FACTORS OF OCCURRENCE OF CHILDREN AT RISK AND THEIR PSYCHOLOGICAL CHARACTERISTICS

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Abstract: The article is devoted to one of the most important problems of our time — children whose behavior contradicts generally accepted social norms and rules, i.e. from the point of view of the risk of their actions in relation to society. The principal probability of leaving a teenager in the "field of deviance" is determined by the presence of risk factors, the essence of which allows us to identify the quality of self-esteem, the level of anxiety, aggressiveness and affillation as criteria for the development of social competence of children at risk. The article discusses the concept of "children at risk", explains the reasons for getting children into the "risk group". Also, the author describes the main value orientations of this group, especially in the development of adolescents included in it.

Keywords: children-at-risk, risk group, risk factors, adolescent, development, socialization, personality, behavior, social competence of the individual.

Children-at-risk are persons under 18 who experience an intense and/or chronic risk factor, or a combination of risk factors in personal, environmental and/or relational domains that prevent them from pursuing and fulfilling their God-given potential.

Adolescence (10-19 years) is a unique period of personality formation. A wide variety of physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can increase the vulnerability of adolescents to mental health problems. Improving the psychological well-being of adolescents and protecting them from severe shocks and risk factors that may affect their ability to develop successfully is essential for ensuring their well-being in adolescence, as well as their physical and mental health in adulthood.

Growing up, the initial stage of which falls on adolescence, is associated with the formation of the ability to refuse immediate immediate satisfaction of many important needs in favor of their later satisfaction (E. M. Naumova). Adolescence as a biopsychosocial phenomenon constitutes a specific temporal structure of behavior (I. Y. Kulagina, M. L. Pokrass), which is characterized by social competence, reflecting the degree of ownership of the subject of the situation, the level of understanding of the essence of what is happening, knowledge of the "rules of the game", understanding of social differences, distance, borders.

Within the last century, considerable changes in the health and illness pattern of children and adolescents have been observed. One characteristic of this phenomenon, which is referred to as the new morbidity' or even the millennial morbidity', is the growing importance of mental health concerns. Emotional and conduct problems are observed in about 10–20% of the children and adolescents. International findings result in a median of 12% across different studies. According to research by psychologists and teachers, most children fall into the risk group during adolescence. This is affected not only by the

conditions we discussed above within the family, but also by the child's physical development, too rapid puberty, and dissatisfaction with the changed appearance. Looking at the behavioral responses of adolescents at risk, psychologists came to the conclusion that the reactions can be either single or multiple. Psychologists believe that deviations in behavior in adolescents can be both temporary and permanent.it all depends on the General situation in which the teenager is located, as well as factors that affect the life of a person in this case, a teenager.

Adolescence forms the basis for building a new system of relationships with people around you, with friends and family, with the world as a whole. His need for recognition by others and self-affirmation does not always find support in society, where a teenager is perceived as a child, since he cannot fully perform psychophysiological social functions in society.

The emotional state of a teenager, dissatisfaction with themselves and other people-all this is a high-risk group. In connection with the restructuring of social control mechanisms, there is a borderline and uncertainty of the social situation. Undoubtedly, adult behaviors that involve self-discipline and self-control have not yet developed and become stronger, and the demands of adult obedience and the inherent forms of control of children no longer apply to them.

N.Y.Abramenko, studying the features of psychological factors of the "risk group" in adolescence, found that the concept of "risk group" first appeared in medicine. It was only in the late 60s of the XX century that it was transferred to psychology. In the context of the priority of public interests, the concept of "risk group" in the Soviet period designated a category of children whose behavior could pose a potential threat to society and others, since it directly contradicted the social norms and rules accepted in society. In recent years, this category of children is considered by experts from the perspective of the risk that they themselves are exposed to in society. These may be risks of loss of life, health, and normal conditions for development.

Good practice in work with children-at-risk also commonly emphasizes the value of child participation, so that children can see themselves as primary agents of change in their own lives rather than as defenseless objects of charity.

Many aspects of the situation of displaced children and adolescents can be seen as risk factors. Many of them will have had experiences of violence, loss and wholesale disruption to their lives, and often such stresses are compounded by other factors in the context of displacement.

How should “at risk” be assessed? Kristin Anderson Moore (USA, Ph.D) notes, to assess risk, a survey could be administered, or administrative data or government statistics could be used.

