

**ВПЛИВ ІСТОРИКО-СУСПІЛЬНИХ ФАКТОРІВ
НА ДЕВІАНТНУ І ДЕЛІНКВЕНТНУ ПОВЕДІНКУ
СЕРЕД СОЦІАЛЬНО ДЕПРИВОВАНИХ ПІДЛІТКІВ**Світлана РУСІНА, Руслана НІКОРЯК, Наталія ТКАЧУК,
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КНП «Міська дитяча поліклініка» Чернівецької міської ради**IMPACT OF HISTORICAL AND SOCIAL FACTORS
ON DEVIANT AND DELINQUENT BEHAVIOR
AMONG SOCIALLY DEPRIVED ADOLESCENTS**Svitlana RUSINA, Ruslana NIKORYAK, Natalia TKACHUK
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ORCID 0000-0002-2253-6813**Русіна Світлана, Нікоряк Руслана, Ткачук Наталія. Вплив історико-суспільних факторів на девіантну і делінквентну поведінку серед соціально депривованих підлітків.**

У всі історичні часи стан психічного здоров'я був і залишається одним із критеріїв соціальної і психологічної стабільності, як окремого індивіда, так і суспільства в цілому. **Мета статті.** На основі проведених досліджень 130 підлітків із соціально-материнською депривацією (СМД), сімейною (СД) та соціально-психологічною (СПД), дослідили соціальний фактор, а саме: сімейний статус (повна, неповна родина чи її відсутність, освіта, економічна забезпеченість, спосіб життя), звичаї і вплив найближчого оточення (сім'ї, друзів, компанії та ін.), внаслідок недостатнього задоволення основних психічних потреб (впродовж тривалого часу і в досить серйозному ступені) у підлітків. **Новизна студії** полягає в тому, що соціальний фактор СМД, СД, СПД вперше досліджено в стресових соціально-політичних умовах, коли підлітковий період соціалізації призводить до нестачі емоційного тепла в стосунках батьки–діти, підліток–підліток, підліток–суспільство. **Практична цінність і джерельна база праці** полягає у створенні експериментальної основи, на якій формується дослідження девіантної та делінквентної поведінки підлітків. Вивчено історико-суспільний фактор зміни поведінки соціально депривованих підлітків у період соціально несприятливого контексту (такого як пандемія, фінансова криза, військові конфлікти та ін.). Стаття спирається на матеріали практичної частини дисертації на здобуття ступеня доктора медичних наук. **Висновок.** Враховуючи, що загальноновизнаних епідеміологічних даних щодо поширеності психічних і поведінкових розладів внаслідок депривації з розладами соціального функціонування (МКХ-10. F 94) у дітей різного віку в Україні немає, дослідили фактори, які впливали на формування делінквентної та девіантної поведінки серед підростаючого покоління українців. Усе це визначило актуальність і перспективність досліджень які були проведені в історичному вимірі, так і на сучасному етапі, спрямованих на з'ясування етіологічних чинників та факторів ризику (які мають тенденцію до появи нових чинників). Зростаюча поширеність психічної депривації, її аналіз та контроль над явищем серед підростаючого покоління українських підлітків, допоможуть вдосконалити систему охорони здоров'я дітей та підлітків, що є на часі.

Ключові слова: соціальна депривація, девіантна і делінквентна поведінка, підлітки, історико-суспільні фактори розвитку особистості.

Introduction. It is well known that mental and behavioral disorders are among the most prevalent worldwide. According to V. A. Abramov¹, 20-30 % of the global population suffers from such conditions.

Currently, the state of mental and somatic health of children and adolescents in Ukraine is considered extremely unsatisfactory. According to O. A. Zelenko, more than 50 % of school-aged children suffer from neurotic disorders, over 70 % have various forms of psychosomatic disorders, and more than 30 % exhibit behavioral deviations².

