Chapter V

Summary and Implications

This chapter contains the resume of the study, major findings, tenability of the hypotheses, implications of the study, limitations of the study and suggestions for further research.

Resume of the study

Childhood is the most tremendous and tender stage of life. The physical as well as psychological development of a child has great importance as it provides a sharp and a sound base for childhood behaviors in the later years of life. Therefore, the first and the foremost task is to identify the factors which influence the processes of development and growth. Prospective follow up of children and adolescents have shown that child and adolescent mental disorders are caused by a multitude of factors, and may result in a wide array of adverse outcomes. Risk factors for the development of mental disorders in children have been attributed to child characteristics, and those of his/her parents and family as well as the environment in which he/she is brought up. Dissatisfaction of physiological needs, child abuse and maltreatment, lack of affection and attention, insecurity, improper rearing and monitoring, parental alcoholism and ineffective coping skills are prominent risk factors which cause childhood disorders (e.g., anxiety, maladjustment, obstinacy, mental retardation,
childhood behavioral problems, perceptual distortion). It is obvious that children differ in physical appearance, rate of developmental activity, level of intelligence, social and emotional developments, and the overall functioning of personality.

The term *childhood disorders* are referred to as psychiatric disorders, usually first diagnosed in infancy, childhood, or adolescence. While in some children, the disorder tends to get resolved by the time they enter into adulthood, in others it tends to persist and continue to be problematic even in adulthood. Most children resolve the crises of critical periods normally in the transitions of development; but some of them may not be able to resolve it, and face problems and difficulties in coping with it, and are vulnerable to develop mental and/or behavioral problems. Disorders of childhood and adolescence have not received that much attention as the adult disorders have received. Children and adolescents with psychological problems cannot seek help for themselves as the troubled adults do. Moreover, children are less able to express themselves in words. The disorders observed in children cover a broad spectrum varying in symptom content, severity, and duration. Some of the disorders are less severe such as anxiety disorders and hyperactivity; others seem to be more severe, such as pervasive developmental disorders, also called as childhood schizophrenia or psychosis, autism, etc.

Childhood disorders affect about one in ten children and the most common may include depression, anxiety and conduct disorder, and are often a direct response to
what is happening in their lives. Childhood mental disorders may hinder children to develop the resilience to cope with life problems and grow into well-rounded, healthy adults. Surveys suggest that more children and young people have problems with their mental health today than 30 years ago. That may be because of changes in the way we live now and how that affects the experience of growing up. As mentioned above, some children have extremely difficult and challenging behaviors that are outside the norm for their age. Conduct disorder constitute the largest single group of psychiatric disorders in children and adolescents, and are the main reason for referral to child and adolescent mental health services as well as representing 30 percentage of consultations with children by general practitioners (Green et al., 2004). Therefore, it would be relevant to look at and analyze the significant psychological variables related to these behaviors. It is a matter of concern that an increasing number of cases of anti-social behavior among children are being reported by juvenile courts. When looking at the issues of conduct-disordered children, the starting point for most psychologists is to accept that the problem exists in them and then to work out why children are becoming antisocial. The collapse of communities is often seen as a key influence in the rise of antisocial behavior among children, with young people growing up without positive role models and a framework within which to develop into sociable adults. According to DSM IV (2004), classification conduct disorder is a psychological disorder diagnosed in childhood or adolescence that presents itself
through a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate norms are violated. These behaviors are often referred to as "antisocial behaviors". This disorder is a precursor to anti-social personality disorder.

In view of the significance of the problem, the present study explores some factors related to the development of conduct disorder in children by examining some relevant variables like the home environment, coping, personality, and adjustment and comparing them with those of normal children.

**Objectives**

The main objectives of the present study are:

1. To understand the background characteristics of conduct disordered children

2. To examine whether there are significant differences between the conduct disordered and the normal children in home environment, coping, personality, and adjustment.

3. To examine whether there are significant differences between the two groups of conduct disordered children based on the type of disorder (childhood onset and adolescent onset), in home environment, coping, personality, and adjustment.
4. To examine whether there are significant differences between the male and the female conduct disordered children in home environment, coping, personality, and adjustment.

