

Deviance in Adolescents: Causes and Risk Factors

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Abstract

Deviance in adolescents is a growing problem in global society. This write-up is aimed at reviewing the domain for proper understanding and determining intervention. It has been kept confined to basic meaning, causes and risk factors of deviance in adolescence. The pertinent current literature was search on Medline and google scholar with relevant key words for review. Lastly, suggestions have been incorporated for further investigation in global and Indian context.

Keywords: Deviance; Adolescence; Family; Parent-Child Communication; Socioeconomic Status; Substance Abuse

Introduction

The word 'deviance' (from Latin deviatio) is an abnormality which is meant for diverging from existing or accepted standards, commonly pertaining to social and sexual behaviours. Thus, deviant behaviors violate social norms and expectations. It is also understood as an aberrant behaviours appearing as a kind of trait that doesn't conform to well established social norms and values, as well as, characterized by persistent destructiveness and violation. The perspectives of psychology and mental health describe deviant behaviours as a form of psychopathology and define it as a deviation from socio-psychological and moral norms [1]. It can range from as small as dressing in peculiar or undesirable dressing (but not harmful), or as serious as burning someone's property (duly harmful). In terms of age and gender, deviance is also characterized by social exclusion and self-identification as deviant. Though, some formal deviant behaviours like robbery, rape and murder are lawfully punishable, however, deviant behaviors are growingly a daunting problem nowadays and causing instability in desirable learning processes and personality development through destabilizing institutions of in family, society and school. Since the terms like 'norms' 'values' and 'deviation' are defined socially [2], therefore, deviations are determined by violation of established social norms, ethics, cultural values as baseline guide to interpersonal relationships and interaction; social assimilation and reproduction of the same in the given social context. Hence, such acts are serious threat to all kind of survival of an individual within society, public welfare and environment.

In fact, adolescence comprises variety of physical, emotional, psychological, social and cognitive changes to be helpful in decision-making in prospective life [3]. In addition, it is the most risky stage of life characterizing by isolation from elders and youngsters, rebellious nature, volatile emotion, stress, confusion, mood swings and many more. Therefore, this stage needs to be cared and nourished properly. Otherwise, combined impact of these issues leads to several difficulties in various areas of their daily living, e.g., recklessness, avoidance,

norm-breaking, various types of anti-social behavior [4]. Similarly, deviant behavior (like delinquency, substance abuse, paraphilia etc.) are other potential and grim consequences of improper or ill-nourished adolescents regardless of reasons behind [5]. Since these consequences have detrimental implications for individuals, family and entire human society, therefore, we need to explore and understand dynamics, contributing and mediating factors of deviance in adolescents. The present write-up is aimed at reviewing and describing psychosocial causes and risk factors of deviance in adolescents and its relevance in Indian context and eventually, providing some suggestions. For the purpose of this article, computerized Medline, google scholar few and other relevant texts have been searched on deviance in adolescents, pertaining to its causes, risk factors and relevance as well as prospects of research in India. The perusal of literature search was based on research studies conducted approximately in last five decades (1965 - 2018) and available online database in relation to causes and salient risk factors of deviance in adolescence. The key words used for the search of literature were adolescence, adolescence, socioeconomic status, personality, family, anti-social behavior, substance abuse and parent-child communication.

Deviance in adolescence

Several studies have shown that a number of individual characteristics of adolescents contribute to their involvement in deviant behavior, e.g. age, sex, socioeconomic status, characteristics of personality, scholastic performance, ethnicity; family structure, its functions with special reference to parenting), sibling rivalry, peer relationships; educational institutions and learning environment, community, religion, cultural belief systems. But sometimes, deviance may be considered as a choice between socially acceptable and deviant ways of achieving goals [6]. For example, to become rich or popular by unfair or unacceptable means of bullying others, criminal acts [7], disobedience, protest, terrorism, open rejection of existing values and laws. Thus, deviant adolescents don't attempt to be fit in, rather, they try to combat society [8,9] due to their failure to socialization, inability/reluctance to adjustment in society. It was concluded that such acts may lead to psychopathological personality development as a reaction to difficult circumstances in their life, e.g. physical handicap/development and social environment, conditions of care and upbringing, breaking familial and social norms [10]. It has been further described that in such circumstances, the adolescent children duly evaluate physical superiority (with positive attitude)/inferiority (with negative attitude) in the context of existing and conclude about their social significance and value for compensating their weaknesses and deficiencies [11]. They further added that sometimes developmental delays in neuro-muscular function of adolescent children may lead to awkwardness in coordinating physical movements.