The development of science is influenced by numerous internal and external circumstances. Critical issues often remain unaddressed for years until science focuses on them with full intensity due to certain internal or external factors. Until then, these issues are overshadowed by other problems that either seem more important or are beyond the current capabilities of science to address effectively. Therefore, they are often bypassed. It is not surprising, then, that when the issue of separation is «rediscovered,» it prompts researchers to take a critical and systematic approach to its study. The problem of

¹ Zelenko O. A. *Opyt stozdaniya i vnedreniya kompleksnoy programy psikhoterapevticheskoy pomoshchi detyam i podrostkam s poststressovymi nevroticheskimi i psikosomaticheskimi rasstroystvami na baze sredney obshcheobrazovatelnoy shkoly* [Experience of Developing and Implementing a Comprehensive Psychotherapeutic Assistance Program for Children and Adolescents with Post-Stress Neurotic and Psychosomatic Disorders at a General Secondary School], Materials of the Scientific and Practical Conference «Nevrotichni rozlady ta porushennya povedinky u ditey ta pidlitkiv» [Neurotic Disorders and Behavioral Disorders in Children and Adolescents] (Kharkiv, September 11-12, 2001), Kharkiv, 2001, P. 27.

² Bulakh I. S. *Psikhologiya osobystisnoho zrostantnya pidlitka* [Psychology of Personal Growth in Adolescents], Kyiv: Zdorov'ya, 2003, 340 p.

mental deprivation represents a classic example of such a development (I. S. Bulakh)³⁴.

Historical literature has long noted that «a child in an orphanage becomes sad, and many die from sadness,» and «maternal love cannot be replaced by anyone.» However, this issue remained largely unexplored in science for a long time (E. I. Gure)⁵.

Researchers have demonstrated that the factors leading to mental deprivation include a lack of stimuli – social, sensory, or emotional – when a child lives in a situation of «social isolation.» Another factor contributing to mental deprivation is the disruption of an existing bond between an individual and their social environment. This often occurs when a child is separated from individuals who were emotionally significant to them. J. Langmeier hypothesized that prolonged separation of a child from their mother or a maternal figure during the first 3-5 years of life generally results in mental health disturbances, leaving lasting consequences observable in the child's subsequent personal development. Thus, the concepts of separation and deprivation have been introduced as pathological and exceptionally significant circumstances⁶.

In the literature, separation has been described primarily in young children, although it is noted that it may also occur – particularly deprivation – at other ages.

The reversibility of deprivation-related disturbances remains unresolved. According to some findings, prolonged isolation of a child from their mother may lead to severe and irreversible impairments of intellectual and personal functions. The consequences of deprivation are more severe the earlier it begins and the longer it lasts, the broader the range of functions and needs affected, and the lower the ability of the mental apparatus to perceive and process information (A. F. Parashchenko). Therefore, attention should be paid to the underestimated effects of deprivation in mental disorders, where deprivation may be created by the nature of the illness itself and the associated changes in social relationships. In general, the shorter and less complex the deprivation, the more normalized the subsequent development⁷.

Adolescence is a transitional phase between childhood and adulthood, encompassing the process of puberty from its initial signs to its full completion. It is also a transitional stage in social and psychological terms. During this period, character formation occurs, forming the foundation of personality. From a medical perspective, adolescence spans from 12 to 18 years and includes the entire puberty process from its first signs to

full maturity, coinciding with the legal age of independence at 18 (O. E. Davydova⁸, S. D. Pidkorytov)⁹.

In recent years, there has been a tendency toward an increased prevalence of mental and behavioral disorders among adolescents, characterized by a propensity for unfavorable, protracted courses and a rise in cases of early maladaptive behaviors. These have become alarming and highly socially significant. The dangers of these disorders often result in social maladaptation, wherein adolescents completely lose the ability to adapt to social environments due to deviant behavior.

Individual personality traits significantly influence behavior. These traits are critical for understanding such volitional and moral qualities as resilience, endurance, integrity, honesty, self-control, and empathy. These characteristics shape a person's dominant attitudes and their ways of expressing these attitudes. Biological determinants, such as the innate properties of the central nervous system (CNS), which balance excitation and inhibition processes in the cerebral cortex, can also play an essential role in this context (E. A. Mikhaylova)¹⁰. The aim of our study was to examine the risk factors for deviant behavior among socially deprived adolescents.

Main Part. Using questions from the proposed clinical interview method (CIM) and subjective data, it is possible to identify hidden actions or behaviors that do not conform to societal norms and rules, and to determine the degree of behavioral disorder, whether it is deviant (deviation) or delinquent (illegal actions). To enhance the informativeness of mental disorders, several indicators were considered simultaneously, enabling a more comprehensive assessment of pathological changes.