If children are at the center of the “at risk” definition, then it will be necessary to obtain data about individual children from school records or other administrative data or from a survey of children or parents.

If family characteristics are used to define risk, data might be available from the school, or it might be available from other administrative record systems, such as those pertaining to food stamps or Medicaid. Also, it might be possible to administer a survey to parents to obtain information about the family that would inform the program about the levels of risk that a family experiences.

If community characteristics are used to define risk (*for example, in the United States*), local area data from the U.S. Census or the American Community Survey might be used to describe the community. Crime statistics are also available for every city, as are vital statistics data on teen births and mortality. Community-level surveys also provide information about risks faced at the community level.

In adolescence, emotional disorders often develop. In addition to depression or anxiety, adolescents with emotional disorders may also experience increased irritability, dissatisfaction, or anger. According to who, Depression is the fourth leading cause of morbidity and disability in adolescents aged 15-19 years and the fifteenth leading cause of disability in adolescents aged 10-14 years. Anxiety disorders are the ninth leading cause of mental health disorders among adolescents aged 15-19 years and the sixth among those aged 10-14 years. Emotional disorders can greatly affect, for example, school attendance and performance. Isolation and loneliness can be compounded by social exclusion. In the most severe cases, depression can lead to suicide.

Many children have an increased risk of stress, various emotional problems and disorders (fears, depression, anxiety, aggression, apathy) due to the unfavorable psychological climate in the family and the lack of conditions for normal life. If such children are not provided with help and support, this can lead to the development of neuropsychiatric disorders, as well as social maladaptation of children.

According to research by scientists (F. Atabaev, 1993; Kh. K. Yuldashev, 1995; N. F. Dementieva, 1997; L. ya. Oliferenko, T. I. Shulga, 2002; A.V. Gogoleva, 2004, etc.), the sources of most deviations in children's behavior lie in a dysfunctional family.

A distinctive feature of dysfunctional families are: the manifestation of indifference and insufficient attention to children, the difficulty of correct gender-role identification and orientation of children; violation of family relationships, the difficulty of normal mental and moral development of family members, creating various social risks for both. society, which is represented by the family with its values, norms, rules, asocial direction of raising children, and for family members.

Many researchers (M. A. Alemaskin, P. p. Blonsky, E. I. Kazakova, V. M. Obukhov, D. I. Feldstein) identify various groups of factors, which allows adolescents to be classified as a risk group. In accordance with the problem of this study, we focused on psychological risk factors (V. E. Letunova):

— "biomedical (group health, hereditary reasons, congenital properties, disturbances in mental and physical development, the conditions for the birth of a child, illness of the mother and her lifestyle, etc.);

— socio-economic (large and incomplete families, young parents, unemployed families, and families that lead an immoral life; inability to live in society: escape, vagrancy, parasitism, theft, fraud, fights, murders, suicide attempts, aggressive behavior, alcohol, drugs, etc.);

