

RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND CONDUCT DISORDER; A MENTAL HEALTH PERSPECTIVE

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ABSTRACT

Background-The exploration of conduct disorder (CD) has developed in the recent decades to give a detailed explanation that goes beyond clinical diagnosis. Behavioural problems like CD certainly poses a threat to a child's general well-being as well as their future as contributing members of society as adults. The American Psychological Association (2013) has restricted the use of the term "delinquency" because of the stigma and labelling associated with it. During my visit to the shelter home, I have met children who were orphans, abandoned by their family or deprived of opportunities.

Methodology-These factors all together interacted with each other which had an adverse influence on the children. To understand the journey of each child qualitative methodology was used. The research was carried out with cross-sectional research design. Apart from the children, their peers and family; it was essential to understand the role of the social welfare officers and counsellors who were closely involved in the daily lives of those children. All the ethical standards were maintained throughout research. Children who suffer from conduct disorder are influenced by a variety of things in their environment.

Results-According to the findings, the most relevant indicators include a troubled family as a child, bad social environment, and an inability to access opportunities due to relative deprivation of resources. Following the findings of this study, it is concluded that child conduct disorder should be understood as a process that is influenced by the interaction of different levels of the socio-ecological system.

Keywords: Conduct disorder, experiences, childhood, juvenile, troubled family

INTRODUCTION

If we categorize the children residing in the shelter home, it can be identified that most of the children are at their adolescent age that needs care and protection based on their needs and conditions. Usually, children staying in shelter homes are called as 'children under protection.' Many psychologists and scientists' postulate that adolescent age period acts as a developmental milestone in any individual. A child's surrounding or ecosystem leads to either healthy or botched development. Research has already established that conduct disorder is a product of stemming from a negative psycho-social environment of the child. So, for this study, it is important to make a literature note on the surroundings of the children, especially in their developing years.

CD is mostly associated with violence and hampers with social and academic functioning of a child¹ (Frick et Al 2005). The behavioural problem related to CD can also lead to isolation from peers or dropping out of school² (Frick, 2015). Apart from that childhood conduct disorder can lead to other disturbances in adulthood such as substance dependence, legal problems, poor socialization, intimacy issues or anti-social personality³ (Odgers et al, 2008).

Conduct disorder have multiple definitions; the most popular one is American Psychiatric Association. According to APA⁴ (2013), CD is "a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated" (p. 472). APA⁴ (2013) categorizes CD in four main groups: 1) Aggression to people or animals, 2) Destruction of property, 3) Deceitfulness or theft, 4) Serious violations of rules. These behavioural problems affect developmental functioning of a child. As per International Classification of Disease (ICD-10) CD is explained as "a repetitive and persistent pattern of dissocial, aggressive, or defiant conduct. Such behaviour, when at its most extreme for the individual, should amount to major violations of age-appropriate social expectations, and is, therefore, more severe than ordinary childish mischief or adolescent rebelliousness"⁵ (WHO, 1993, p. 209). According to APA⁴ (2013), CD is found to be higher in males than in females. The behavioral problems associated with CD may range from less severe (such as lying, shoplifting) to more severe (rape, robbery, theft, etc.).

Table-Criteria for conduct disorder according to DSM-5

Aggression to People and Animals	Destruction of Property	Deceitfulness or Theft	Serious Violations of Rules
1. Often bullies, threatens, or intimidates others. 2. Often initiates physical fights.	8. Has deliberately engaged in fire setting with the intention of causing serious damage.	10. Has broken into someone else's house, building, or car. 11. Often lies to	13. Often stays out at night despite parental prohibitions, beginning before age 13 years.

<p>3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).</p> <p>4. Has been physically cruel to people.</p> <p>5. Has been physically cruel to animals.</p> <p>6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).</p> <p>7. Has forced someone into sexual activity.</p>	<p>9. Has deliberately destroyed others' property (other than by fire setting).</p>	<p>obtain goods or favors or to avoid obligations (i.e., "cons" others).</p> <p>12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering: forgery).</p>	<p>14. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.</p> <p>15. Is often truant from school, beginning before age 13 years.</p>
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There are many perspectives regarding the understanding factors associated with CD, i.e., sociological and psychological, criminological and the less proven, biological. All of these explanations have different disciplinary backgrounds. Conduct disorder was first introduced by APA⁶ (1968) and APA⁷ (1980) as behavioural disorders of childhood. Conduct disorder extensively affects children, involving the emotional stability, social and family attachments, academic performances and the future role as adults in society. Conduct disorder first originated in the research around delinquency at the end of the 19th century⁸ (Shoemaker, 2010), as many of the legal offenses were included as criteria of conduct disorders. However, not all children suffering from conduct disorders are in conflict with the law. The initial research around "delinquency" was through the lens of biological determinism. Biological explanations were challenged by psychological explanations by arguing that deviant behaviors are the result of mental illnesses, not genetic or physical factors. In contemporary research, the term conduct disorder is being used to explain similar behavioral problems as "delinquency." It cannot be ignored that conduct disorder leads children into legal troubles, as many behavioral characteristics of conduct disorder are "offenses" in legal perspective. Therefore, single explanation of this category of problems is not feasible as they sometimes overlap. Hence the literature around "delinquency" and conduct disorder are often synonymous with each other.