The study involved 130 individuals divided into three groups:

- **Group 1:** 20 individuals aged 15, students from general education schools experiencing socio-maternal deprivation (SMD) due to the absence of parental emotional care caused by labor migration.
- **Group 2:** 60 individuals aged 16-17, students from a medical college (SMD).
- **Group 3:** 50 individuals aged 16-17, residents of an orphanage from large and low-income families, experiencing familial deprivation (FD) and socio-psychological deprivation (SPD).

Based on the research conducted among the three groups of middle and late adolescents, we concluded

³ Bulakhova L. A., Sahan O. M., Zinchenko S. N. [et al.] *Detskaya psikhonevrologiya* [Child Psychoneurology], Kyiv: Zdorov'ya, 2001, 496 p.

⁴ Gure E. I. *Psykhiichni ta povedinkovi rozlady u ditey pidlitkovoho viku, pozbavlenykh bat'kivs'koho pikluvannya (klinika, diahnozyka, reabilitatsiya)* [Mental and Behavioral Disorders in Adolescents Deprived of Parental Care (Clinical Features, Diagnosis, Rehabilitation)]: Abstract of Dissertation for the Degree of Candidate of Medical Sciences: Specialty 14.01.16, Kharkiv, 2008, 18 p.

⁵ Langmeyer J., Matejcek Z. *Psikhicheskaya deprivatsiya v detskom vozraste* [Mental Deprivation in Childhood], Prague: Avicenum, 1984, 334 p.

⁶ Parashchenko A. F. *Patologicheskyye formy povedeniya u nesovershennoletnikh, vospityvayushchikhsya v situatsii sotsial'noy deprivatsii* [Pathological Forms of Behavior in Minors Raised in Situations of Social Deprivation]: Abstract of Dissertation for the Degree of Candidate of Medical Sciences: Specialty 14.01.16, Moscow, 2005, 26 p.

⁷ Davydova O. E. *Ponyatie normy v podrostkovoy psikhii* [The Concept of Norm in Adolescent Psychopathology], *Arkhiv psikhii* [Archives of Psychiatry], 2003, Vol. 9, No. 2(33), P. 33-36.

⁸ Pidkorytov V. S. *Nasyt'stvo u sim'yi yak faktor ryzyku formuvannya nevrotychnykh rozladiv u ditey* [Violence in the Family as a Risk Factor for the Development of Neurotic Disorders in Children], *Arkhiv psykhiatrii* [Archives of Psychiatry], 2002, No. 1(28), P. 8-11.

⁹ Mikhaylova E. A., Proskurina T. Yu. *Sovremennyye aspekty okhrany psikhicheskogo zdorov'ya detey i podrostkov* [Modern Aspects of Mental Health Protection for Children and Adolescents], *Arkhiv psykhiatrii* [Archives of Psychiatry], 2001, No. 4(27), P. 21-23.

¹⁰ Mikhaylova E. A., Proskurina T. Yu. *Sovremennyye aspekty okhrany psikhicheskogo zdorov'ya detey i podrostkov* [Modern Aspects of Mental Health Protection for Children and Adolescents], *Arkhiv psykhiatrii* [Archives of Psychiatry], 2001, No. 4(27), P. 21-23.

that social factors, particularly family status (complete, incomplete, or absent family; education; economic stability; lifestyle), traditions, and the influence of the immediate environment (family, friends, peer groups, etc.), create the foundation for the development of deviant behavior.

The first group of 20 individuals included middle adolescents from rural areas. Among them, 60 % (12) were girls and 40 % (8) were boys. Ten percent (2) of the group came from single-parent families.

Fifty percent (10) of the participants reported partial understanding within their families due to relatives' disapproval of the modern lifestyles of adolescents, such as early exposure to tobacco and alcohol, which contribute to the formation of antisocial tendencies. Among the participants, 55 % (11) were adolescents who, at the time of the study, had one or both parents absent due to labor migration, despite the parents' key role in child upbringing.

In the absence of parental care, 35 % (7) of the participants showed a tendency to smoke cigarettes, exclusively among boys, and 40 % (8) reported alcohol consumption, also predominantly among boys. Furthermore, 20 % (4) of the participants exhibited clinical signs and HADS (Hospital Anxiety and Depression Scale) scores indicating anxious concerns about their families (younger siblings and parents in labor migration). This group scored 8-10 points on the anxiety subscale, which we classified as borderline states that could lead to mental maladaptation due to emotional disturbances under unfavorable conditions.

