MORAL COMPETENCE AND CONDUCT DISORDER AMONG FILIPINO CHILDREN IN CONFLICT WITH THE LAW

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DISCLOSURE

I have no financial conflicts of interest to disclose regarding this presentation.
INTRODUCTION
FILIPINO CHILDREN IN CONFLICT WITH THE LAW

- In the Philippines, the number of children in conflict with the law (CICL) has increased in the recent decades.
  - In 2009, the Juvenile Justice and Welfare Council reported that there were more than 11,000 Filipino children in conflict with the law [1,2].
  - This increase is consistent across most regions in the country, as well as the Southeast Asia region.

1. Bocar A, Mercado M, Macahis J, Serad N. In: SSRN Electronic Journal. 2014.
2. Quismundo, T. Philippine Daily Inquirer. Juvenile crimes up by 18% -- PNP.
CONDUCT DISORDER AND CONFLICT WITH THE LAW

- Western studies has shown that delinquent youth are likely to have conduct disorder [3].
- Rates of conduct disorder in juvenile delinquents are 73-77%.

- Conduct disorder is defined as a repetitive and persistent pattern of behavior in which the basic rights of others or major societal norms or rules are violated [4].
- Children with conduct problems have increased risk for comorbid psychiatric conditions, as well as severe antisocial and criminal behaviors in adolescence and adult life [3, 5-7].

3. Hill J. J Child Psychol Psychiatry. 2002 Jan;43(1):133–64.
4. American Psychiatric Association. 2013. p. 469–75.
5. Sampson RJ, Laub JH. Child Dev. 1994 Apr;65(2 Spec No):523–40.
6. Frick PJ. Child Adolesc Psychiatric Clinic N Am. 2006;11(3).
7. Scott S. BMJ. 1998 Jan 17;316(7126):202–6.
CONDUCT DISORDER AND CONFLICT WITH THE LAW

- Children with conduct problems have a reduced capacity for empathy and moral judgment, and this may contribute to antisocial behaviour.
- Juvenile delinquents as a group have been found to have lower levels of moral competence and higher levels of psychopathy compared to their non-delinquent counterparts [8-10].
- However, other studies do not support the presence of a relationship between delinquency, psychopathy, and moral competence [11-12].

8. Campagna AF, Harter S. J Pers Soc Psychol. 1975 Feb;31(2):199–205.
9. Lee M, Prentice NM. J Abnorm Child Psychol. 1988 Apr;16(2):127–39.
10. Brugman D, Aleva AE Journal of Moral Education. 2004 Sep;33(3):321–38.
11. Link NF, Scherer SE, Byrne PN. 1977 Nov;22(7):341–6.
12. Cima M, Tonmaer F, Hauser MD. 2010 Mar;5(1):59–67.
FAMILY-RELATED FACTORS AND CONFLICT WITH THE LAW

- Family-related factors have also been associated with conduct disorder and juvenile delinquency. These factors include:
  - Child abuse or neglect
  - Harsh parental discipline
  - Low levels of parental warmth
  - Family disruption [5-6].

- It has been suggested that moral competence is highly influenced by parents, as parents are often the basis upon which children learn to judge moral dilemmas [13-14].

13. Hudgins W, Prentice NM. Journal of Abnormal Psychology. 1973;82(1):145–52.
14. Fodor EM. Journal of Genetic Psychology. 1973 Mar;122(1):37–43.
FAMILY-RELATED FACTORS AND CONFLICT WITH THE LAW

- Parental influences on moral competence may lead to the development of conduct disorder and eventually, delinquent behavior.
- Hence, these three factors were selected as the main study variables.
STUDY OBJECTIVES

- Present a demographic profile of Filipino children in conflict with the law
- Determine the prevalence of conduct disorder in the sample
- Determine the presence of an association between conduct disorder and the following:
  - Family background
  - History of abuse
  - Moral competence
  - Parental warmth and acceptance
  - Comorbid psychiatric conditions
METHODOLOGY
STUDY DESIGN AND SETTING

- This was a descriptive cross-sectional study conducted at the Kanlungan ng Kabataan Village Children in Conflict with the Law Custodial Care Center and Children’s Haven, Antipolo City, Philippines in 2017.