5. To examine whether there are significant differences between dropout and school going conduct disordered children in home environment, coping, personality, and adjustment.

6. To examine the nature and the magnitude of the intercorrelations among home environment, coping, personality, and adjustment of children.

**Hypotheses**

Pursuant to the above objectives, the following hypotheses were formulated for the study.

1. There will be significant differences between the conduct disordered and the normal children in home environment.

2. There will be significant differences between the conduct disordered and the normal children in their coping.

3. There will be significant differences between the conduct disordered and the normal children in personality.

4. There will be significant differences between the conduct disordered and the normal children in their level of adjustment.
5. There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in home environment.

6. There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in their coping styles.

7. There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in personality.

8. There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in their level of adjustment.

9. There will be significant differences between the male and the female conduct disordered children in home environment, coping, personality, and adjustment.

10. There will be significant differences between the dropout and school going conduct disordered children in home environment, coping, personality, and adjustment.

11. There will be significant relationship between home environment and the coping style of children.

12. There will be significant relationship between home environment and personality of children.

13. There will be significant relationship between home environment and adjustment of children.
14. There will be significant relationship between coping and personality of children.

15. There will be significant relationship between coping and adjustment of children.

16. There will be significant relationship between personality and adjustment of children.

**Method**

**Sample**

The study made use of two samples, the main/clinical sample comprising of 50 conduct disorder children, and a matched (with respect to age and gender) sample of 50 normal children for comparison purposes. Out of the 50 conduct disorder children, 36 were childhood onset type and 14 were adolescent onset-type. The main sample was selected using multi-stage random sampling method. In the first stage, out of the six juvenile justice homes, four juvenile homes and four observation homes in the state of Kerala were selected. In the second stage, from the selected institutions, the participants who met the inclusion criteria were selected by administering the screening test and a list of such children was prepared. From this list, the conduct disorder children who have given their informed consent were included in the sample. Then the tools were administered individually and interviews were made with parents/care givers. The case histories in respect of each of these children also were
taken from the official records. The matched group compared with respect to age and
gender was selected from different zones of Kerala.

**Tools**

The following tools were used for data collection

1. Personal Information Schedule

2. Oregon Adolescent Depression Project Conduct Disorder Screener (OADP-CDS)
   (Lewinsohn et al., 2000)

3. Home Environment Scale (Sarla Jawa, 1997)

4. Coping Scale for Children and Youth (CSCY) (Brodzinsky et al., 1992)

5. IAS Rating Scale (Mathew, 1995)

6. SRA junior inventory (Adjustment Inventory) (Rammers & Bavenfield, 1951).

**Analysis**

The analysis of the data was done by using appropriate statistical tests using the
statistical software SPSS version 21. Microsoft word and Microsoft excel were used
to generate graphs and tables. The following statistical tests were employed for the
analysis of the data

1. Descriptive statistics
2. Chi-square ($X^2$) test

3. Student’s t-test

4. Pearson’s correlation coefficient.

**Major findings**

1. Conduct disorder was more prevalent among male children.

2. Most of the children with conduct disorder were school going children and only 10 percent of them were drop outs.

3. The incidence of CD was more common among children belonging to low or poor socioeconomic backgrounds.

4. Paternal education of CD children only have below S.S.L.C education, while father’s of normal children have S.S.L.C. and above education.

5. Paternal occupation influences the development of CD among children, most of the father’s of CD children in the present study have blue color jobs and some of them were not working.

6. Children who participate in extracurricular activities were at lower risk for conduct disorder than children who do not participate in extracurricular activities.

7. There was a trend towards decreased school attendance among CD children, and 10 percent of them are school dropouts.
8. Children with conduct disorder exhibit low academic achievement from the outset of their school years.

9. History of mental illness in the family, alcohol consumption, and habit of smoking, drug abuse, and dysfunctional families were highly prevalent among children with conduct disorder than the matched group of normal children.

10. The consumption of alcohol, smoking, and drug abuse in CD children were found to be higher in the age group of 14 and 15 years of age.

11. Incidence of history of mental illness in the family, and smoking habit in the family were higher in the families of female conduct disordered children compared to those of male CD children.

12. Alcohol consumption, smoking habit, and drug abuse was prominent among the first born conduct disorderd children compared to second and third borns.

