

Behavioural and Emotional Disorders of Children and Adolescents in Slovenian Juvenile Educational Institutions

Vedenjske in čustvene motnje otrok in mladostnikov v slovenskih vzgojnih zavodih

Mitja Krajncan

Abstract

Mitja *Children and adolescents with behavioural and*
Krajncan, *emotional disorders are very inconsistently placed in*
PhD in social *juvenile educational institutions. For some, it is the case*
pedagogy, *of stable and consistent long-term difficulties, for others,*
University *one incident of escalation of deviant behaviour is enough*
of Ljubljana, *to make placement in a juvenile educational institution*
Faculty of *an option. The article deals with the underlying causes*
Education, *behind behavioural and emotional disorders in children*
Kardeljeva *and adolescents on the premise that they have decisive*
ploščad *influence on the child or adolescent's placement into*
16, 1000 *extra-familial care – a juvenile educational institution,*
Ljubljana, *a youth home or a residential group.*
e-mail: mitja.
krajncan
@guest.ames.si

The results have shown that possible causes of behavioural and emotional difficulties, as seen by social worker. These can stem from social, psychological and biological factors, which has also been established by comparable etiological classifications. The author emphasize that making a detailed analysis of the child with the help of the presented indicators can fundamentally contribute to making carefully considered decisions.

Key words: *Juvenile educational institutions, child and adolescent, behavioural and emotional disorders, Social Work Centre, aetiology.*

Povzetek

Otroci in mladostniki z vedenjskimi in čustvenimi motnjami se zelo neenako nameščajo v vzgojne zavode. Za nekatere so lahko to stabilne in dlje časa trajajoče težave, drugim je dovolj le ena eskalacija in že je možna namestitev v vzgojni zavod. Zanimali so nas vzroki vedenjskih in čustvenih motenj otrok in mladostnikov, za katere predvidevamo, da ključno vplivajo na oddajo v zunajdružinsko vzgojo - vzgojni zavod, mladinski dom ali stanovanjsko skupino. Rezultati so pokazali, da je mogoče vzroke za vedenjske in čustvene težave iskati v socialnih, psiholoških in bioloških dejavnikih, kar so dokazovale že primerljive etiološke klasifikacije. Avtor si prizadeva, da bi detajlno spremljanje otroka s prikazanimi kazalci lahko temeljiteje prispevalo k preudarnim odločitvam.

Ključne besede: *vzgojni zavod, otrok in mladostnik, vedenjske in čustvene motnje, center za socialno delo, etiologija.*

Introduction

In this postmodern age, a child is faced with risks and decisions, which require him to face many factors of uncertainty. The causes of behavioural and emotional disorders in the children and adolescents of the population, who require specially adapted professional upbringing in juvenile educational facilities, represent only the tip of the ice berg that consists of various multifaceted problems. Research shows that the factors causing behavioural and emotional disorders can be divided into biological, social and psychological (Farrington, 2001a; Myschker, 2002; Schrader, 1991; Doef, 1992; Bregant, 1987; Bürger, 1998a).

The consideration of a child for this kind of care calls for familiarity with the child's biography. Psychosocial and hermeneutical diagnostics are helpful. Classifications of behavioural and emotional difficulties are necessary because they build a bridge between:

- detection and diagnostics,
- triage,
- the course of education or psychosocial assistance, and
- social integration as the goal of the assistance.

Systematic action calls for categorization as the basis for data analysis and its systematic evaluation, where it is particularly important to examine the family system. Even if the expert does adhere to a specifically set type of classification or systematization in his approach, he relies on his own knowledge, derived from experience. Post (1997, p. 79) calls these facts inescapable and unavoidable. In professional communication, even subjective concepts can be useful if it is clear how information from various areas was acquired. The necessary data is revealed by the central question: on the basis of which reasons and in which particular fields is educational assistance required because the parents are not providing adequate upbringing? Along with the explanations of the current problems, finding links and explanations in the child's biography is always important (certain illnesses, preoccupation and strain, crumbling relationships and other relationship disorders, for example separation). In general, the status of the family, the social

environment, financial, material and housing conditions have a significant influence on the child or adolescent's development. The educational style of the parents, their educational capabilities and upbringing in general must not be overlooked. The data must clarify evaluation concepts and educational goals, common points and differences, mistakes, drawbacks and disturbances. Extra care has to be taken in evaluating the individuals' behaviour to establish that a behavioural disorders are not just a result of the nature of a particular situation.

The following is a shortened presentation of Bregant's classification.

Bregant's etiological classification schematic of dissocial disorders is based on the research findings and models of dissocial disorders found in A. Aichorn, G. H. Brandt, F. Redl, I. Bennet, A. Dührssen and E. Künzl (in Bregant, 1987). Bregant (1987, p. 8) divides the etiological classification of dissocial disorders into five groups:

1. situational, reactively caused disorder caused by severe strain with a normal personality structure;
2. secondary peristatic disorder caused by disruptions in emotional development
 - a. with a neurotic personality structure,
 - b. with a dissocial personality structure;
3. primary peristatic disorder caused by direct environmental corruption and deception;
4. primary, biologically conditioned disorder caused by a damaged central nervous system and psychosis;
5. developmental impairment without the presence of dissocial disorders.

Indicators which influence behavioural and emotional disorders that are explored in the majority of the research (Blandow, 2000; Bürger, 1998a; Farrington, 2001b; Myschker, 2002; Ule, 2000) have been divided into the following groups:

- socio-economic circumstances (demographic characteristics, population density in the region, unemployment, housing conditions and spatial concentration of social deprivation);
- family (structure, relationships, lifestyle, single parenthood, education, migration);

- school (productivity and efficiency – criteria for children's success rates (Thiersch, 1998), education as risk (Beck, 2003), reinforcement of social differences (Ule, 2000);
- personality characteristics (differences in constitution, particular personal features, endogenous specifics of a person's reactivity (cannot be classified as mental illnesses or as organic brain dysfunctions). Intelligence is also often singled out as a factor. Elliott (2002) claims that intelligence varies with delinquents in the same manner as with the general population.)
- Peers (youth subcultures, aimless groups, supportive groups... (Ule, 2000).