Causes of deviance in adolescents

Hanimoğlu [12] explored biological (e.g. heredity, physical impairments), psychological (e.g. kind of temperament, accentuating character) and social (e.g. upbringing, interaction of adolescents in family, school and society) as three major causes of deviant behavior in children. It was added further that these factors may have direct or indirect effects on deviance in teenagers, nonetheless the negative effects of these factors are not directly associated with their behavior.

Researches have claimed that deviance in adolescence is induced and catalyzed by social factors, e.g. often delinquency stems from pathological family, disadvantages in education and upbringing. In addition, lack of supervision and attention from family members and relatives, fear of punishment, dreaminess, unmotivated thrust to change existing status, children's desire to eliminate guardianship of parents/caretakers, inadequate or improper treatment by family members and peer-groups, vagrancy (homelessness) (relevant in delinquency), desire to have adults' company, feeling mature, urge to satisfy curiosity, or change the prevailing mental state are also important determining factors of deviance in adolescents. In this context, Denzin [13] has added that the inception of deviance is caused by fear of punishment or as a protest of the child which turns into a reflex-like behaviour later. Regarding substance abuse type of deviant behavior, Tankard and Paluck [14] have shown that group addiction promotes alcoholism facilitating social adaptation (of teenagers with deviant behavior). The deviant adolescents perceive such adaptation as an external requirement of the society for the fulfilment of which they adapt in such a way that they are also in compliance with social norms, rules and regulations. It appears easy for them to do because alcohol consumption is followed by positive and cheerful mood, elevation in certitude, and disinhibition in cognition and behavior. Thus,

the adolescents don't have internal locus of control and motivation for societal adaptation, but this external social requirement does not promote positive emotional stature rather negative emotional reactions [15].

In fact, though it is controversial, this is the responsibility of family to present this external social requirement to deviant adolescents [16] rather than school. But, as Hanımoğlu has rightly argued, families of such children are unable to do so, rather they also assume this responsibility as a burden due to limited understanding of developmental processes of adolescents [17]. Therefore, school, in addition to teaching, is accountable for presenting the external social requirement to deviant children. With growing age and learning in school, the adolescent children either completely or partially accept values of life of deny absolutely [18]. Indeed, the adolescent children develop desirable and positive social adaptation when the scholastic atmosphere, staff and peer-group are integrated, attractive, induce desire for communication as well as creates opportunities for healthy communication with peers [19].

Scientists have observed that most of cases of deviant children come from either dysfunctional families, or these is no second parent. Therefore, these children are extremely vulnerable and resentful [20], not physically or psychologically able to cope with problems by themselves and duly need special assistance [21]. Such children opt for protective reactions (e.g., isolation, unsociability, coldness, neglect, emotional instability, etc.). Hence, family do share equal responsibility with school for inception and development of deviance in children. Furthermore, children from unfavourable families are targeted for ill-treatment and violence of various types at indoor place like home, and outdoors as well [22,23]. These ill-treated adolescent children become abusive to their own children in future exactly in the same way as what they experienced in their childhood.

Socio-economic factors also contribute to deviance in adolescent children. These are in the forms of socio-economic challenges which are determined by rich and poor 'social classes' in society [24,25]. Studies have explored that challenges to morality and ethics of the society are caused at outset by its improper and inadequate cultural and spiritual development [26] leading to stemming of an indifference to deviance in adolescents by disrespecting norms and values of family, school, community and society.