Thus, in the middle adolescent group, harmful habits were more common among adolescents from incomplete families, those deprived (lacking maternal and/or paternal presence at the time), and those experiencing a lack of understanding between parents and children. Clinically, adolescents viewed harmful habits as a factor of maturity in 25 % of cases, curiosity in 15 %, and a means to build relationships in peer groups in 60 % of cases. These findings showed that interpersonal relationships were the most significant factor, while curiosity was the least significant.

In conclusion, the formation of adolescent personality in the absence of parents due to labor migration correlated with smoking ($r = 0.522$, $p < 0.05$), alcohol consumption ($r = 0.688$, $p < 0.05$), and the presence of anxiety states ($r = 0.935$, $p < 0.05$).

Among the various social factors, the influence of the microenvironment surrounding adolescents, particularly the family, holds special significance. While 15-year-olds were found to have harmful habits, the positive example of other family members, even in the absence of parents (due to labor migration), encouraged predominantly positive socialization and the elimination of such habits.

The second group consisted of 60 senior adolescent girls from a medical college. Among them, 62 % (37) were from rural areas, and 38 % (23) were from urban areas. Girls from single-parent families constituted 17 % (10), and 40 % (24) experienced the absence of their parents for a period ranging from 1 to 10 years due to labor migration. Partial understanding within the family was reported by 33 % (20), which, in our view, contributed to the development of harmful habits.

Using clinical-psychopathological and experimental-psychological methods, we found that 30 % (18) of the

girls smoked, predominantly in the urban cohort, while 78 % (47) consumed alcohol occasionally, with similar prevalence among rural and urban participants. The girls perceived their harmful habits as «rules of etiquette» or as a «requirement» of modern adult life.

Fourteen adolescents in this group, or 23 %, had been separated from an emotionally significant person in their lives (primarily their mother). According to the HADS (Hospital Anxiety and Depression Scale), 16 % (10) exhibited anxiety, of which 13 % (8) were at a non-psychotic level and 3 % (2) at a psychotic level. Depression was observed in 7 % (4), with 5 % (3) at a non-psychotic level and 2 % (1) at a psychotic level.

Thus, partial understanding in parent-child relationships correlated with smoking ($r = 0.994$, $p < 0.05$), alcohol consumption ($r = 0.804$, $p < 0.05$), and mental disorders ($r = 0.911$, $p < 0.05$).

Social factors, such as the lack of positive parental examples and their absence due to dormitory living, combined with psychological factors, such as the mental and social immaturity of adolescents, made them more vulnerable to external and internal stressors. Adolescents often attempted to address these stressors through the relaxing and euphoric properties of alcohol and tobacco, which provided a sense of «psychological comfort,» simplified interpersonal contacts, and made their lives seem more «meaningful» among peers.

Negative social factors not only influenced adolescents' attitudes toward harmful habits but also, to some extent, shaped personalities prone to antisocial lifestyles through substance abuse.

The third group comprised 50 adolescents (29 girls and 21 boys) from an orphanage for children from large and low-income families, aged 16-17. Among them, 12 were from urban areas, and 38 were from rural areas. Adolescents from single-parent families accounted for 82 % (41), and 80 % (40) experienced the absence of their parents during their studies (living at the orphanage). Partial understanding within the family was reported by 84 % (42), while 16 % (8) reported a lack of understanding between parents and children. The absence of parental daily care was four times greater than weekly or occasional family visits, particularly among the urban cohort. However, parents did not always have a positive influence on adolescents' upbringing due to «emotional coldness» or mental illnesses.

Among this group, 80 % (40) smoked, and 86 % (43) consumed alcohol whenever possible. Adolescents returning to their families from the orphanage did not always develop negative attitudes toward harmful habits, as their families were often socially unstable. A tense atmosphere of conflict due to financial difficulties was reported by 100 % (56), while 90 % (45) noted a lack of emotionally favorable contact within the family. Additionally, 62 % (31) reported a negative example from parents who abused alcohol.