In our research, we are interested in social workers' perceptions of causes of behavioural and emotional disorders in children and adolescents placed in juvenile educational institutions, residential groups and community homes (all of the institutional forms of aid for children and adolescents with behavioural and emotional disorders for extra-familial upbringing in Slovenia). The goal is to research the causes of behavioural and emotional disorders based on the views of social workers, who decide on a child's placement in the aforementioned institutions.

Method

Description of the studied population

The basic population consists of all the experts working in Slovene Social Work Centres.

There are 61 Social Work Centres in Slovenia. The information about the number of experts working in Social Work Centres, as well as the number of children and adolescents placed in juvenile educational institutions, youth homes, residential groups and community homes was acquired through telephone conversations. According to the collected data, there are 83 experts working in Social Work Centres in the field of adolescence, and 428 children and adolescents suggested for placement in juvenile educational institutions, youth homes, residential groups and community homes.

Measurement instruments

In the research, various measuring instruments are used to establish the causes behind behavioural and emotional disorders used as the criteria for placement in juvenile educational facilities. To fulfil the goals of the research, certain standard instruments and procedures have been used. The Instruments is derived from a German source, originally entitled “Ursachen der unterschiedlichen Inanspruchnahme von Heimerziehung” (Bürger, 1998b), which translates as “The causes behind different utilization of institutional education.” The instrumentation has been translated and adapted to our circumstances. Several experts from both practical and research fields participated in the writing of the questionnaire. We have also established the measurement characteristics of the questionnaire using trial testing. The general information about the number of children and adolescents in juvenile educational facilities was acquired through telephone conversations with the directors of the educational institutions and Social Work Centres, with experts responsible for the field of adolescence. The questionnaire covers the following thematic units:

- relationship and behavioural problems of children and adolescents,
- problem of dissocial behaviour,
- specific personal and emotional difficulties, and psychosomatic problems,
- intimidating events that lead to a decrease in self-respect,
- difficulties connected to school, and
- other problems.

Procedure

In collecting the data, the standards of the Personal Data Protection Act (Zakon o varstvu osebnih podatkov, 2007) were applied and the anonymity of the participants was insured. The questionnaires were filled out voluntarily and anonymously.

Our research instruments were first tested on a sample of 30

Social Work Centres. A thorough analysis of the research instruments was completed and all methodological criteria were satisfactorily fulfilled. Only then were all of the other Social Work Centres in Slovenia included.

The information was entered into a database and processed with the SPSS statistics computer package.

Results and discussion

Factor analysis was conducted to establish the causes of emotional and behavioural disorders as seen by social workers in children and adolescents placed in educational institutions. The data was processed on a multivariate level – we have conducted the Kaiser-Meyer-Olkin measure of sampling and Bartlett's sphericity test, calculated the communality, explained variance and factor analysis according to the Oblimin rotation method with Kaiser normalization – with the purpose of finding out about:

- the relationships between parents and children,
- violence among children and adolescents,
- their attitude towards peers and school,
- intimidating events that lead to a decrease in personal self-respect,
- attitude problems of children and adolescents,
- dissocial difficulties,
- specific personal and emotional difficulties, and psychosomatic problems,
- difficulties with school, and
- other difficulties.

In continuation the above mentioned categories shall be analyzed.

Relationships between children and parents

When it comes to the relationships between parents and children, the factor analysis provided us with a clear, theoretically logical structure with the following six factors, which manage to account for 43.971 % of the variance.

The first factor is the most complex and accounts for 20.8 % of the variance. It is comprised of the following variables: beating the child, fear of the parents, hostile rejection of the child, assigning guilt to the child, inappropriate demands of the parents, double-tracked upbringing. According to its content, the first factor is termed non-acceptance (rejection) of the child.

The second factor explains 9.3 % of the variance of the entire system. It is mostly connected with insufficient parental control, permissive upbringing and deficient parental competence. The second factor is called educational powerlessness / incompetence of the parents.

The third factor explains 4.3 % of the joint variance and includes the following variables: a shortage of warmth in the child-parent relationship, little time spent together and disharmonious relationships between the adults of the family. The third factor is called emotional coldness of parents.

The fourth group accounts for 4.1 % of the joint variance and includes the following variables: living conditions with psychosocial imperilment, socially isolated family, deviating behaviour of parents, events causing a decline in self-respect and deficient education of the person who does the housekeeping in the child's family. The fourth factor is called negative identification factors.

The fifth factor explains 2.9 % of the joint variance and is comprised of the following variables: parents' disinterest in the child's school and poor school achievements. We have called it no parental support at school and correspondingly poor social achievement (unsuccessful schooling and parental indifference).

The sixth factor presents 2.6 % of the joint variance and includes the variables: overly demanding upbringing and overly concerned parents. We have called it overly demanding parental upbringing.

With oblimin rotation, we have made it possible to establish 6 factors despite the homogenous structure. The factor correlation matrix also shows that the factors are interconnected and that this is a complex issue. The inter-factor correlation matrix points to mainly insignificant correlations between factors, which attests to the clarity of the factors and the clear structure of the variables. The highest rate of interconnectedness (0.4) between the first factor (non-acceptance of the child) and the fourth factor (negative identification factors) is in view of the content both appropriate and understandable. The

negative correlation (- 0.297) between the first factor (non-acceptance of the child) and the sixth factor (overly demanding parental upbringing) is also theoretically understandable, as is the 0.293 correlation coefficient between the fourth (negative identification factors) and third factor (emotional coldness of the parents).