Risk factors of deviance behavior in adolescents

There are several risk factors of deviance in adolescent children. Johnson., *et al.* [27] conducted a longitudinal investigation in this context on 601 families to find out separate and combined effects of three risk factors of deviance in adolescent children, namely, psychological disorders in parents (especially depression and substance abuse), supportive interpersonal communication between parents and child/children, and income of the house-hold. The applied logistic response models and concluded that less than two parents and their support increases the risk of deviance relatively high in male children than female children. This situation could be more serious when one of the parents suffers from chronic psychological disorder. However, the combination of one supportive parent and another parent with chronic psychological disorder may have a marked impact especially on older female adolescents. Nonetheless, girls in early teenage with both parents with psychological disorders are virtually as deviant as male age mates of both parents with psychiatric illnesses. This is regardless of the financial income of the family in relation to female adolescents. However, family income is inversely linked with deviant behavior in male children-as it was evident in research that 10% increase in house-hold income decreased deviance in male adolescents by 1.3%. Thus, an upshot can be drawn that deviance in female adolescents by family factors to much extent than deviance in male adolescent deviants who are relatively more affected by financial income of family. Several other researches have confirm similar results related to deviance in adolescents and indulgence in alcohol and drug abuse.

Psychiatric impairment and gender-specific deviance in adolescents

Researchers have investigated the varying impact of psychiatric impairments of parents on children of differential gender. In this context, studies have indicated that female adolescents of depressed fathers showed relatively more behavioural problems than male adolescents of depressed fathers or adolescents children of both genders belonging to fathers with alcoholism. However, it was found that substance abuse of parents have more direct impact on female adolescents' substance abuse and indirectly affected substance abuse

of male adolescents. In contrast with all above-mentioned studies, few studies found strong impact of maternal psychiatric problems on behavior deviance of both male and female black children.

Parental support and deviance in adolescents

Scientific investigations have conspicuously shown a strong connection between substance abuse and other types of deviant behavior in early adolescent children associated with low level of parental support (e.g. parental interest, understanding, supervision, discipline, encouragement, and love). Scientists have identified 10 concurrent and longitudinal risk factors of substance abuse (in terms of ever using, frequency of use; heavy use of cigarette, alcohol, cannabis and hard drugs) in children: low educational performance and self-esteem; lack of religiosity, social conformity; substance use at early stage, perceived peer drug use, psychological abnormality, sensation seeking and poor parental relationships.

Antecedents, etiology and substance abuse in deviant adolescents

The contextual researches reported numerous determinants, for example, parental use of drugs, perceived drug use by adults, peer use, poor scholastic performance, poor parental relationships with children, low self-esteem, sadness and psychological distress, lack of tolerance and conventional living, sensation-seeking as well as the interest and longing for new and unusual experiences, low sense of mutual responsibility in social life, a lack of religious commitment, a lack of aim and meaning in life, detrimental life events, and alcohol use at early stage. It was also confirmed that self-derogation (low self-esteem) was strongly associated with predictive influence in the use of marijuana at early stage. There was no gender difference for these number of risk factors.

Age

It has been shown with evidences that stemming and development of deviance in adolescents are more likely to occur than persons of other age-groups [28] because this is a stage of relatively more risk-taking [29,30], as well as, oppositional and norm-breaking deviant behaviours. Studies have shown that problem-drinking behavior in late adolescence exhibited more externalizing behaviors of truancy and delinquency than adolescents with non-problem drinking [31,32]. Similarly, adolescence (11 - 18) is universally known for delinquent behavior which is at peak during 18 - 20 years of age of late adolescence and pre-adulthood. Furthermore, Gardner and Steinberg [33] explored that late adolescence is characterized by lower perceptions of risk than pre-adulthood. As a reason behind such acts some scientists also assert that impulse control, foresight and self-regulatory capacities are immature in adolescence because executive processes are still developing in this developmental period. Therefore, adolescents are unable to terminate, change or modify their thrilling and reward-seeking behaviors.