Adolescents from unfavorable families were often deprived of attention and control from relatives, some of whom led immoral or antisocial lifestyles. Due to negative social and psychological factors, emotionally unstable adolescents (30 %, or 15, with an unstable type of character accentuation) and those with malicious-aggressive tendencies

(18 %, or 9, with an epileptoid type of character accentuation) were particularly prone to developing deviant behavior.

Twenty adolescents, or 40 %, exhibited anxiety-depressive states according to the HADS scale. Among them, 18 (90 %) had non-psychotic anxiety-depressive disorders, while 10 % (2) had psychotic disorders, scoring above 10 on the anxiety and depression subscales.

Thus, smoking was more prevalent among adolescents from single-parent families ($r = 0.955, p < 0.05$), as was alcohol consumption ($r = 0.986, p < 0.05$). Anxiety states were also observed more frequently in this group ($r = 0.465, p < 0.05$).

Comparing the three groups regarding the etiological factors contributing to the formation of deviant behavior

in emotionally unstable adolescents revealed that single-parent families pose a risk due to the lack of positive educational influence on developing personalities, as illustrated in Figure 1.

Studies have shown that both partial and complete parental deprivation lead to significant changes in the emotional, intellectual, motivational, and behavioral domains of an individual's personality.

The highest percentage of single-parent families (absence of one family member due to divorce, death, or imprisonment) was observed in the third group of participants, specifically among adolescents from the orphanage. This group demonstrated the highest percentage of lack of parental care, as illustrated in Figure 2.

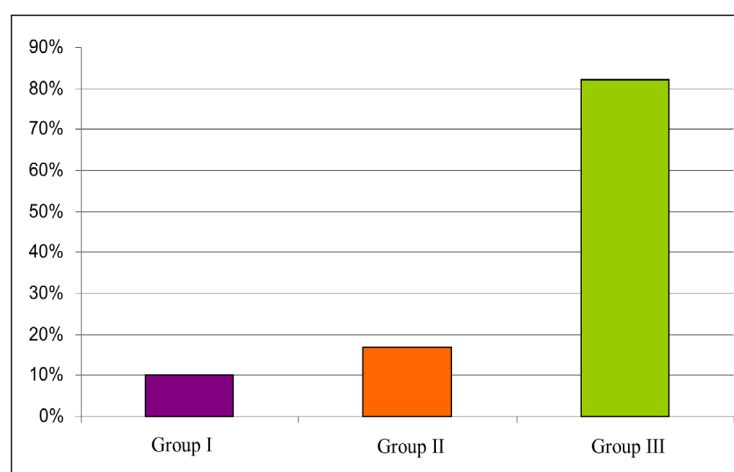


Figure 1. Distribution of Single-Parent Families Among the Three Groups (%) – General School Students; Group II-Medical College Students; Group III – Orphanage Residents)

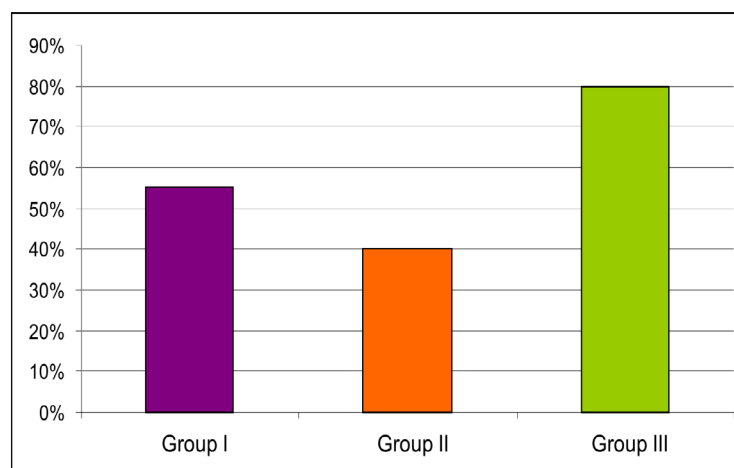


Figure 2. Lack of Parental Care Among the Three Groups (%) (Group I – General School Students; Group II-Medical College Students; Group III – Orphanage Residents)

Yes, the lack of parental care among adolescents in orphanages, due to almost year-long residence in the institution, as well as the absence of positive parental influence during their time at home (on weekends or holidays), does not foster the development of a socially oriented personality. Consequently, deviant behavior is characteristic of adolescents from single-parent families and those lacking parental care.