- Participants were recruited using convenience sampling.
STUDY PARTICIPANTS

Inclusion criteria
• Initial referral to the center due to conflict with the law, informed assent from the participant and informed consent from the guardian

Exclusion criteria
• Diagnosed psychiatric illness, the inability to understand either the English or Tagalog language.
STUDY PROCEDURE

Determination of eligibility
Informed assent/consent

Data gathering using the DSM-5, MCT, PWAS
Conduct disorder and comorbid conditions (DSM-5)  Moral competence (MCT)  Abuse, family constellation, parental warmth (PWAS)

Statistical analysis using SPSS v.23
Descriptive statistics  Chi-square analysis  Independent T-tests
ETHICAL CONSIDERATIONS

- Assent was secured from all participants, and informed consent was secured from a legally authorized representative of each child.
- Anonymity and confidentiality were ensured.
- Ethical approval was secured from the UERMMMCI Research Institute of Health Sciences prior to conduct of the study.
RESULTS
## Sample Characteristics

|                           | Total Sample | CD Sample | Control Sample | Test Statistic | df | Sig. (p-value) |
|---------------------------|--------------|-----------|----------------|----------------|----|---------------|
| **Number of Subjects (n)**| 23           | 10        | 13             |                |    |               |
| **Gender**                |              |           |                |                |    |               |
| Male (n)                  | 21           | 10        | 11             | 2.43           | 1  | 0.12          |
| Female (n)                | 2            | 0         | 2              |                |    |               |
| **Age**                   |              |           |                |                |    |               |
| Mean                      | 17.26        | 17.60     | 17.00          | 0.68           | 21 | 0.50          |
| SD                        | 2.07         | 1.51      | 2.44           |                |    |               |
| **Educational Attainment**|              |           |                |                |    |               |
| Grade 1-3                 | 2            | 2         | 0              | 3.67           | 3  | 0.30          |
| Grade 4-6                 | 10           | 4         | 6              |                |    |               |
| Grade 7-9                 | 6            | 2         | 4              |                |    |               |
| Grade 10-12               | 5            | 2         | 3              |                |    |               |
| **Presence of Stepfamily**|              |           |                |                |    |               |
| Yes                       | 13           | 7         | 6              | 1.33           | 1  | 0.25          |
| No                        | 10           | 3         | 7              |                |    |               |
### Chi-Square Analysis:
**Type of Violations Committed**

| Type of Violation | Theft | Substance Use or Trade | Sexual Offenses | Homicide |
|-------------------|-------|------------------------|-----------------|----------|
| CD                | 9     | 6                      | 6               | 3        |
| CTRL              | 3     | 1                      | 0               | 0        |

*LR=14.63, df=3, p=0.002
CHI-SQUARE ANALYSIS: COMORBID SUD AND PRESENCE OF ABUSE

Presence of a Substance Use Disorder

*LR=5.27, df=4, p=0.022

Presence of Abuse or Neglect

*LR=7.76, df=1, p=0.005
COMPARISON OF MEANS: VIOLATIONS COMMITTED AND MORAL COMPETENCE

Mean Violations Committed

* t=2.33, df=21, p=0.03

Moral Competence

* t=-2.99, df=21, p=0.007
DISCUSSION
DISCUSSION

- Majority of participants were between 16-18 years old, male, and were between Grades 4-6.
- More than half of them did not belong to a single, nuclear family.
- The demographic profiles of the participants were found to be in line with qualitative studies done in a Philippine context as well as other Asian research.
In contrast to Western rates, only 43.5% of the sample met the clinical criteria for conduct disorder. However, 87% had a comorbid psychiatric disorder, with the most common diagnoses being mood and adjustment disorders.

The presence of a comorbid psychiatric disorder in itself was not associated with the presence of a conduct disorder.
A SNAPSHOT OF FILIPINO CICL

Seven regions had 2,000 or more recorded cases of CICL between 2012-2015. The highest was Western Visayas with 7,953 cases, followed by Davao, with 6,684, then Central Visayas a far third with 2,766.

Theft was the most commonly committed offense by CICL in 2015, according to PNP.

1 in 4 CICL in NCR is apprehended for theft.