And such risky behaviours are more prevalent in male adolescents than female counterparts [34] as they are relatively more likely to involve in such acts [35,36] due to change in belief in favour of acceptability of delinquent behavior likely to increase in early and middle adolescence [37]. In similar vein, Male gender was found in substance abuse [38], especially in age-group of 12-17 years [39-41]; in anti-social behavior [42]. Consequently, such behaviors may be reinforced by boys in the peer group. In addition, such risky behaviours are tolerated and encouraged by mothers in male children particularly when they teach new skills in playground [43]. Such encouragement promotes internalization in children toward shaping the same in future acts [44].

Socioeconomic status

Cook, Buehler, and Henson [45] studied that adolescents with low socioeconomic status (LSES) are relatively more at stake of risk taking behaviors. Similar findings were reported by [46]. It is argued that adolescents and youths with LSES tend to experience poor physical and mental health enticing them to engage in delinquency, unprotected sexual behavior likely to increase teenage pregnancy, other criminal acts, truancy and school drop-outs. Furthermore, adolescents in welfare-dependent families exhibit the worst physical and mental health and tend to engage in earlier onset of sexual activity and greater violence. It is added further that families with lower incomes live in poor community with poverty and high crime rate, indigence and poor quality of schools. So much so, economic stress of parents duly

lessens parents’ abilities and capacity to adequately support and nourish their children. Such ambience of livelihood cause adolescents to perceive such deviant behavior as normal [47].

However, several researches have documented differences in various groups of adolescents participating in deviant behaviours [48]. For example, there were such differences in adolescents on racial/ethnic ground, level of income, family structure to cigarette smoking, alcoholism, violence, suicidal acts and thoughts and sexual behaviour. It was found that cigarette smoking and alcohol abuse were relatively 1.5 to 2.5 more prevalent among Caucasian adolescents than their African-American or Hispanic counterparts. Later it was reported that cigarette smoking is rising among adolescents in general and among African-American adolescents and young adults in particular [49].

| All references included in this review work are | | | |
|---|-----------------------------|---|---------------------|
| S. No. | Authors | Domain of research on deviance in adolescence | Year of publication |
| 1 | Agnew R | Delinquency | 1991 |
| 2 | Anderson E | Antisocial behaviour | 1999 |
| 3 | Aneshensel CS and Huba GJ | Substance Abuse | 1983 |
| 4 | Arnett J | Risky behaviour | 1992 |
| 5 | Arnett J | Stress in adolescents | 1999 |
| 6 | Barber BK and Rollins BC | Parent-child relations | 1990 |
| 7 | Barnes GM | Alcoholism | 1981 |
| 8 | Barnes GM and Farrell MP | Alcoholism, parent support and delinquency | 1992 |
| 9 | Baumrind D | Parenting style and substance abuse | 1991a |
| 10 | Baumrind D | Parenting style and development | 1991b |
| 11 | Beardslee W., et al. | Adaptability | 1987 |
| 12 | Berdibayeva S., et al. | Psychological factors | 2016 |
| 13 | Best D., et al. | Alcoholism | 2006 |
| 14 | Blum RW., et al. | Family structure, socio-economic status, risk behavior. | 2000 |
| 15 | Boxford | School and crime | 2006 |
| 16 | Bussey K and Bandura A | Social cognition and development | 1999 |
| 17 | Cernkovich S and Giordano P | Family structure and Delinquency | 1987 |
| 18 | Chassin L., et al. | Parental alcoholism and adolescent substance abuse | 1993 |
| 19 | Cook EC., et al. | Parents and adolescent anti-social behaviour | 2009 |
| 20 | Denzin NK | Conduct and deviance | 2010 |
| 21 | Dornbusch SM., et al. | Family, school and deviance | 2001 |
| 22 | Dowdell BE | Alcoholism and deviance | 2006 |
| 23 | Downey G and Coyne JC | Parental depression | 1990 |
| 24 | Duncan SC., et al. | Anti-social behaviour | 2002 |
| 25 | Dwyer A | Youth, violence and provocation | 2016 |
| 26 | Elliott DS., et al. | Substance abuse | 1985 |
| 27 | Farrington DP | Crime and justice | 1986 |
| 28 | Gardner M and Steinberg L | Peer influence and risk taking | 2005 |
| 29 | Gauffin K., et al. | School performance and alcoholism | 2015 |