13. The history of mental illness in the family, alcohol consumption, and smoking habit in the family were more prominent in lower socio economic class compared to middle socio-economic class.

14. The incidence of alcohol consumption and smoking among CD children was prominent in joint families than extended and nuclear families.

15. Mental illness in the family, smoking in the family, and dysfunctional families were higher in suburban CD children when compared to other areas.
16. The conduct disordered children had significantly poor home environment than the matched group of normal children.

17. Among the four coping strategies, the CD children resorted more to avoidance coping, while the normal children resorted to Cognitive behavior problem solving.

18. Conduct disordered children were higher in inertia and activation dimensions, while the normal children exhibited more stable characteristics.

19. Conduct disordered children had significantly poor levels of adjustment than normal children in all the five areas of adjustment and in overall adjustment.

20. Childhood onset-type children had lower acceptance at home compared to adolescent onset type. In all the other dimensions of home environment, the differences between the two groups are not significant.

21. There were no significant differences between the childhood and the adolescent onset types of conduct disorder children in coping.

22. There were no significant differences between the childhood and the adolescent onset types of conduct disorder children in personality.

23. There were no significant differences between the childhood and the adolescent onset types of conduct disorder in adjustment.

24. The female conduct disordered children perceive low acceptance, less rapport with siblings, and have poor socioeconomic image of themselves than the male CD children. The female CD children resorted more to assistant seeking as coping
style, and they obtained higher score in the personality dimension of inertia than the male CD children. However, there are no significant differences between the male and the female conduct disordered children in any of the dimensions of adjustment or in total adjustment.

25. The conduct disordered children who are school dropouts showed significantly poor home environment than the school going CD children. In the case of coping, cognitive avoidance was more common among the dropouts. The dropout group also showed poorer levels of adjustment in the areas of social and school adjustment, and in total adjustment than the school going group. There were no significant differences between the two groups in personality.

26. Cognitive behavioral problem solving style was found to have an inverse relationship with the home environment dimensions of understanding and rapport with parents. That is, better home environment leads to the development of cognitive behavioural problem solving styles and vice versa.

27. The personality factors of inertia and activation were positively related to home environment. That is, the poor the home environment, the higher the chances for inertia and activation or vice versa.
28. All the dimensions of home environment and psychological adjustment of children are positively related. That is, the poorer the home environment, the lower the level of adjustment and vice versa.

29. The personality dimension of ineria and actication are positively related to cognitive avoidance. However, personality dimension stability is inversely related to cognitive avoidance. Personality variable activation inversely related to cognitive behavioural problem solving.

30. In the case of adjustment, social, school adjstment, self adjstment and total adjustment were positively related to the coping of cognitive avoidance. That is, the children who are having poor adjustment resort more to avoidant coping.

31. The personality factors of inertia and activation were positively related to all areas of adjustment. That is, poorer the adjustment level, the higher the chances for inertia and activation or vice versa. The personality dimension, stability is inversely related to all the areas of adjustment. That is, higher the adjustment level, the higher the chance for stabile personality characteristics.

Tenability of the hypotheses

Hypothesis 1

There will be significant differences between the conduct disordered and the normal children in home environment.
The results showed that there were significant differences between the conduct disordered and the normal children in home environment.

*The hypothesis is accepted*

**Hypothesis 2**

*There will be significant differences between the conduct disordered and the normal children in their coping.*

The results indicated that there were significant differences between the conduct disordered and the normal children in their coping

*The hypothesis is accepted*

**Hypothesis 3**

*There will be significant differences between the conduct disordered and the normal children in personality.*

The results indicated that there were significant differences between the conduct disordered and the normal children in personality

*The hypothesis is accepted*
Hypothesis 4

There will be significant differences between the conduct disordered and the normal children in their level of adjustment.

The results indicated that there were significant differences between the conduct disordered and the normal children in adjustment.

The hypothesis is accepted.

Hypothesis 5

There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in home environment.

The results showed that there were significant differences between childhood onset and the adolescent onset type of conduct disordered children only in the home environment dimension of acceptance, while there were no significant differences in the rest of the dimensions of home environment or in total home environment.

The hypothesis is rejected.