PNP said the number of foreign tourists and prevalence of crime syndicates in Western Visayas account for its high number of cases.
CHILDREN AND DRUGS 20,584 CHILD SURRENDEREEs ON DUTERTE’S FIRST 2 MONTHS

| Region                          | Number of Surrenderees |
|---------------------------------|------------------------|
| Cordillera Region               | 228                    |
| Ilocos Region                   | 387                    |
| Central Luzon                   | 479                    |
| National Capital Region         | 276                    |
| Western Visayas                 | 408                    |
| Negros Island Region            | 729                    |
| Zamboanga Peninsula             | 2,196                  |
| Autonomous Region in Mindanao   | 696                    |
| Cagayan Valley Region           | 511                    |
| Calabarzon                      | 534                    |
| Bicol Region                    | 719                    |
| Eastern Visayas                 | 642                    |
| Central Visayas                 | 3,971                  |
| Caraga Region                   | 1,821                  |
| Davao Region                    | 1,988                  |
| Soccsksargen                    | 953                    |

Nature of Involvement

| Type                | Percentage |
|---------------------|------------|
| Drug Users          | 98.35%     |
| Drug Pushers        | 1.33%      |
| Drug Couriers       | 0.32%      |

Gender

- Male: 18,902
- Female: 1,273
- Gay: 63
- Lesbian: 346

Educational Status

- Elementary: 8.22%
- High School: 45.43%
- College: 2.51%
- Out-of-School: 43.34%

Source: Philippine National Police's Women and Children Protection Center, July 1, 2016 - August 28, 2016
DISCUSSION

- Conduct-disordered children were more likely to have a comorbid substance use disorder.
- Substance use disorders, as well as polysubstance use, have generally been associated with conduct disorder in literature [7].
- A comorbid substance use disorder has been associated with severe functional impairment, recidivism and repeated incarcerations, and poorer treatment outcomes [15].

15. Sakai JT, Risk NK, Tanaka CA, Price RK. Psychol Med. 2008 Jul;38(7):1013–25.
DISCUSSION

- More conduct-disordered participants had a history of abuse or neglect.
- Parental hostility has been found to lead to child and adolescent aggression, delinquency, and withdrawal, through evoking negative emotions in children [16,17].
- Physically punished children were found to be 1.3x more likely to develop psychological problems and antisocial behavior [18].

- However, there were no significant associations between parental warmth and acceptance scores and conduct disorder.

16. Mackenbach J, et al. PLOS ONE. 2014;9(8):1–9.
17. Garcia A, Alampay LP. Philipp J Psychol. 2012;45(1):1–24.
18. Callender KA, et al. J Abnormal Child Psychology. 2012;40(3):471–83.
**DISCUSSION**

- Significant differences between the moral competence scores of children with conduct disorder and controls were noted.
  - This supports the theory that low moral competence may contribute to the development of conduct disorder and eventual conflict with the law.
**LIMITATIONS AND RECOMMENDATIONS**

| Limitations                                                                 | Recommendations                                      |
|----------------------------------------------------------------------------|------------------------------------------------------|
| • Relatively small sample size                                            | • Replication in larger populations                  |
| • Cultural specificity / limited generalizability                          | • Development of a local intervention program which aims to enhance moral competence |
| • Descriptive nature                                                       |                                                      |
MORAL COMPETENCE: A TARGET FOR INTERVENTION

- Moral competence among conduct disordered children can be a target for intervention.
- Administration of the EQUIP program, which was geared to increase moral competence, led to moral judgment gains and decreased levels of misconduct, truancy, and recidivism one year after release [19].
- Reductions in recidivism were noted for similar programs geared towards the improvement of moral functioning, making moral competence a promising focus for intervention programs [20-21].

19. Leeman, L.W., Gibbs, J.C., & Fuller, D. Aggressive Behavior, 1993; 19,281-292.
20. Wilson, D. B. et al. Research in Crime and Delinquency, 2000; 37, 347-368
21. Landenberger NA, Lipsey MW. J Experimental Criminology. 2005;1(4):451–76.
CONCLUSION

- In the study, less than half of the children met the criteria for conduct disorder.