Theories in the field of criminology are finding that poor relationships between parents and children, as well as poor treatment of children, opens at least three doors which lead to the group of children and adolescents with emotional and behavioural disorders (Haralambos and Holborn 1999):

- a) it reduces the level of attachment children feel towards parents; individuals without close social bonds with their parents risk considerably less with delinquency¹ than those that have good relationships with them, because they do not fear they will be judged: the theory of being deprived of motherly contact, psychoanalytical theories, theories of objective relationships, and various others;
- b) implicitly reveal that it is normal, even acceptable to express hostility and contempt for others and ignore their wishes and interests: the theory of social learning (Bandura);
- c) cause strong negative emotions, frustration, anger and hatred, leading to various inappropriate behavioural patterns: the theory of frustration.

In studying the evaluations of experts working at the Social Work Centre (Jugendamt), Bürger (1998b) discovered a statistically relevant significant high level of correlation (.92) between children and adolescents who are placed in juvenile educational institutions and the unsuitable attitude of parents towards their children.

In our interpretation of the results concerning family structures, we would last but not least like to point out that rather than a 'perfect' family, a family with healthy relationships, regardless of its structure, is more important.

¹ The group of children and adolescents in the category of delinquency has been expanded into the group of children and adolescents with emotional and behavioural problems; we define delinquency as one of the manifestations (forms) of emotional and behavioural problems.

Violence

With four factors, we have managed to explain 46.949 % of the variance.

The first factor is the most complex and explains 30.8 % of the variance. It is comprised of the following variables: making fun of the child, humiliation by peers and by adults, extortion by adults, physical violence of peers, psychological violence, enticing the child to drug use and arguing with siblings. Because of its themes, we call the first factor *extra-familial torment of the child (demeaning and violent relationship)*.

The second factor explains 7.6 % of the entire system's variance. It correlates most predominantly with the alcoholism of one of the parents, problems in the family due to unemployment, arguing between the parents, inappropriate communication in the family and long-lasting illness. The second factor is called *endangering family environment*.²

The third factor accounts for 5.6 % of the joint variance and includes the following variables: no sexual violence of adults, peers or parents. The third factor is called *child did not experience sexual violence*.

The fourth group accounts for 2.9 % of the joint variance and includes the variables: physical violence of parents and humiliation by parents. The fourth factor is called *familial torment of the child (psychophysical maltreatment by the child's parents)*.

The inter-factor correlation matrix points to mostly insignificant correlations between factors, which attests to the clarity of the factors and the clear structure of the variables.

Marvin (1975) writes that assessing the validity of violence always depends on the perspective of the assessor. Our perspective is clear: we are concerned with children and adolescents, placed in juvenile educational facilities, who have been (or still are) victims of torment and violence. In the surveyed literature, we have only come across Bürger's (1998b) information regarding violence of families and other people, inflicted on children and adolescents

² Variables included in the factor analysis are not necessarily connected to violence in content, but include a theoretical link, also shown by the results. The same variables were included in Bürger's research (1998a).

placed in juvenile educational institutions. Other research of violence was connected with other target groups, mostly elementary and secondary school students.

Bürger (Ibid.) writes that according to the evaluation of experts, 40.3 % of children placed in educational institutions were tormented and 27 % were victims of psychophysical violence.

We see torment as a hypernym, a wider category than psychophysical violence.

Our primary interest was not establishing the percentages of children and adolescents placed in juvenile educational institutions that have been victimized. Our focus was directed towards finding those variables, which are statistically relevant and represent decisive reasons for placing a child in a juvenile educational institution.

We intuitively presuppose that more violence is present with children and adolescents placed in educational institutions. On the basis of their research in the field of sexual violence, Weber and Rohlander (1995) discovered that there is a higher than average degree of sexual abuse present with girls placed in these types of educational facilities.

Unfortunately, in view of a shortage of research in this particular field, our theory cannot be confirmed or denied; therefore, we will provide information regarding the extensiveness of these phenomena with the entire population of children and adolescents.

Dekleva (2002a, p. 160) shows which characteristics of adolescents and their families tend to be strongly and systematically linked with violence (in both roles – as the violator and the victim).

- biological variables (male gender,³ outwardly aimed aggression as a form of subjectivity as a personality characteristics, proneness to risk as a form of subjectivity);
- family variables (life in a bad family atmosphere, upbringing with the use of physical violence, violence between parents, double-tracked upbringing);
- behavioural signs, social position (lower level of integration at school, low level of general integration, conflicting stance of the peer group, avoidance strategy to protect against violence, use of weapons);

³ Bönisch (1998) wonders if violence has a male face.

- viewpoints, values (positive Attitudes towards violence, deviating peer values, more traditional view of Masculinity);
- skills (lower level of empathy, poorly developed skills for non-violent solving of conflicts).

Dekleva (2002b) says that in secondary school population, the two best predictors of various forms of violence are the male gender and being part of less demanding school programmes. He writes that at the elementary school level, both the agents as well as the victims of violence are at a level that is somewhat lower than average when it comes to academic achievement.⁴ Olweus (1995) writes that every seventh student is subject to torment. Bönisch (1998) defines violence as something directed towards strangers and the weak.⁵

Violence that children and adolescents in juvenile educational institutions are exposed to is probably part of a type of violence we know very little about. The factor structure has shown us that this area needs a lot more attention, as violence is an important indicator when it comes to causing behavioural and emotional disorders (Downes, 2003; Farrington, 2005).