Apart from the term delinquency, terms like "behavioral problems," "disturbance of conduct" or "conduct problems" are used extensively to define conduct disorder. In this study, the researcher has used a variety of terms to describe conduct disorder such as; misconduct, behavioral problems, disturbance of conduct, dissocial behavior or conduct problems depending on the historical period and context of the literature. The literature specific to "conduct disorder" are limited to past few decades since the term was used in ICD and DSM.

Negative childhood experiences

When coming to the micro level understanding of factors associated with conduct disorder, it is imperative to talk about psychodynamic theories. This viewpoint states that any undesirable behaviour is caused by our unconscious impulses which we forcefully repressed and that leads to individual misconduct. Psychoanalytic approach explains CD as a function of id or the unconscious instinct. When it is dominant it encourages the individual to focus on gratification of impulses and desires without thinking about the consequences of their actions. Aichhorn⁹ (1965) explained that the adverse surroundings do not directly cause crime or violence in everybody; it only awakens the hidden impulses in people with inadequate childhood socialization. Since the different parts of the psyche are developed at different psychosexual stages in our childhood, a psychoanalyst often traces behavioural problems in adult life to unresolved conflicts in the childhood^{10,11} (Muuss 1996; Shoemaker, 2013).

In the attempt to understand conduct disorder; research has travelled so far from radical approaches to contemporary humanitarian perspective. Before the birth of juvenile justice system, behavioural manifestations of conduct disorder were treated as offenses and children were labelled as criminals like adults. Towards the end of 19th century, reformers such as Jane Addams worked to develop a new system of justice designed to protect the abused children from harm and to help troubled children. Conduct disorder has always been a threat to well-being of children, but the perceptions about it are often directed by misconceptions and irrationality rather than by rational facts. Not obeying the conventional rules does not always mean hostile intent; sometimes that is necessary for revolution. If individualistic non-conformity is what makes a person "delinquent," greatest philosophers like Nietzsche, Baudelaire, Adorno or Benjamin were all "delinquents" who did not conform to conventional rules like "an obedient mass" like Adorno talked about. The conceptual diversity has led many theories of "delinquency" or conduct disorder to identify wide range of factors such as child's embryonic development to disturbed families, poor education system, economic deprivation, low self-esteem, or combination of these and other factors¹² (Regoli & Hewitt, 2014).

METHODOLOGY

For the purpose of the study, qualitative methodology was used. The research was carried out with cross-sectional research design. Total six children, three boys and three girls were selected for the study. Samples also included functionaries of those shelter homes, family, and their peers; thus total 21 respondents were interviewed multiple times. In-depth interviews and narratives

were used for data collection through purposive sampling. Then data was analysed through coding and thematic analysis.

RESULTS & DISCUSSION

For children who are disadvantaged and have limited access to developmental opportunities, shelter care is provided as a last resort. In accordance with the Juvenile Justice Act 2015, children who are in shelter houses fall under the category of children who require care and protection from their parents. It is because they are confronted with several hazards and challenges that they decide to seek institutionalised care. In many cases, children originate from poorer socioeconomic backgrounds where they do not have access to even the most basic of amenities. It means they are unable to obtain resources necessary to meet their basic demands, which are vital for healthy development. It was discovered that the majority of children in shelter families suffer from a lack of necessary services such as shelter, access to healthcare, and educational opportunities, among other things. Some youngsters were admitted to shelter houses because they were suffering from medical conditions and lacked the financial means to seek care. Many of them came from a tumultuous home environment or antagonistic parents as a result of which they chose to flee or chose institutionalisation as a final resort. They opted institutionalisation in order to live a better life and to be free of the burdens of their past misfortunes. Some of the children were from broken families or houses that were unable to provide for their needs. Some were orphaned, while others were raised by a single parent. Many of them did not even maintain contact with their families following their time in the shelter. Institutionalization was a viable option in many households where both parents were employed and no one was available to care for the children. A substantial number of children came from homes where they had experienced violence, neglect, or abuse. At some point in their life, almost all of the children in the shelter have dealt with one or more family-related problems or challenges. Some children were rescued by CWC from begging or rag picking on the streets or at the train station, and they were placed in foster care.