- These children were more likely to have:
  - Committed multiple violations, particularly theft and homicide,
  - A comorbid substance use disorder,
  - A history of abuse or neglect, and
  - Lower moral competence levels

- Recommendations:
  - Study replication
  - Development and implementation of interventions geared towards increasing moral competence of children in conflict with the law
REFERENCES

Bocar A, Mercado M, Macahis J, Serad N. Common Factors of Juvenile Delinquent Acts. In: SSRN Electronic Journal. 2014.

Quismundo, T. Philippine Daily Inquirer. Juvenile crimes up by 18% -- PNP. Retrieved January 8, 2017, from http://newsinfo.inquirer.net/breakingnews/nation/view/20090210-188547/Juvenile-crime-up-by-18----PNP. 2009

Hill J. Biological, psychological and social processes in the conduct disorders. J Child Psychol Psychiatry. 2002 Jan;43(1):133–64.

Sampson RJ, Laub JH. Urban poverty and the family context of delinquency: a new look at structure and process in a classic study. Child Dev. 1994 Apr;65(2 Spec No):523–40.

Frick PJ. Developmental Pathways to Conduct Disorder. Child Adolesc Psychiatric Clinic N Am. 2006;11(3).

Scott S. Aggressive behaviour in childhood. BMJ. 1998 Jan 17;316(7126):202–6.

American Psychiatric Association. Disruptive, Impulse -Control, and Conduct Disorders. In: Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition. Arlington, VA: American Psychiatric Association; 2013. p. 469–75.

Campagna AF, Harter S. Moral judgment in sociopathic and normal children. J Pers Soc Psychol. 1975 Feb;31(2):199–205.

Lee M, Prentice NM. Interrelations of empathy, cognition, and moral reasoning with dimensions of juvenile delinquency. J Abnorm Child Psychol. 1988 Apr;16(2):127–39.

Brugman D, Aleva AE. Developmental delay or regression in moral reasoning by juvenile delinquents? Journal of Moral Education. 2004 Sep;33(3):321–38.

Link NF, Scherer SE, Byrne PN. Moral judgement and moral conduct in the psychopath. Can Psychiatr Assoc J. 1977 Nov;22(7):341–6.
REFERENCES

Cima M, Tonnaer F, Hauser MD. Psychopaths know right from wrong but don’t care. Soc Cogn Affect Neurosci. 2010 Mar;5(1):59–67.

Hudgins W, Prentice NM. Moral judgment in delinquent and nondelinquent adolescents and their mothers. Journal of Abnormal Psychology. 1973;82(1):145–52.

Fodor EM. Moral Development and Parent Behavior Antecedents in Adolescent Psychopaths. The Journal of Genetic Psychology. 1973 Mar;122(1):37–43.

Mackenbach J, Ringoot A, van der Ende J, Verhulst FC, Jaddoe V. Exploring the Relation of Harsh Parental Discipline with Child Emotional and Behavioral Problems by Using Multiple Informants. The Generation R Study. PLOS ONE. 2014;9(8):1–9.

Garcia A, Alampay LP. Parental Efficacy, Experience of Stressful Life Events, and Child Externalizing Behavior as Predictors of Filipino Mothers’ and Fathers’ Parental Hostility and Aggression. Philipp J Psychol. 2012;45(1):1–24.

Sakai JT, Risk NK, Tanaka CA, Price RK. Conduct disorder among Asians and Native Hawaiian/Pacific Islanders in the USA. Psychol Med. 2008 Jul;38(7):1013–25.

Callender KA, Olson SL, Choe DE, Sameroff AJ. The Effects of Parental Depressive Symptoms, Appraisals, and Physical Punishment on Later Child Externalizing Behavior. Journal of Abnormal Child Psychology. 2012 Apr;40(3):471–83.

Leeman, L.W., Gibbs, J.C., & Fuller, D. Evaluation of a multi-component group treatment program for juvenile delinquents. Aggressive Behavior, 1993; 19, 281-292.

Wilson, D. B., Gallagher, C. A., & MacKenzie, D. L. A meta-analysis of corrections-based education, vocation, and work programs for adult offenders. Journal of Research in Crime and Delinquency, 2000; 37, 347-368

Landenberger NA, Lipsey MW. The positive effects of cognitive–behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. Journal of Experimental Criminology. 2005 Dec;1(4):451–76.

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