Partial or absent understanding within the family also negatively affects the formation of a socially oriented personality, as shown in Figure 3.

The figure shows that 15-year-old adolescents in Group I, due to emancipation, group dynamics, and opposition tendencies, exhibit a relatively high percentage of only partial understanding with their parents. Participants in Group II, comprising senior students of the

medical college, demonstrated the lowest percentage of misunderstandings with their parents. This can be attributed to the institution's positive microclimate, the nearly

complete formation of their personalities, and the greater attachment to family relationships typically seen among females, who make up the majority of Group II.

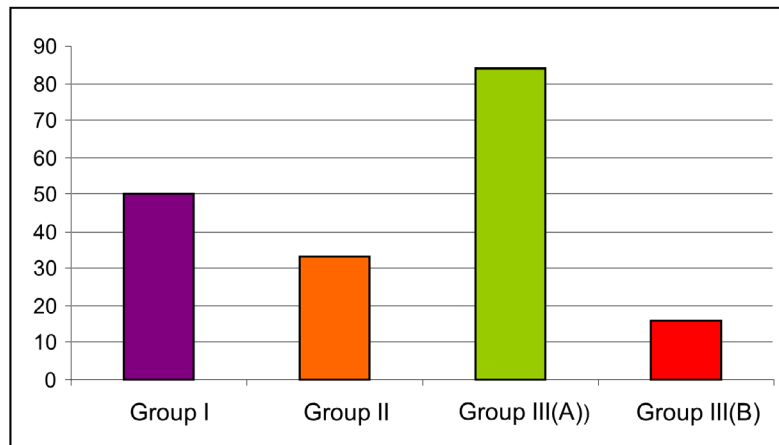


Figure 3. Distribution of Family Understanding (%)
(Group I – General School Students; Group II-Medical College Students; Group III – Orphanage Residents)

Group III consists of adolescents with a 100 % rate of family misunderstandings: 42 individuals have partial understanding (Group A), while 8 individuals (Group B) have no understanding with their relatives. These adolescents are largely left to their own devices, which results in mood swings, instability of interests, sensitivity, emotionality, and simultaneous manifestations of polar psychological traits (self-confidence and vulnerability,

restraint and cruelty). These characteristics often lead to the development of deviant behavior, as shown in Figure 4.

An unfavorable factor is the relatively high number of smokers in the middle adolescent group, particularly in Group I (general school students) and, most notably, in Group III (orphanage residents). The harmful effects of smoking are especially concerning among girls, who are the future mothers.

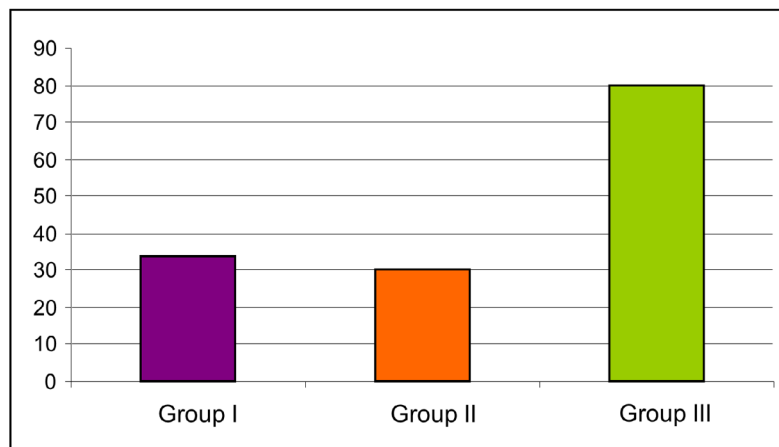


Figure 4. Distribution of Smokers Among the Three Groups (%)
(Group I – General School Students; Group II-Medical College Students; Group III – Orphanage Residents)

Alcohol consumption among adolescents is significantly high across all groups and shows an increasing trend, as illustrated in Figure 5.

A sharp increase in the prevalence of adolescent alcohol consumption was observed in Groups II and III. This highlights the fact that studying in an orphanage or a medical college distances adolescents from the positive control of caring parents. This lack of parental supervision during the critical personality formation period (15-18 years) is particularly dangerous as it can lead to «early alcoholism,» resulting in a rapid development of pathological alcohol dependency.