Hypothesis 6

There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in their coping.
The results revealed that there were no significant differences between the childhood and the adolescent onset type of conduct disordered children in any of coping styles.

*The hypothesis is rejected*

**Hypothesis 7**

*There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in personality.*

The results revealed that there were no significant differences between the two types of CD children in any of the personality factors.

*The hypothesis is rejected*

**Hypothesis 8**

*There will be significant differences between the childhood onset and the adolescent onset type of conduct disordered children in their level of adjustment.*

The results showed that there were no significant differences between the childhood onset and the adolescent onset type of conduct disordered children in adjustment.

*The hypothesis is rejected*
Hypothesis 9

*There will be significant differences between the male and female conduct disordered children in home environment, coping, personality, and adjustment.*

The female conduct disordered children perceived low acceptance, less rapport with siblings, and had poor socioeconomic image of themselves than the male CD children. The female CD children resorted more to assistant seeking as coping style and scored higher inertia dimension than the male CD children. However, there were no significant differences between the male and the female conduct disordered children in any of the dimensions of adjustment or in total adjustment.

*The hypothesis is partially accepted*

Hypothesis 10

*There will be significant differences between the dropout and school going conduct disordered children in home environment, coping, personality, and adjustment.*

The results showed that there were significant differences between the dropout and the school going conduct conduct disordered children in home environment, coping and in social adjustment, school adjustment, and total adjustment. There were no significant differences between the drop outs and the school going conduct conduct disordered children in personality.
The hypothesis is partially accepted

**Hypothesis 11**

*There will be significant relationship between home environment and coping of children.*

There were significant negative correlations between cognitive behavioral problem solving style home environment dimensions of understanding and rapport with parents.

The hypothesis is partially accepted

**Hypothesis 12**

*There will be significant relationship between home environment and personality of children.*

There were significant positive relationship between inertia, and activation and the home environment.

The hypothesis is accepted

**Hypothesis 13**

*There will be significant relationship between home environment and adjustment of children.*
There were significant positive correlations between the different dimensions home environment and psychological adjustment.

The hypothesis is accepted

**Hypothesis 14**

*There will be significant relationship between coping and personality of children.*

There was significant positive correlations between the personality dimensions of inertia and activation and cognitive avoidance. There were significant negative correlations between stability and cognitive avoidance.

The hypothesis is accepted

**Hypothesis 15**

*There will be significant relationship between coping and adjustment of children.*

There were significant positive correlations between social adjustment, school adjustment, self adjustment, and total adjustment, and cognitive avoidance.

The hypothesis is partially accepted
Hypothesis 16

There will be significant relationship between personality and adjustment of children.

There were significant positive correlations between personality inertia and activation and all the areas of psychological adjustment of children. There were significant negative correlations between stability and adjustment.

The hypothesis is accepted

Implications of the study

Based on the results obtained in the present study, the following implications are enumerated:

- The present study focused on the comparison between conduct disorder and normal children in certain psychological variables like home environment, coping style, personality, and level of adjustment. The findings of the study have contributed to the existing body of research on conduct disorder.

- The findings of the study provided baseline information about differences between the conduct disorder and normal children in important variables like the home environment, coping, personality and adjustment.

- The findings that there were significant differences between the conduct disorder and the normal children in the variables like home environment suggest that home environment of each child is a crucial factor closely associated with
problems of conduct disorder and has an impact on the way children evaluate themselves. This finding has significant theoretical and practical implications.

- An understanding about the coping styles conduct disordered children was important and the finding that they resort more to negative coping styles such as avoidance coping point towards the scope for intervention. This finding may be helpful in developing intervention programs and therapeutic methods that may promote healthier ways of coping such as problem solving and assistance seeking among conduct disordered children which may result in healthier outcomes.

- The finding that there were significant differences between the conduct disordered and the normal children in the personality variables examined suggests the interaction of gene in the development of conduct disorder. This finding may be contribute to the existing theoretical framework that conduct disorder is the product of interaction of gene and environment. Conduct disordered children were higher in inertia and activation dimensions, while the normal children exhibited more stable characteristics.