The negative life experience is a significant challenge for children on the pathway to any emotional/psychological well-being. It may have the significant adverse impact on the child, their physical, cognitive and social development. The unresolved trauma can have a long-lasting effect. Negative memories of abuse and neglect often found to contribute to antisocial personality disorder as adult¹³ (Luntz & Widom 1994) and violent behaviour among children¹⁴ (Maxfield & Widom 1996). The cause of the trauma may be different from one other. It may be due to domestic violence, familial conflict, physical or sexual or verbal abuse, neglect, bullying or any other factors. Many children revealed that the past experiences of trauma and victimization of their lives still created adverse effects in their lives in the forms of emotional and physical maladjustments. Emotional maladjustment was a strong factor found in children with conduct disorder¹⁵ (Vidya, 2014). These things can be attributed to adverse experiences within or outside family. As explained by Shahik:

“My father used to drink every day and make some issues with my mother. Even our neighbours did not like him. He used to beat her up and also us. My sister was young then. My mother abandoned me along with my father.”

It has been discovered that having experienced neglect or physical or emotional abuse as a child increases the probability of developing antisocial and conduct behaviour as an adult¹⁶ (Bender, 2010). Children's belief and value systems may be altered as a result of traumatic experiences during their early childhood.

“I don't think my family loves me at all, that is why they abandoned me. Now it doesn't matter where I am, I am getting food and a bed to sleep so that's enough for me (Manish, 15).”

This kind of childhood experience of neglect leaves a child with such trauma that can't be healed very easily. Victimization and harassment during childhood have an impact on the development of the child. Physical and verbal abuse might result in emotional vulnerability as a result of the event. As explained by Jeetu:

"I have been here from last four years. My mother left when I was ten years old. Then, my father sent me to my grandfather's house, and I stayed with them. My father was working somewhere else. I did not like my aunt. She imposed many strict rules on me such as I had to do all the domestic work. She did not like my parents and she used to think that I am a burden on my grandfather. She used to taunt me on each and every chance, she used to get. I got fed up with this. Whenever I showed reluctance to do the domestic work, she would verbally abuse me. I was treated like a slave."

Many studies, like in the case of Jeetu, had suggested that some children who were monitored by their grandparents in the absence of their parents were at greater risk of developing behavioural problems¹⁷ (Campbell et al., 2006). A rapid shift in guardianship may be the cause, as it is more difficult for grandparents to watch and establish boundaries for young people than it is for parents. Aside from that, a sudden change of residence can result in a shift in one's daily routine throughout the rest of one's life. Children have a tough time forgetting the feelings of love, affection, and care that they have had during their childhood. Chhaya narrated her experience:

“I would not have been here if my mother was alive. After I lost my mother; my life changed immediately. My aunt was caring, but still, a mother is a mother. I had to do a lot of households work, which I never did at home.”

Many youngsters, such as Chaya, were under the impression that they were in the shelter home because they had no option. The feeling of being pushed to make a decision damaged them emotionally and may have resulted in behavioural difficulties. According to the children, their

prior traumatic experiences and victimisation continue to interfere with their social integration and ability to participate in various events in their lives. Also brought up by the children was how their past traumatic experiences had a negative impact on their current circumstances.

“My mother was always angry, and she used to beat me up. Father was never home. He had some other women with him. Mother always say that she would kill us all and leave (Rina, 16).”

Children's memories of their childhood experiences with parental fights, alcoholic parents, physical and emotional abuse are still fresh in their thoughts. They stated that those horrifying recollections had been ingrained in their thoughts and were interfering with their day-to-day routines in every way conceivable, including sleeping. If these memories are not dealt with properly by a social support system, they can result in post-traumatic disorders in children and adults¹⁸ (Hanewald, 2011). Domestic violence, verbal and physical abuse, as well as other internal concerns and events such as parental dispute, divorce and remarriage, the loss of a family member, and other such events have a negative impact on the psychological well-being of the child. Because of this, children are more vulnerable, and the consequences may last into adulthood and future life.

A social pedagogical approach that focuses on selecting the optimal technique to support a child's upbringing while also promoting socio-educational strategies is essential for preventing conduct disorder. Additionally, it aids in a child's overall growth and development by treating him or her as an individual. There is also a call to think outside the bureaucratic and protectionist box of care. A caretaker should treat a youngster as if he or she were his or her own child, regardless of the child's position in the hierarchy. Through creating and maintaining strong relationships with children, this method places less emphasis on protecting them from risk and more on helping them grow to their full potential.

Children learn about themselves and their abilities as a result of receiving education and training in the field of their choice. There is a sense of empowerment and hope that comes from taking these courses. As a result, these facilities are critical for the care of institutionalised kids. In addition to standard training, it should also contain modern training in new sectors.