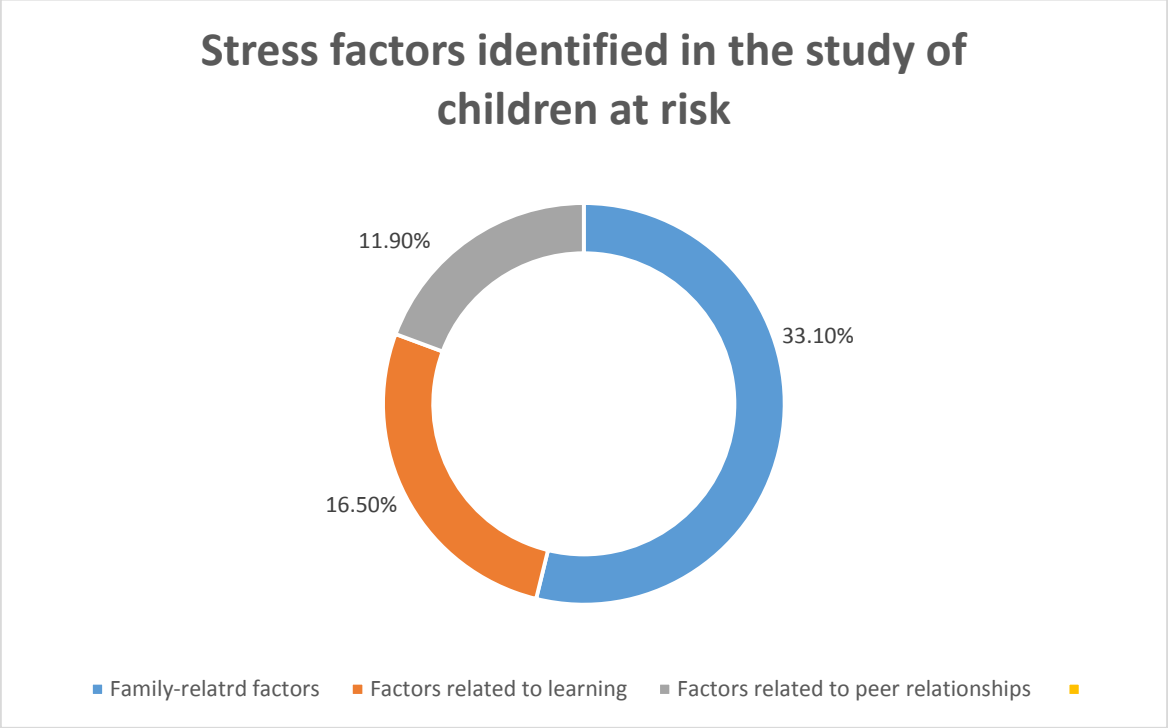
— education (mismatch of content of programmes, the educational institution and the learning environment of children by their physiological characteristics, pace of psychological development of children and pace of learning, the predominance of negative evaluations, lack of activities, lack of interest in teaching, closeness to the positive experience, not being a model student, etc.);

- psychological (alienation from the social environment, self-rejection, neurotic reactions, communication disorders with others, emotional instability, failure in activities, failure in social adaptation, difficulties in communication, interaction with peers and adults, etc.)".

Thus, the analysis of the psychological characteristics of adolescence as a period of growing up of a child, the development of self-awareness and, as a result, the growing contradiction between their own needs and capabilities, allowed us to determine the psychological factors of the risk group: self-esteem, anxiety, aggression, and affiliation.

As noted by p. Isamova and a.m. Perper, in a study aimed at studying the psychological problems of children at risk (N=419), it was found that the need for such children in psychological support is quite high. The responses of children at risk (see figure

1) show that significant stressful factors include: problems in child-parent relationships related to conflicts, misunderstandings, and abuse of alcohol or narcotic substances by parents; problems in educational institutions associated with a lack of desire to learn, poor relationships with teachers and classmates; failures in romantic and friendly relationships. In addition, some children reported difficulties in receiving psychological assistance, which, without being a cause of stress, prevent children from safely emerging from stress and resolving their problems in a timely manner.



Many behaviors associated with health risks, such as substance use or risky sexual behavior, originate in adolescence. Risky behaviors can be both unsuccessful attempts to cope with mental health problems, and a negative factor that has serious consequences for the mental and physical well-being of a teenager.

According to WHO statistics, in 2016, the prevalence of heavy episodic alcohol use among adolescents aged 15-19 years worldwide was 13.6%, representing the greatest threat to boys and young men.

Tobacco and cannabis use are also of particular concern. Cannabis is the most common drug among young people, with 4.7% of young people aged 15-16 using it at least once in 2018. Many adult smokers tried their first cigarette before the age of 18.

As with findings on psychosomatic health symptoms, the study findings reinforce the strong and significant relationship between psychological well-being (life satisfaction and psychosomatic symptoms) and involvement in risk behaviours. They also suggest that an understanding of adolescent health must consider psychological, physical and behavioural dimensions.

Substance use is a known predictor of delinquency (Barnes, Welte, & Hoffman, 2002), and in general, involvement in risky activities can have long-term consequences on

young people's health, development and social, personal and professional achievement (Resnick & Burt, 1996).

In the scientific literature, psychological assistance is considered as a field of practical application of psychology, focused on improving the socio-psychological competence of families and children and providing psychological assistance. According to P. Isamova, this is work with families and children, aimed at solving various psychological problems, as well as providing information support. Problems that require psychological help can be both personal and interpersonal (intra-family, extra-family). Often, when a child is dealing with psychological problems, help is required not only for him, but also for his parents, since it is the psychological state of the parents, as the child's closest environment, that affects his behavior and condition. Destructive child-parent relationships are considered one of the main factors of deviant behavior of a child. In addition, they are one of the main causes of stress, anxiety, personality disorders and behavioral and social problems in children.