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|----|----------------------------|--|---------|
| 30 | Gonen T, <i>et al.</i> | Mood and motivation | 2014 |
| 31 | Goode E | Deviant behaviour | 2016 |
| 32 | Gossett JT, <i>et al.</i> | Psychological characteristics and drug use | 1972 |
| 33 | Graham J | School and delinquency | 1988 |
| 34 | Gross J, <i>et al.</i> | Adjustment and drug use | 1990-91 |
| 35 | Hagan J | Criminology | 1989 |
| 36 | Hagan J, <i>et al.</i> | Power-control theory | 1990 |
| 37 | Hall N and Hayden C | School-bullying | 2007 |
| 38 | Hammen C, <i>et al.</i> | Maternal stress and children psychopathology | 1987 |
| 39 | Hanimoğlu E | School and deviant behaviour | 2018 |
| 40 | Harris KM | Attitude and risky behaviour | 2002 |
| 41 | Hayden C | Troubled children | 2007 |
| 42 | Heimer K | Gender and Delinquency | 1996 |
| 43 | Hirschi T | criminology | 2002 |
| 44 | Hoffmann JP | Age, Family and drug use | 1994 |
| 45 | Huba GJ and Bentler PM | Modeling and drug use | 1980 |
| 46 | Huba GJ and Bentler PM | Development and drug use | 1982 |
| 47 | Huba GJ, <i>et al.</i> | Sensation seeking and drug use | 1981 |
| 48 | Jacob T and Leonard K | Alcoholic parent and psychological functions in children | 1986 |
| 49 | Jacobson GB, <i>et al.</i> | Purpose of life and personal values | 1977 |
| 50 | Jessor R, <i>et al.</i> | Problem behavior and development | 1991 |
| 51 | Jessor R and Jessor SL | | |
| 52 | Jessor R and Jessor SL | Problem behavior and psychosocial development | 1977 |
| 53 | Jessor R and Jessor SL | Drug use | 1978 |
| 54 | Johnson RA, <i>et al.</i> | Parental influence an deviance | 1995 |
| 55 | Johnston LD, <i>et al.</i> | Drug use in adolescence | 2004 |
| 56 | Jones O | Anger Management | 2016 |
| 57 | Kandel DB | Parents, substance use | 1973 |
| 58 | Kandel DB | Drug use and alcoholism | 1980 |
| 59 | Kandel DB, <i>et al.</i> | Drug use | 1978 |
| 60 | Kandel D, <i>et al.</i> | Drug use | 1976 |
| 61 | Kaplan HB | Rejection in deviance behaviour | 1975 |
| 62 | Laub JH and Sampson RJ | Family functions | 1988 |
| 63 | Liska AE and Reed MD | Reciprocity in delinquency | 1985 |
| 64 | Loeber R and Hay D | Aggression and violence | 1997 |
| 65 | Maccoby E and Martin J | Parent-child interaction | 1983 |
| 66 | McLoyd V | Economic hardship, psychological distress, parenting, socioemotional development | 1990 |
| 67 | Mills CJ and Noyes HL | Drug use | 1984 |
| 68 | Moitra T and Mukherjee I | Parent-child communication | 2012 |