This study also found that a child's upbringing was heavily influenced by his or her family. The conclusion has been supported by numerous studies. In this situation, the caregivers are the children's substitute parents. In the same manner that good parents show their children affection and sympathy, so should they. It is imperative that we communicate effectively. When interacting with youngsters, adults should demonstrate how to deal with problems that arise in daily life in a realistic manner. Bullying or unjustified criticism of one's character must be avoided at all costs. It's possible that this will have a negative effect on the child's growth. Future research could benefit from the lessons learned from this study. The foregoing elements should be taken into consideration while developing intervention techniques for vulnerable children, allowing them to become more resilient in the face of CD.

CONCLUDING REMARKS

Children living in the shelter homes are unique from one another except in their need for care and protection. Each child's background, past circumstances, and subcultures are different from one another. The challenges and risks they face also vary. The conditions which promote barrier against conduct problems for one child may not be suitable for another. Moreover, even a child who showed resilience in one situation may not be resilient in another situation. This study indicated that the challenges and risks of CD can be best understood as a dynamic process. It requires understanding of the various ecological layers and their interactions. At the same time, this study revealed that the adverse life experiences and the contextual factors have a dialectical relationship. The factors leading to conduct related behavioural problems are shaped by their mental schema. All of the children had some kind of negative experiences before coming to shelter home. These experiences were related to mostly family. Therefore, adverse influences and stressful events faced in early childhood were found as relevant micro factors of CD.

REFERENCES

1. Frick PJ, Stickle TR, Dandreaux DM, Farrell JM, & Kimonis ER. Callous-unemotional traits in predicting the severity and stability of conduct problems and delinquency [Internet]. *J of Ab Ch Psychology*, 2005 [Cited on 2019 July 21] 33, 471–487.
2. Frick PJ. Conduct Disorder: Recent Research and Implications for Serving Youths in the Juvenile Justice System [Internet]. *Science in the Courtroom*, 2015 32, 146-160.
3. Odgers CL, Moffitt TE, Broadbent JM, Dickson N, Hancox RJ, Harrington H, & Caspi A. Female and male antisocial trajectories: From childhood origins to adult outcomes [Internet]. *Development and Psychopathology*, 2008 [Cited on 2019 July 21] 20, 673 - 716.
4. American Psychiatric Association. *DSM-V Diagnostic and Statistical Manual of Mental Disorder* 6th Ed Washington D.C.: American Psychiatric Association. 2013 [Cited on 2019 July 21].
5. World Health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders Clinical descriptions and diagnostic guidelines*. Geneva: WHO 1993 [Cited on 2019 July 21].
6. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* 2nd Ed. Washington D.C.: American Psychiatric Association 1968 [Cited on 2019 July 21].
7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorder* 3rd Ed. Washington D.C.: American Psychiatric Association 1980 [Cited on 2019 July 21].

8. Shoemaker, DJ. *Theories of Delinquency: An Examination of Explanations of Delinquent Behaviour* (6th Ed.). New York: Oxford University Press 2010 [Cited on 2019 July 21].
9. Aichhorn A. *Wayward Youth*. New York: Viking Press 1965 [Cited on 2019 July 21].
10. Muuss RE. *Theories of Adolescence*. McGraw-Hill Companies, Inc. 1996 [Cited on 2019 July 21].
11. Shoemaker DJ. *Juvenile delinquency*. New York: Rowman & Littlefield Publishers, Inc. 2013 [Cited on 2019 July 21].
12. Regoli RM & Hewitt JD. *Delinquency in society*. MA: Jones & Bartlett Learning 2014 [Cited on 2019 July 21].
13. Luntz BK & Widom CS. Antisocial personality disorder in abused and neglected children grown up [Internet]. *The American Journal of Psychiatry*, 1994 [Cited on 2019 July 21] 151, 670-674.
14. Maxfield MG & Widom CS The cycle of violence: Revisited six years later [Internet]. *Archives of Paediatrics and Adolescent Medicine*, 1996, [Cited on 2019 July 21] 150, 390-395
15. Vidya C, Rathna H & Tripathi SK. Behaviour consequences of Malnutrition in Early Childhood [Internet]. *Vivechan Inter J of Research*, 2014 [Cited on 2019 July 21] 5, 29-34
16. Bender K. Why do some maltreated youths become juvenile offenders? A call for further investigation and adaptation of youth services [Internet]. *Children and Youth Services Review*, 2010 [Cited on 2019 July 21] 32, 466–473.
17. Campbell SB, Spieker S, Burchinal M, Poe M.D. Trajectories of aggression from toddlerhood to age 9 predict academic and social functioning through age 12[Internet]. *J of Ch Psych and Psychi*, 2006 [Cited on 2019 July 21] 47,791–800.
18. Hanewald R. Reviewing the Literature on “At-Risk” and Resilient Children and Young People [Internet]. *Australian J of Teacher Edu*, 2011 [Cited on 2019 July 21] 36, 121-136.