Behavioral disorders in childhood are the second leading cause of the burden of disease among adolescents aged 10-14 years and rank eleventh among adolescents aged 15-19 years . Behavioral disorders in childhood include attention deficit hyperactivity disorder (which is characterized by problems with concentration, hyperactivity, and actions without taking into account the consequences that are unacceptable at this age) and behavior disorders (with symptoms of destructive or defiant behavior). Behavioral disorders in childhood can negatively affect the learning of adolescents and may cause illegal behavior.

According to various studies, among the factors leading to the formation of criminal behavior of minors, factors of moral, social and socio-economic plan are usually singled out.

Moral and social factors of juvenile delinquency include:

- the weakening and crisis of the modern family -- greater conflict between family members, extremely high divorce rates, lowering of cultural and moral level of parents, loss of family traditions and interfamily relationships of the extended family, increasing the fragmentation of the family, a significant decrease in communication between them, high a family history of parents with alcoholism, the fall of the authority of parents, the unwillingness or ignorance of the correct and systematic training of children; neglect, neglect of children or on the contrary their excessive pampering, the construction of "geocentrists" family relations, etc.;

- deviations in the mental development of children, repeatedly amplified by improper upbringing and the negative impact of aggressive micro and macro environment;

- deformation of the moral and legal development of minors, legal nihilism, disproportionate development of material needs to the detriment of spiritual needs, the growth of idleness as a way of life, sexual promiscuity, the growth of consumer attitudes; harmful effects of modern mass culture;

- stigmatization in the educational process of school students who have difficulties in learning, the consequences of which is the search for self-realization by a teenager outside of school;

- an increase in individualistic attitudes, ego and group-centrism, violent ways to resolve conflict situations, and an increase in aggressiveness;

- reducing the threshold of "criminal consciousness" of minors, allowing communication with representatives of anti-social and criminal groups;

- increase in drug and alcohol abuse among minors;

- the emergence of mass neglect and homelessness of minors, especially in the regions;

- reduction of the educational and monitoring potential of state and public institutions and organizations; negative consequences of liberalization-understanding of freedom by minors as permissiveness and impunity, etc.

Socio-economic factors include:

- minors ' perception of the injustice of the accelerated stratification of society into rich and poor;

- low standard of living of a certain category of the population;

- difficulties in continuing professional education for minors due to its increased inaccessibility, low employment prospects with high unemployment, unwillingness to engage in low-paid and low-skilled work.

Therefore, taking into account all the factors that contribute to the Commission of offenses (criminogenic factors that negatively affect the moral formation of the personality of offenders; various conflict situations; external conditions and circumstances that objectively contribute to the Commission of crimes and the onset of criminal results; age characteristics; features of moral and family education), it is possible to build a clear system of prevention and prevention of crimes.

Of course, the direct object of social control in the field of crime prevention is the personality of students of offenders as carriers of various public relations, relations and phenomena of criminal significance. First of all, they should include: children and teenagers who voluntarily left school, lyceums and other educational institutions, do not study anywhere, do not work and lead an anti-social lifestyle; difficult-to-educate and underachieving students who systematically violate the school regime and the rules of social behavior; minors who were conditionally sent or returned from special schools or special institutions; teenagers who have returned from places of detention, who have been sentenced by the courts to non-custodial measures, as well as those who have been conditionally convicted and transferred to the public for re-education; convicted students who have been suspended by the courts; unsupervised teenagers from among students who have committed offenses and are registered with the Commission on juvenile affairs.

Based on the results of the diagnostic study presented above, it can be concluded that adolescents whose upbringing is carried out in families of the "risk group", in comparison with adolescents from well-off families, are more likely to have such personal qualities as a high level of anxiety, low self-esteem, rigidity, self-doubt, excessive compliance and obsequiousness, sensitivity and dependence on the opinions of others. Being brought up in an environment of constant conflicts of parents, emotional stress and rejection, teenagers become aggressive, hot-tempered, impulsive, show rigidity to other children and animals, show an inability to control the manifestations of emotional reactions and their behavior in General. They do not adapt well, are afraid of failures and insults, and have difficulties communicating with their peers and adults.