- As has been consistently found in previous researchers, the present results also revealed that the level of adjustment was poor in conduct disordered children compared to normal children. This maladjustment itself can make the conduct disordered children feel alienated from others and this may be associated with outbursts of anger and violence. This aspect should be given proper attention by
clinicians and others who deal with conduct disordered children. This finding also points towards the development of interventions to reduce disruptive behaviors.

- The findings that there were no significant differences among subtypes of conduct disorder (childhood onset and adolescent onset type) in the variables home environment, coping, personality, and adjustment suggest that they constitute more or less homogenous groups. This finding has significant theoretical and practical implications.

- The drop out conduct disordered children showed significantly poor home environment, more use of cognitive avoidance, and poorer levels of adjustment than the school going CD children. This suggests that poor academic performance, high absenteeism, and the child’s feeling that no one (parents or caregivers, teachers) in their life care about his or her welfare might be the individual-level factors that are strongly predictive of dropping out of school. This finding warrants the attention of parents and teachers. This finding has significant theoretical and practical implications also.

- The results of the study also provided baseline information about the possible impact of sociodemographic variables (gender, birth order, number of children in the family, type of family, place of residence, economic status, education of the mother and the father, occupation of the mother and the father) of conduct
disordered in the main variables like the home environment, coping, personality, and adjustment.

- Practitioners working with conduct disordered children should give due importance for taking detailed case histories of the patients like family history (mental illness, presence of alcohol consumption, smoking, drug abuse, dysfunctional family, etc.) and an association between these factors with main variables like home environment, coping, personality and adjustment may be found to be an influential factor in the occurrence of conduct disorder.

- The results obtained with respect to the two gender groups of conduct disordered children show that there are significant differences between the male and the female CD children in home environment, coping, and in personality, not having difference between them in adjustment. Understanding gender differences in these variables may lead to important information about etiology.

- The examination of various sociodemographic variables like birth order, type of family, place of residence, socio-economic status, revealed that all these have significant impacts. Thus, the finding that, overcrowding, low income, low education and occupation of parents were the most consistent and robust predictors of disruptive home environment which, in turn, increases the children’s externalizing problems, especially conduct disorder. Thus, these data highlight the
importance of early preventive interventions that should be started at homes at infancy itself.

- Children of low socio-economic status seem to be more vulnerable to conduct disorder and hence should be identified as target groups for health-promotion programs. The design of health-promotion programs and possible strategies for prevention and interventions for families from economically disadvantaged backgrounds as well as families with substance-related disorders may help a lot to alleviate childhood disorders.

- Clinicians, including school counselors, should be aware that among non-clinic referred children with histories of conduct disorder, there is a high likelihood that school behavior problems and substance-related problems and also be present. It is also crucial that children presenting with one of these disorders be carefully assessed for the presence of the other disorder, because the course of one disorder may be altered by the presence of the other disorder (Harrington et al., 1991). The presence of both disorders indicates greatly increased risk for these concomitant problems. In addition to a thorough diagnostic assessment, it is important that clinicians dealing with these children gather information about school-related behavior and substance use problems. Thoughtful treatment for these potentially co-occurring problems will likely aid in the treatment of the primary disorders as well as improve adaptive functioning in these children.
For conduct disorder, genetic and shared environmental effects are equally important. Thus the relationship between home environment and personality were also not included in the study. Children who have a genetic risk and continue to experience adverse shared environmental influences may show persistent problems. To identify children who are at high genetic and environmental risk, diagnosis should be made at etiological, instead at symptom level.

The results supported the hypothesis that there are significant relationship between coping and adjustment. It suggests that preoccupied and avoidant coping can contribute to maladjustment in other arenas, including the peer group, the correlation designs preludes cause and effect relationship between them. Children’s adjustment with peers and others might influence the coping style they adopt. Children with antisocial tendencies at school might elicit parental rejection and consequently disengage from the parent-child relationship. Longitudinal work will be needed to sort out such possibilities. This finding may help the mothers or immediate care givers as how to help the child to cope with stressful situations. This finding also extends the suggestion for continued and advanced study of the relationship between coping process and adjustment pattern in naturally occurring situations that may provide a solid foundation for understanding normal development and for planning programs for prevention and intervention.
Because coping behaviors developed during childhood may be a precursor of patterns of coping throughout adulthood (Schonert-Reichl. 2003), it is necessary on the part of mental health researchers and clinicians to better understand the range and correlates of coping behaviors during the developmental stage. It is a major challenge for scientists and mental health professionals involved in the prevention of maladaptive coping and promotion of effective coping in the children, regardless of the type of stress they encounter. Intervention geared towards developing effective daily life skills in coping and dealing with stress can help in bringing down mental disorders in children.