To conclude, we would like to say a few words about the legitimate violence of societal norms (nationalism, sexism, racism, the ideology of a healthy and beautiful body...), cited by several authors, for example Barker (2000), Beauvoir (2000), Beck (2003), Bourdieu (2001), Smith and Johnston (2002), Willett (1998), Miščević (2001); this leads to exclusion, it pushes the young to the sidelines, foreigners into ghettos, the unattractive into their apartments, the young with various particularities into special institutions, gypsies out of the country etc. We feel that when excluding young people with behavioural and emotional disorders, it is also necessary to take a thorough look at ourselves (and our professional viewpoint) in connection to adherence to institutional demands.

Attitude towards peers and school

We have managed to account for 48.579 % of the variance with three factors.

⁴ This corresponds to Dekleva's finding that secondary school students are part of a less demanding school programmes.

⁵ The research concerns the German environment.

The first factor is the most complex and explains 27 % of the variance. It is comprised of the following variables: gets along well with classmates, causes disarray at school, conflict with classmates, has friends, teachers making fun of the child. In view of its content, we termed the first factor *endangering role of the student at school*.

The second factor explains 12.1 % of the variance of the entire system. It correlates most predominantly with the following: spends little time with friends and is not a member of a youth gang. The second factor is called *loneliness, isolation from friends (does not take part in society and does not socialize with friends)*.

The third factor explains 9.5 % of the variance and includes these correlating variables: does not get along with teachers, experiences school as something negative. The third factor is called *negative attitude towards school*.

The endangering role of the student at school, conflict with school and classmates and a negative attitude towards school point to the fact that the child is unsuccessful at school and therefore also views himself as incompetent, removed, inferior or even entirely bad. The experience (usually comprised of a list of painful and agonizing defeats) of not fulfilling the expectations of his environment and those he is closest to can seriously threaten his self-respect and gradually penetrate all aspects of his self-image. From there it is only a short path to seeking validation in negative, even destructive ways.

Tomori (2002) says that being unsuccessful in school at a global level reduces the quality of life for both the child and those he is closest to. It decisively threatens the individual's integrated personality development and increases the child's susceptibility to other harmful threatening factors.

Mencin Čepelak (in Ule, 2000) claims that being unsuccessful in school is not the consequence of a random link between an individual's circumstances and institutional conditions (of the system), but rather is the product of every school system and its circumstances of social inequality, unequal distribution of power.

Tivadar (ibid.) find that students who perceive unequal treatment in school are more prone to delinquency. They feel less well at school and are also less successful in their studies. Therefore, school achievement has indirect significance. Otherwise, the level of correlation between the way one experiences school and delinquency

is very low ($r = -0.18$), and even lower when excluding the influence of school achievement ($r = 0.06$). An individual who does not feel well at school will also try to leave as soon as possible.

Bürger (1999) also calculated a high level of correlation between being unsuccessful at school and being placed in a juvenile educational institution. The correlation coefficient was 0.77. Disagreeable, even painful experiences from school can serve as a metaphor and be transferred onto the individual's attitude towards any and all social systems.

Intimidating events leading to a decrease in self-respect

With these six factors we have managed to account for 43.451 % of the variance.

The first factor accounts for 18.4 % of the variance. It is comprised of the following variables: difficult material situation of the family and difficult housing situation. In view of its content, we have called the first factor *difficult material situation of the family (bad socioeconomic circumstances of the family)*.

The second factor accounts for 7.8 % of the variance of the entire system. It correlates the most with: no chronic physical maltreatment, no maltreatment of the child, no chronic sexual abuse, no chronic extreme neglect. The second factor is called *no chronic maltreatment of the child*.

The third factor accounts for 5.8 % of the joint variance and includes the following variables: the child repeated a grade, the child transferred to another school, the child received disciplinary sanction at school. The third factor is called *unsuccessful at school*.

The fourth group accounts for 4.6 % of the joint variance and includes the following variables: mother's loss of employment and the unemployment of the mother. The fourth factor is called *unemployment of the mother*.

The fifth factor accounts for 3.6 % of the joint variance and is comprised of the following variables: unemployment of the father, father's loss of employment, and criminal offences of parents. We have called it *existential problems and criminal offences of parents*.

The sixth factor represents 3.3 % of the joint variance and includes the following variables: serious accident, illness of the mother, psychological illness of a relevant person, serious accident, illness of the father, and serious accident, illness of the child. It is called *accidents and illnesses in the family*.

Attitude problems

The following seven factors explain the 56.846 % of the variance.

The first factor is the most complex and explains 35.8 % of the variance. It is comprised of the following variables: selfishness, negativity and pragmatic behaviour. In view of its content, we have called the first factor *obstinate self-centred behaviour (egocentric tendencies)*.

The second factor explains 8.9 % of the variance of the entire system. It correlates the most with: demure, distant, gloomy, distrustful, cold, socially withdrawn and lonely. The second factor is called *social anxiety*.

The third factor accounts for 3.4 % of the joint variance and includes the following high correlating variables: reduced distance, disapproval by peers, unbalanced behaviour, unpopularity, not establishing distance, undefined social behaviour and repulsive behaviour.

The third factor is called *conflict social behaviour*.

The fourth group explains 2.8 % of the joint variance and includes the following variables: a lack of interpersonal connectedness, communication difficulties, difficulties with relationships, weakened links with those one is close to, social behaviour problems, difficulties adapting, oppositional behaviour. The fourth factor is called *difficulties maintaining relationships*.

The fifth factor explains 2.4 % of the joint variance and is comprised of the following variables: looking for fights, verbal aggression, explosiveness and provocation. We have called it *verbally uncontrolled (aggressive, provoking behaviour)*

The sixth factor represents 2 % of the joint variance and includes the following variables: lying, irresponsible behaviour, disobedience and restlessness. We have called it *irresponsible, infantile attitude*.

