough in predicting antisocial behaviour in the present population, or the type of crimes committed here (mostly minor offences) may not be considered as serious enough to be included under the risk category in the western countries. This is in agreement with the study conducted by Chidananda (1).

Only one offender suffered from conduct disorder others did not have any major

psychiatric illness which is in agreement with the study by Chidananda (1) but in contrast to studies by Bowen (8).

5. Discussion:

Antisocial behaviour was predominant in males especially in the age group 16 to 18 years and from nuclear families. Family problems and poverty were the most common factors for antisocial behaviour however the cause was not known in 22% of the study population suggesting multi factorial causation. As RWDRAS could not identify the majority of the delinquents as high risk there is a need to either revise the scale or formulate new guidelines for identifying the risk of antisocial behaviour.

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