The results of the study have expanded our understanding of the relationship between home environment and coping, home environment and personality, home environment and adjustment, coping and personality, coping and adjustment, personality and adjustment among children. Further longitudinal studies will be needed to confirm these results and to further specify how home environment, coping, personality and adjustment pattern influence the risk of developing conduct disorder.

The findings of the present study may be a contributing factor for existing training programs, therapies and interventions (behavioral modification techniques) aimed at the conduct disordered children.
Limitations of the study

Despite all attempts to carry out the study scientifically and systematically, the study had some inherent limitations.

1. A clear limitation of this study was the limited sample size and the concomitant lack of proper representation of different subgroups of CD children. All these narrow the scope for wider generalizations.

2. A comparative study between other behavioral disorders like ADHD and ODD would have helped to arrive at a better picture of behavioral disorders in children.

3. The present study did not take into account of the severity of the disorder. Inclusion of CD children varying in severity of the disorder would have helped to arrive at a better picture about the disorder.

4. Some more psychological variables related to the development of conduct disorder would have been included in the study. Inclusion of more psychological variables would have helped at better prediction of conduct disorders.

5. In addition, side effects associated with the long term use of psychiatric drugs by the conduct disordered children might have been a confounding variable which may have some effects on the psychological variables under study. This aspect also may be explored in future studies.
6. The present sample consisted of the children from lower and middle socio-economic classes; the information about children from upper socio-economic class is absent. The inclusion of upper class may help to reveal better socio-economic differences in adverse health behaviors.

In view of above limitations, the following suggestions are made for further research in the area of conduct disorder.

**Suggestions for further research**

There is a need for further research in conduct disorder as criminal behavior in children at the individual level as well as at societal level are increasing at alarming rates. Thus, the future research on conduct disorder may incorporate the following suggestions:

- Future research may be carried out on larger samples selected by using appropriate sampling procedures.

- Comparisons of children having varied severity of the disorder may be considered in future research.

- Future researches may include larger geographical areas and would include a large number of juvenile justice homes / clinics/hospitals /counselling centers.

- Conduct disorder in girls and of progressive stages may be included in future studies in order to gain some more insights for the existing treatment strategies.
• The correlational nature of the data does not provide a basis for making causal inferences about the relations between home environment, coping, personality and adjustment of conduct disordered children. Longitudinal studies would be more helpful in specifying the linear and non-linear manner in which these variables are linked to the facets of conduct disordered children and identifying what other factors (child or familial variables) would moderate this link.

• With respect to the co-morbidity of the conduct disorder, the present study included only the substance abuse. Future researches may examine the occurrence of other co-morbid conditions like ADHD, ODD, LD, etc.

• Inclusion of more psychological variables like temperament, parenting styles, peer group influences, self esteem, and stress may give more weightage to the study.

• Additional research is required to identify the factors that precipitate, mediate, and moderate the relationship between the relevant predictors and anxiety disorders.

• Supplementary researches are also required to understand and evaluate the efficacy and effectiveness of the existing psychological techniques/intervention in treating behavioral and conduct problems of children in our country. It also may help frame new interventions and training programs, and to bring
awareness that how far the practitioners or psychologists have succeeded in enhancing the well-being of conduct disordered children.

In light of the fruitful experiences based on the present research in juvenile justice homes in various parts of Kerala, the investigator is not very much contemted with the study. The investigator feel that there are a lot more to explore in the area of conduct disorder, juvenile delinquency, and other criminal background of these children and also there is a need to explore more in developing interventions and techniques for the CD children. The investigator would be gratified, if the findings in the present study will be an inspiration for future research on conduct disordered children. It is wished that, the present study, admitting its limitations, will contribute to a better understanding of conduct disorder, especially the role of home environment, coping, personality, and adjustment in the development of conduct disorder.