The final, seventh factor accounts for 1.6 % of the joint variance; the following variables correlate highly: irritability and mood swings. We have called it *mood swings (neurosis)*.

We can see quite clearly that the acquired factors themselves could represent secondary causes as they are the same as the consequences, the behavioural manifestation (of behavioural and emotional disorders) of a certain cause. Therefore, we can conclude that they are – despite the fact that they already seem to be the consequence or behavioural manifestation – suitable for defining the group of children and adolescents placed in juvenile educational institutions, and can be classified among the criteria for such a placement.

Myschker (2002) discovered dimensions of personality on the FPI scale (Freiburg Personality Inventory) that define a child or adolescent with behavioural disorders as aggressive, emotional immature, impulsive, while at the same time as an individual with a limited capacity of concentration, low level of frustration tolerance, who is irritable and intolerant, and also an individual with a strong need to assert himself and a high level of mistrust and egocentrism. The behaviour of children and adolescents in juvenile educational facilities is unpredictable; they lack social self-control, have a reduced level of frustration tolerance, limited capability of controlling and integrating behaviour, the feeling of insecurity and discontent; they find it more difficult to put off having their needs met, they have a tendency to overestimate themselves, they want to be the centre of attention at all costs and they are insecure in social situations. Van der Doef (1992) also points out that behavioural disorders can manifest themselves as primarily a deficit when it comes to emotions, even though a cognitive deficit is also possible. Emotionally contradicting the rules of the environment, egocentricity and viewing others as a means of satisfying one's own needs all manifest themselves in children. The attitude problems of children and adolescents are the recurring element of all the accumulated difficulties, caused by various reasons, which have been thoroughly evaluated in the theoretical part. We would like to stress that attitude problems can further incite new difficulties, unsuitable behaviour that is harmful to the individual, as well as enhance behavioural and emotional disorders.

Dissocial difficulties

The following five factors account for 60.873 % of the variance.

The first factor is the most complex and explains 41.7 % of the variance. It is comprised of the following variables: eruptions of rage, fighting, physical aggression, destroying, smashing, irritability, destructiveness and excessive conflict behaviour. We have called the first factor *distinct aggressive behaviour*.

The second factor explains 7.1 % of the variance of the entire system. It correlates the most with: theft, fraud, petty theft, bicycle theft and breaking into cars, apartments, shops. The second factor is called *dissocial behaviour*.

The third factor accounts for 5 % of the joint variance and includes the following high correlating variables: disregard for norms, breaking rules, rebellious behaviour, non-acceptance of social rules, apparent disobedience and no remorse. The third factor is called *dissocial normative orientation*.

The fourth group explains 4 % of the joint variance; it includes the variables: driving fast on motorcycles, in cars, and driving a car without a licence. The fourth factor is called *looking for adrenaline highs by committing criminal offences*.

The fifth factor explains 3.1 % of the joint variance and is comprised of the following variables: physical torment of others, tyrannical behaviour, psychological torment of others, extorting peers, group fights and attacking people in the street. We have called it *physical and psychological maltreatment of others*.

The factor analysis shows that the scale is one-dimensional. Only those correlations above 0.50 are shown in the factor matrix. By using oblimin rotation we have made it possible to acquire 5 factors despite the homogenous structure. The factor correlation matrix also shows that the factors are interconnected and that this is a complex issue.

The saturated variables point to dissocial disorders in children and adolescents. The factors acquired fit predominately into the first three groups of Bregant's classification of dissocial disorders: situational, reactively caused disorder as the consequence of extreme strain on a normal personality structure; secondary peristatic disorder as the consequence of problematic emotional

development (with a neurotic and dissocial personality structure) and primary peristatic disorder as the consequence of direct environmental corruption and deception (Krajncan 2006). Schrader (1991, p. 310) presents a similar structure of dissocial disorders, adding social rage and destructive behaviour towards people and objects. Schrader also confirms our theoretical findings: the cause of the dissocial behaviour can be found in parental education, orientation and climate; he adds a multitude of socioeconomic (or socio-ideological in the widest sense) and ecological factors, factors connected to school and of course personally specific factors, as well as certain other factors; yet if we wanted to create a schematic of the causes behind these disorders, they would prove to be insufficient and routine. Bürger (1998c) classifies dissocial behaviour as one of the factors that decisively influence some social workers when deciding to place a child in a juvenile educational institution.

Specific personal, emotional and psychosomatic difficulties

We have managed to explain 44.506 % of the variance with six factors.

The first factor is the most complex and accounts for 24 % of the variance. It is comprised of the following variables: lasting affective disorders, disorders of volition, attention-span and concentration disorders, low frustration tolerance, abnormal habits and impulse control disorders, tiring easily, daydreaming, age-inappropriate behaviour, reactions to sever strain, negating real events, emotional disorders in childhood and emotional poverty. In view of its content, we have named the first factor *specific psycho-pathogenic deviation*.

The second factor explains 5.7 % of the variance of the entire system. It correlates the most with the following variables: sexual disorders, sexual maturity crises, sexual identity disorders in childhood and pronounced sexuality (e.g. excessive masturbation...). The second factor is called *sexual development (maturation) crisis*.

The third factor explains 5.2 % of the joint variance and includes the following correlating variables: drinking, drinking

alcohol mixed with energy drinks, smoking marijuana, hashish, taking ecstasy, smoking cigarettes and taking heroine, crack, LSD. The third factor is called *consummation of illegal psychoactive substances*.

The fourth factor explains 3.9 % of the joint variance and includes the following variables: dejection, generalized fear, worrying, depressive / sad moods, common physical problems, indisposition, sleep disorders, weepiness, sense of inferiority, unhappiness, common illnesses, forced actions, thoughts, organic and symptomatic psychological disorders, social fear, issues with health, anorexia and age-inappropriate fears / phobias. The fourth factor is called *depressive disorders (pre-psychotic problems)*.