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| 69 | Morrongiello BA and Dawber T | Maternal interaction | 2000 |
| 70 | Myers HF, <i>et al.</i> | Parental and family interactions | 1992 |
| 71 | Newcomb MD., <i>et al.</i> | Maternal influence and drug use | 1983 |
| 72 | Newcomb, M. <i>et al.</i> | Risk factors in drug use | 1986 |
| 73 | Pandina RJ and Schuele J | Psychosocial correlates of drug use | 1983 |
| 74 | Pardini DA., <i>et al.</i> | Parental and peer influence | 2005 |
| 75 | Patterson GR., <i>et al.</i> | Anti-social behaviour | 1992 |
| 76 | Petersen G and Rollins B | Parent-child socialization | 1987 |
| 77 | Robins LN and Regier DA | Demographic factors | 1991 |
| 78 | Rubington E and Weinberg M | Interactional perspective in deviance. | 2015 |
| 79 | Rudasill KM., <i>et al.</i> | Student-teacher relationships | 2010 |
| 80 | Sampson RJ and Laub JH | Poverty and family | 1994 |
| 81 | Segal B., <i>et al.</i> | Personality, experience and drug use | 1980 |
| 82 | Shaffer DR | Society and personality development. | 2009 |
| 83 | Sherif M | Group conflict and cooperation | 2005 |
| 84 | Simons RL., <i>et al.</i> | Impact of parenting | 1994 |
| 85 | Smith GM and Fogg CP | Psychological predictors | 1978 |
| 86 | Steinberg L | Risk-taking behaviour | 2004 |
| 87 | Steinberg L and Morris AS | Adolescent development | 2001 |
| 88 | Su SS., <i>et al.</i> | Home environment and substance use | 1994 |
| 89 | Sutherland EH and Cressey DR | Principles of criminology | 1966 |
| 90 | Swann WB and Bosson JK | Self-identity | 2010 |
| 91 | Swann WB., <i>et al.</i> | Self | 2005 |
| 92 | Tankard ME and Paluck EL | Norm perception | 2016 |
| 93 | Tennant FS and Detels R | Alcohol, cigarette and drug use | 1976 |
| 94 | Tennant FS., <i>et al.</i> | Antecedents of drug use | 1975 |
| 95 | Thibaut JW | Group Psychology | 2017 |
| 96 | Thornberry TP | Interactional theory | 1987 |
| 97 | Van Zoonen L | Fragmentation of self | 2013 |
| 98 | Verdurmen J., <i>et al.</i> | Alcohol and mental health | 2005 |
| 99 | White R | Social gang, respect and violence | 2016 |
| 100 | Wilson CJ and Deane FP | Hopelessness, anxiety and depression | 2010 |
| 101 | Wolfe SE., <i>et al.</i> | Cell phone exposure in delinquency | 2014 |
| 102 | Yamaguchi K and Kandel DB | Drug use | 1984 |
| 103 | Zhang Q., <i>et al.</i> | Attitude and behaviour | 1997 |
| 104 | Zorrilla B., <i>et al.</i> | Intimate partner's violence | 2010 |
| 105 | Zuckerman M | Sensation seeking and risk behaviour | 2007 |

Conclusion

The problem of deviance in adolescents are increasing gradually at high rate of prevalence. It has several reasons and risk factors jeopardizing intervention. Most of these causes and risk factors are associated to family interaction, schooling, socioeconomic status, gender and race/ethnicity. However, some aspect of researches have been found lacking in incorporated references worth mention here. Albeit, several authors have investigated parent- child relationship but it is unclear that which aspect/s of relationship could have played their role in deviant behavior of adolescents, e.g., communication, emotionality, protection, parents' marital relationships affecting the child, parental peer relationships affecting the victim, role of gender in parental relationship and communication. Similarly, role of religion, birth order of affected child, other social and cultural practices, role of media, nature and types of parenting and schooling in inception and development of deviance have not been investigated.

In addition, these studies have been conducted in western world which may not be generalized in the same way in the Asian and South-East Asian countries like India and its sub-continental regions. This is because difference in concept and nature of family and society and their functions. Though, few scanty studies on deviant adolescents have been conducted in India but these are either epidemiological or related to parent-child communication [50]. This domain of research has a plenteous scope to be explored in Indian scenario and society. In addition to above-mentioned facets, cast system, system of education, personality profile, concept of women liberty and its relevance in deviance in female (e.g. open sex), legal system and deviance (e.g. live-in relationships). Researches are welcome on aforementioned facets of deviance in adolescence for complete understanding and relevant intervention.

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