Adolescent alcoholism often provokes legal offenses, sexual promiscuity, and social maladaptation. Biological factors, both congenital and acquired, also contribute to the development of deviant behavior. These include various

endogenous and exogenous adverse influences, such as: Birth trauma, reported in 6 % (3) of Group III adolescents. History of traumatic brain injury (TBI), reported in 20 % (10) of Group III participants. Mentally disabled parents, observed in 16 % (8) of adolescents. Alcoholic parents, reported by 24 % (12) of participants. Psychiatrically ill parents, noted in 8 % (4) of Group III participants. Past neuroinfections, identified in 2 % (1) of Group I and 3 % (2) of Group II participants.

It is essential to study the factors that create conditions conducive to the formation of harmful habits among adolescents. Public awareness campaigns in the media should emphasize societal intolerance toward youth sexual promiscuity. Legal accountability for offenders should be enforced to promote a socially oriented approach to prevention that is systematic and proactive.

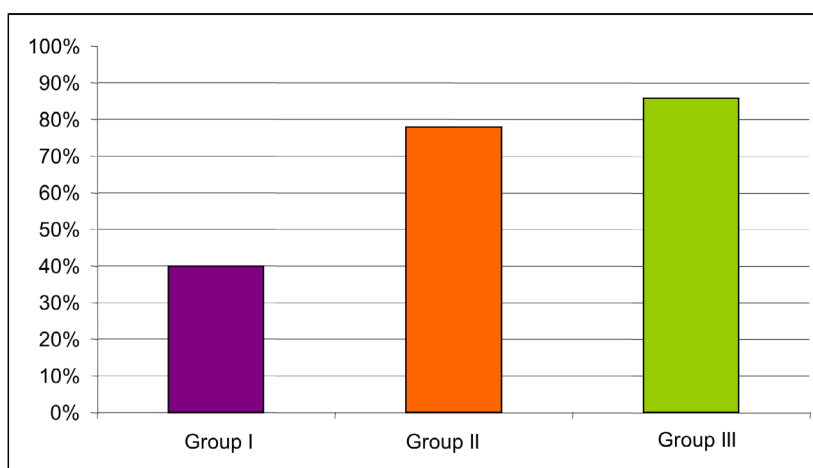


Figure 5. Distribution of Alcohol Consumers Among the Three Groups (%)
(Group I – General School Students; Group II-Medical College Students; Group III – Orphanage Residents)

Prevention of deviant behavior, paradoxically, must focus on moral, legal, anti-alcohol (and anti-drug), and sexual education. Only through these measures can Ukrainian society address the adverse situation it currently faces.

The formation of deviant behavior in adolescents should be considered from the perspective of the combined influence of internal pathogenic factors, including hereditary mental illness, past neuroinfections, TBI, and character pathology, as well as external conditions such as single-parent families, absence of parental care during personality development, and psychological discomfort due to strained parent-child and peer relationships.

Conclusion. Pathological neglect within families and psychological isolation among biological and social orphans are significant pathogenic factors contributing to the emergence and persistence of behavioral disorders, particularly deviant and delinquent behaviors, among adolescents in Ukraine.

Our findings indicate that the conditions of upbringing, whether within dysfunctional families or outside the family (e.g., in orphanages), as well as cases where children are raised by a single parent or entrusted to relatives due to labor migration, are key factors in the formation of deviant and delinquent behaviors.

Social deprivation plays a critical role in the development of persistent antisocial (dissocial) behaviors in adolescents, who disregard social and moral norms, fail to maintain healthy relationships, and thereby reduce their quality of life and social functioning.

Future research will focus on the prevalence of deviant behavior as a psychopathological phenomenon in emotional disorders among socially deprived adolescents in the context of modern wartime and post-war conditions.

Світлана РУСІНА – кандидат медичних наук, доцент кафедри нервових хвороб з психіатрією та медичною психологією ім. В. П. Савенка Буковинського державного медичного університету. Сфера наукових інтересів: розлади психіки та поведінки у підлітків; психічні розлади внаслідок

органічного ураження центральної нервової системи; психогенні неспихотичні та психотичні психічні розлади. Автор та співавтор понад 100 наукових праць, серед яких 3 монографії, 8 підручників та навчальних посібників, 90 статей та тез доповідей, 3 патенти, 3 інформаційні листи.

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