The fifth factor accounts for 3.2 % of the joint variance and is comprised of the variables: unusual behaviour, stereotypical speech, loud talking, disorders concerning distancing, ticks, stuttering, stereotypical movement disorders and social impairment in hyperkinetic disorders. We have called it *disorders caused by MCD (compulsive behaviour)*.

The sixth factor represents 2.6 % of the joint variance; it includes encopresis and fear of defecation. We have called it *defecation disorders*.

On the basis of studying four hundred children in educational institutions in Switzerland, Meierhofer (in Schrader 1991) established what he calls "abandonment syndrome" on the following behavioural deficits found in the children: children presenting with motor agitation, restlessness, bedwetting, sleep and eating disorders, non-immunity to illness and forms of self-stimulation.

According to Van der Doef (1992), emotional disorders signify children's difficulties in assimilating into a new environment and they manifest emotional disorders if they have to function separately from their parents. Emotional disorders manifest themselves in three forms: separation anxiety, pronounced withdrawal from contact with other people and excessive fearfulness.

Myschker (2002) enumerates six significant drawbacks, disorders with minimal cerebral dysfunction (MCD): MCD can present itself in very different forms and doubles up with hyperkinetic disorders,

learning difficulties and behavioural disorders. Goddes (in Myszker 2002) calls them “*softsigns*” – soft symptoms:

1. symptoms connected with belated or decelerated speech, uncoordinated movement, perception disorders, orientation uncertainty (left-right), high level of motor irritability and tension;
2. with neurological factors: nystagmus, tremor, strabismus;
3. in a different tone of half of the body, a lighter form of asymmetry;
4. fluctuation in mental ability;
5. attention disorders, activity and stimulation regulation; and
6. affective disorders.

When it comes to the connections between behavioural disorders and early childhood brain damage, it is necessary to differentiate between primary and secondary symptoms, where behavioural disorders present themselves directly, for example in hyperactivity or attention deficit (Schrader 1991). Numerous authors see some signals as primary, others as secondary; certain scientists define the syndrome uniformly and ascribe it with the following phenomena (Lempp, Nissen, Göllnitz, Züblin, in: Schrader 1991, p. 343):

- attention deficit, hyperkinetic psychomotor functioning, emotional lability, apathy and reduced psychomotor functioning;
- affected concentration and memory ability;
- decelerated thinking;
- motor restlessness;
- stupor;
- disorder concerning establishing distance, uncertainty when having to adapt quickly to an alien environment (without ‘critical’ distance);
- disorder concerning social experiences (difficulties in defining one’s own personality and the partner’s signals in communication and interaction processes);
- impulsiveness;
- general communication ability impairment;
- relatively low frustration tolerance;
- reduced ability of stimuli selection; and
- impaired perception of visual, audio, kinaesthetic and proprioceptive signals.

Various interactions between the above-mentioned primary classification factors trigger secondary disorders and symptoms. This kind of disorder often acts as an impairment with learning difficulties, which also often cause behavioural difficulties and disorders. These children are also handicapped because they cannot separate important from less important stimuli, and are therefore in a permanent state of being flooded with various stimuli; this can manifest itself with impulsive, chaotic and agitated behaviour.

Myschker (2002) writes that depressive disorders can come into existence before the age of five; according to new data from Eisov (in Myschker 2002), it manifest itself in sleep and eating disorders, loss of interest, decreased participation in school, more permanent loss of joy or introversion. McKnew (in Myschker 2002) differentiates between three types of depression in children aged from 6 to 12 years: acute, chronic and masked – acute depression is connected to straining events; chronic continues for a longer period without any concrete triggering situations and is connected with similar disorders in close relatives; masked depression manifests in severely delinquent behaviour. According to McKnew's studies, approximately 5 to 10 % of children suffer from depression; with adolescents, the percentage is substantially higher, up to 18 %.

Myschker (2002) writes that drugs make us mentally and physically dependent (alcohol, opiates, cannabis, sedatives and hypnotics, cocaine, caffeine, tobacco, inhalants). According to Bohmn (in Myschker 2002), most studies have found that behavioural difficulties of children and adolescents that manifest themselves as impulsiveness, irritability, agitation and impatience are connected with the (ab)use of alcohol. We have called the second factor assessed by teachers (5.9 % of the entire system's variance) and the third factor assessed by social workers (5.2 % of the entire system's variance) "consummation of illegal psychoactive substances" (it is assessed very similarly by both types of participants).

Thiersch (1998) produced the following reasons behind specific behavioural and emotional disorders affecting children in educational institutions: learning difficulties (46.1 %), disorientation in everyday situations (27.5 %), developmental retardation (25%), psychological disorders (21.1 %), hyperactivity (7 %), addiction (7 %) and sexual development deviation (4.2 %).

Difficulties connected to school

We have managed to account for 59.331 % of the variance.

The first factor is the most complex and accounts for 40.9 % of the variance. It is comprised of the following variables: disinterest, lack of motivation, poor achievement at school, shortage of motivation for productive learning, sudden loss of interest, general lack of school achievement, learning difficulties and unexcused school absences. The first factor is called *unwillingness and an unsuitable attitude towards school*.

The second factor accounts for 11.9 % of the variance of the entire system. It correlates the highest with: calculation disorders, reading and writing disorders, combinations of learning skills disorders and articulation disorders. The second factor is called *specific learning difficulties*.

The third factor accounts for 6.5 % of the joint variance and includes the highly correlating variables: enjoys risky situations, impulsive behaviour, provoking, insulting teachers, hyperactive behaviour, school punishments, belonging to street gangs. The third factor is called *distinct excessive behaviour*.