The main distinguishing feature of children at risk is that formally, legally, they can be considered children who do not require special approaches (they have a family, parents, they attend a regular General education institution), but in fact, for various reasons that do not depend on them, these children find themselves in a situation where their basic rights, enshrined in the UN Convention on the rights of the child and other legislative acts, are not fully realized or even violated - the right to a standard of living necessary for their full development, and the right to education. Children themselves cannot solve these problems on their own. They either can not understand them, or do not see a way out of the difficult life

situation in which they find themselves. At the same time, children at risk not only experience the impact of negative factors, but very often do not find help and sympathy from others, while the help provided at the right time could support the child, help him overcome difficulties, change his worldview, value orientations, understanding of the meaning of life and become a normal citizen, person, personality.

Based on this, we can conclude that the surrounding microenvironment and psychological climate in the family, conditions of upbringing, relationship with parents and the personality of the parents will influence the child first and foremost in his character. If the family atmosphere is unfavorable for the harmonious mental development of the child, it is likely that the formed features of his personality will be pathological. At the same time, a child may become a carrier of a certain symptom that is present in the family in a hidden or explicit form, which will certainly affect the properties of his personality. That is why it is necessary to carry out timely and comprehensive preventive work with families of the "risk group" in order to level out cases of family problems.

The help provided at the right time helps the child to rethink their view of the future, because many people are simply not sure of further success and happiness in life. The task of teachers in working with these children is not to criticize and condemn, but to show empathy to help change the values and worldview of a teenager who finds himself in such a situation. The main thing is that these children are not antisocial, they are in the "risk group", which means that you can avoid negative consequences.

The organization of education and upbringing of "children at risk" should be carried out comprehensively, only then it will be effective. Doctor neuropsychiatrist, a therapist, a psychologist, speech therapist, social worker. These children require medication therapy, which is carried out by a psychologist.

The main activities of the psychologist are to optimize the communication of "children at risk" with their peers and adults, the formation of their self-esteem and self-confidence, the development of the ability to set goals and control themselves.

Since" children of the risk group "have disorders in cognitive activity, the work of the defectologist will consist in the development of such processes as attention, memory, imaginative and logical thinking, the development of perception and orientation in space.

The task of the speech therapist will include the following areas of work: examination of the speech condition of these children, work on correcting sound pronunciation, vocabulary development (as a rule, these children have a General speech underdevelopment), elimination of optical dysgraphy and dyslexia, filling in gaps in the Russian language.

A large role in working with children of the "risk group" is assigned to the social teacher. They should study together with a practical psychologist the medical and psychological, age, and personal characteristics of children, their abilities, interests, attitudes to school, study, behavior, and social circle, and identify positive and negative influences in the child's personality structure. It is important for a social pedagogue to know about the material and housing conditions of the wards. they need to systematically analyze certain life conflicts in order to help them and their teachers find the right solutions and ways out of unfavorable situations. It should interact with various social services, providing the necessary assistance to children.

An important component of the social pedagogue's activity is the timely formation of socially significant intersex relationships among children, as well as the social pedagogue organizes legal education among teachers and students, explaining their rights and responsibilities to them.

Finally, while the term “children-at-risk” seems to connote an individualistic focus, effective practitioners know that every child is embedded in a series of nested systems of family, community, nation-state, and history (among others) all of which must be given

attention regarding both risk and resilience factors in order to achieve long term outcomes that are in the best interests of not just the child.

Concluding the conversation about "children at risk", it is appropriate to highlight a few General rules that must be followed in working with this category of children.

First, *the responsibility of the teacher is especially great here, since the fate of the student largely depends on the correctness and accuracy of the conclusions. Any guess (for example, about the need to contact other specialists for help) should be carefully checked in the diagnostic work.*

Second, *you need to be extra careful and thoughtful when you need to tell other people about your child's problems. To do this, you should abandon the clinical and psychological terminology and use only everyday vocabulary. At the same time, parents and other teachers should be given clear and precise recommendations on how to help a child who is experiencing difficulties.*

Third, *you should pay special attention to the specifics of the family situation. Working with the family of a "risk group" child is often a more important means of psychoprophylaxis than working with a group of students and teachers. Compliance with these conditions makes it possible to help the child, create conditions for compensating for difficulties.*

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