Flosdorf (1988) finds that school, with its fixed demands for productivity, learning, discipline and social conformation, is often the decisive trigger that makes placement in a juvenile educational institution necessary. Those causes for deviancy or behavioural disorders that are linked to school are apparent in the following areas:

- socially established function of school,
- organizational and pedagogical influences of school and
- learning processes.

In a society aimed at productivity and efficiency, school acquires a selective function. It performs it in different forms: going from one year to the next, being held back, grading and acceptance procedures, the transition from lower to higher grades and a certificate, the end of schooling.

Long-lasting and extensive learning difficulties are clearly dependent upon behavioural and productivity disorders, which also manifests themselves in the psychological development

of a person (Schrader 1991). The connection between learning difficulties and behavioural disorders is also made because school demands are too high, because achieving standards is linked with the type of strain that leads to unwanted side effects in behaviour, experiencing and personality development. Baier and Heil (in Schrader 1991) stress that the fear that children and adolescents with learning difficulties and socio-emotional disorders acquire in school, manifest themselves in depression, aggression against classmates and teachers, as well as in destructive rage.

Conclusion

We have discovered, as was expected in view of comparable research, that children and adolescent with behavioural and emotional disorders are burdened by numerous factors of influence, and it is difficult to predict which will play a dominant role in the formation of a disorder. The following is an overview of the potential causes and behavioural phenomena that (according to our factor analysis) point to emotional and behavioural disorders:

Table 1: Potential Causes and Behavioural Phenomena

Etiological element	Factors (symptoms)	Factors (symptoms)	Etiological element
Relationship between children and parents	1. non-acceptance (rejection) of the child 2. educational powerlessness / incompetence of the parents 3. emotional coldness of parents 4. negative identification factors 5. poor school achievement 6. overly demanding parental upbringing	1. obstinate self-centred behaviour (egocentric tendencies) 2. social anxiety 3. conflict social behaviour 4. difficulties maintaining relationships 5. no verbal self-control 6. irresponsible, infantile attitude 7. mood swings	Attitude difficulties

Continuation of table 1:

Violence against children	<ol style="list-style-type: none"> 1. extra-familial torment of the child 2. endangering family environment 3. child did not experience sexual violence 4. familial torment of the child 	<ol style="list-style-type: none"> 1. distinct aggressive behaviour 2. dissocial behaviour 3. dissocial normative orientation 4. seeking adrenaline highs by committing criminal offences 5. physical and psychological maltreatment of others 	Dissocial behaviour
Attitude towards school and peers	<ol style="list-style-type: none"> 1. conflicts with school and peers 2. negative attitude towards school 3. loneliness, isolation from friends 	<ol style="list-style-type: none"> 1. specific psychopathogenic deviation 2. sexual development crises 3. consummation of illegal psychoactive substances 4. depressive disorders (pre-psychotic difficulties) 5. disorders due to MCD (compulsive behaviour) 6. defecation disorders 	Specific personal, emotional and psychosomatic difficulties
Frightening events that lead to a decrease in self-respect	<ol style="list-style-type: none"> 1. existential problems and criminal offences of the father 2. no chronic torment of the child 3. difficult material situation of the family and unemployment of the mother 4. poor achievement at school 5. accidents and illnesses of people the child is close to 6. separation problems (pressure on the child when the parents do not agree) 	<ol style="list-style-type: none"> 1. unwillingness and an unsuitable attitude towards school 2. specific learning difficulties 3. distinct excessive behaviour 	Difficulties connected to school

It is dangerous to speak of causes or a cause that leads to placement in a juvenile educational institution. It is more prudent to discuss the structure or system of circumstances that leads to the decision to place a child or adolescent into such an institution. Personal, social and legal points of view are varied. The circumstances decide if a young person's path will lead to a juvenile educational institution. Sometimes the smallest details play the key roles: an impatient social worker, a telephone call to the Social Work Centre at an inopportune time, a notification about an available room at an institution, an annoyed neighbour etc. (Simmen, 1988, p. 129). Whether all other options have been explored and whether placement in a juvenile educational facility really is the most suitable form of help, in some cases only becomes clear in time. Simmen also states that decisions are often made by experts that try to keep people apart, rather than bring them closer. What is missing? There is a shortage of clear and lucid decisions that the parents and a team of experts reach by discussing and exploring all of the options, without losing sight of the child and his point of view.

Behavioural and emotional disorders are caused by numerous factors and the more we become aware of all possible forms of influence, the closer we are to understanding and consequently also to supporting young people that in all likelihood were not born this way. Even understanding an individual and his situation in life is sometimes enough to begin building bridges between those that have been cast aside, those that feel cast aside, and those that see themselves as beyond repair.

References

1. Barker, C. 2000. *Cultural Studies. Theory and Practice*. London: Sage Publications.
2. Beauvoir, S. de (2000) *Drugi spol*. Delta: Ljubljana.
3. Beck, U. (2003). *Risk Society: Towards a New Modernity*. London, Newbury Park, New Delhi: Sage Publications.
4. Blandow, J. (2000). "Am Ende des Jahrhunderts des Kindes". Über Grenzen und Grenzfälle der Jugendhilfe. *Zeitschrift für Erlebnispädagogik*, 2 (20), p. 13 – 23.

5. Bönisch L. (1998). Ist Gewalt männlich. In: Thiersch, H.; Wertheimer, J.; & Grunwald, K. (Hrsg.), "...Überall, in den Köpfen und Fäusten." Darmstadt: Wissenschaftliche Buchgesellschaft.

6. Bourdieu, P. 2001. *Masculine Domination*. Cambridge: Polity Press.

7. Bregant, L. (1987). *Etiološka klasifikacija disocialnih motenj. Psihoterapija 15*. Ljubljana: Univerzitetna psihiatrična klinika Ljubljana.

8. Bürger, U. (1998a). *Ambulante Erziehnugshilfen und Heimerziehung, Empirische Befunde und Erfahrungen von Betroffenen mit ambulanten Hilfen vor einer Heimunterbringung*. Frankfurt/Main: IGFH – Eigenverlag.

9. Bürger, U. (1998b). *Untersuchung der Ursachen der unterschiedlichen Inanspruchnahme vollstationärer Heimerziehung im Verbandsgebiet, Teilbericht II*. Stuttgart: Landeswohlfahrtsverband Württemberg-Hohenzollern.

10. Bürger, U. (1998c). *Ursachen der unterschiedlichen Inanspruchnahme von Heimerziehung*. Stuttgart: Landeswohlfahrtsverband Württemberg-Hohenzollern.

11. Bürger, U. (1999). Die Bedeutung sozialstruktureller Bedingungen für den Bedarf an Jugendhilfeleistungen. In: ISA (Hrsg.), *Soziale Indikatoren und Sozialraumbudgets in der Kinder- und Jugendhilfe*. Münster: Votum.

12. Dekleva, B. (2002a). Mladi v urbanem okolju in nasilje. In: Meško, G. (ed.), *Vizije slovenske kriminologije*. Ljubljana: Visoka policijsko-varnostna šola.

13. Dekleva, B. (2002b). Nasilje, priseljenci in šola. *Didakta*, 66/67 (12), p. 8-11.

14. Doef, V. d. (1992). Four Features of Child Psychopathology. An Interdisciplinary Model of Classification and Treatment. In: Van der Ploeg, J. D. (ed.), *Vulnerable Youth in Residential Care*. Leuven: Garant, p.19 – 27.

15. Downes, D. M. (2003). *Understanding Deviance: Guide to the Sociology of Crime and Rule-breaking*. Oxford, New York: Oxford University Press.

16. Elliott, C. (2002). *English Legal System*. Harlow: Pearson Education.

17. Farrington, P. D. (2001a). Developmental Criminology and Risk-focused Prevention. In: M. Maguire, R. Morgan and R. Reiner (eds.) *The Oxford Handbook of Criminology (3rd ed.)* Oxford: Clarendon Press, p. 657-702.

18. Farrington, P.D. (2001b). Key Results from the First Forty Years of the Cambridge Study in Delinquent Development. In: Thornberry, T. P. and Krohn, M. D. (eds.) *Taking Stock of Delinquency: An Overview of Findings from Contemporary Longitudinal Studies*. New York: Springer US.

19. Flosdorf, P. (1988). Kinder und Jugendliche in den Heimen. In: Flosdorf, P. (Hrsg.). *Theorie und Praxis stationärer Erziehungshilfe, Band 1. Konzepte in Heimen der Jugendhilfe*. Freiburg im Breisgau: Lambertus-Verlag.

20. Haralambos, M., & Holborn, M. (1999). *Sociologija: teme in pogledi*. Ljubljana: DZS.

21. Krajnčan, M (2006). *Na pragu novega doma*. Ljubljana: Pedagoška fakulteta.

22. Marvin, E.W. (1975). *Criminology Index: Research and Theory in Criminology in the United States, 1945-1972*. New York: Elsevier Scientific.

23. Miščević, N. (2001). *Nationalism and Beyond*. Budapest, New York: CEU Press.

24. Myschker, N. (2002). *Verhaltensstörungen bei Kindern und Jugendlichen, 4 Auflage*. Stuttgart: Verlag W. Kohlhammer GmbH.

25. Olweus, D. (1995). *Trpinčenje med učenci*. Ljubljana: Zavod Republike Slovenije za šolstvo in šport.

26. Post, W. (1997). *Erziehung im Heim*. München: Juventa Verlag. Retrieved 10 January 2007, from: <http://www.criminology.fsu.edu/crimtheory/wolfgang.htm>.

27. Schrader, W. (1991). *Heilpädagogische Heimerziehung bei Kindern und Jugendlichen mit Verhaltensstörungen und Lernbehinderungen*. Frankfurt am Main: Verlag Peter Lang GmbH.

28. Simmen, R. (1988). *Heimerziehung im Aufbruch*. Bern und Stuttgart: Verlag Paul Haupt.

29. Smith, J. & Johnston, H. (2002) *Globalization and Resistance. Transtational Dimensions of Social Movements*. New York, Oxford: Rowman & Littlefield Publishers, inc.

30. Thiersch, H. (1998). *Leistungen und Grenzen von Heimerziehung*. Köln: Kohlhammer Verlag.
31. Tomori, M. (2002). Šolska neuspešnost kot dejavnik tveganja za celotni osebnostni razvoj. In: Bergant, K., & Musek, Lešnik, K. (ur.), *Šolska neuspešnost med otroki in mladostniki*. Ljubljana: Inštitut za psihologijo osebnosti.
32. Ule, M. (2000). Mladi v družbi novih tveganj in negotovosti. In: Ule, M., Rener, T., Čeplak Mencin, M. & Tivadar, B. (eds.), *Socialna ranljivost mladih*. Šentilj: Aristej.
33. Weber, M., Rohlander, C. (1995). *Sexueller Mißbrauch. Jugendhilfe zwischen Aufbruch und Rückschritt*. Münster: Votum Verlag.
34. Willett, C. (1998). *Theorizing Multiculturalism*. Malden: Blackwell.
35. *Zakon o varstvu osebnih podatkov (uradno prečiščeno besedilo) (ZVOP-1-UPB1)*. (2007). Retrieved August 12, 2008, from: http://zakonodaja.gov.si/rpsi/r05/predpis_ZAKO5245.html.

Empirical article, submitted for translation in November 2008.