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# THE MAIN FORMS OF AGGRESSIVE MANIFESTATIONS IN THE CLINIC OF MENTAL DISORDERS OF CHILDREN AND ADOLESCENTS AND FACTORS AFFECTING THEIR OCCURRENCE

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Abstract. Aggressive behavior is common in adolescence. A teenager carries out his aggressiveness in order to gain life experience, achieve prestige and self - awareness. The problem of alcoholism and drug malignancy in adolescents with cognitive, emotional and behavioral disorders is widely discussed. This is especially true for children with perinatal pathology and minimal brain dysfunction, described as mental retardation with a psychopatho-like syndrome, which is often referred to as attention disorder hyperactivity syndrome.

**Keywords:** aggressive manifestations, mental disorders, children and adolescents, factor.

**Introduction.** Many works of researchers of various specialties – psychologists, sociologists, teachers and others-are devoted to the study of the phenomenon of aggression in children and adolescents. The results of previous studies in psychiatry have shown that between 50% and 70% of adolescents who have committed an aggressive offense have mental disorders. In our country, this problem is more than 25%, especially considering the significant increase in the prevalence of mental disorders in the population of children and adolescents in 12 years [1-3]. Among the risk factors for aggressive (antisocial) behavior, the leading importance in most studies is given to the social environment. Nevertheless, in recent years, neurobiological factors have become important, which have a stimulating and protective effect on the development processes of the brain, including the development of limbic system structures. This study is one of the parts of scientific work dedicated to the study of the clinical dynamic characteristics of mental disorders in children and adolescents with an aggressive-sadistic character, the development of methods for early diagnosis and Prevention of delinquent behavior [4-9].

Severe forms of violent behavior, social and clearly pathological forms of aggression have become increasingly common in recent times. We can talk about the real epidemic of teenage cruelty [10].

Every year, with such violence, many cases come to the attention of the police. Torturers are not children in dysfunctional families, but children of wealthy parents. The number of people who want to buy a disc with real scandals and violence is growing every year, and this phenomenon is widespread. At the same time, merchants cannot be held accountable. According to experts,

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more than 60% of children aged 8-17 agree to participate in violent scenes. And 6% of them give the opportunity to kill a person if he is generously rewarded. Cases of unjustified and sadistic beatings of people have increased dramatically over the past 2-3 years. The age of the rapists decreases sharply [11-14].

Currently, psychologists, teachers, doctors have extensive experience in the education, correction of violations and deviant behavior. In particular, functional treatment is used with the help of psychological and pedagogical programs [15-18].

Literature analysis indicates the scarcity and contradiction of information on Genesis, diagnostic criteria and functional new approaches to the complex rehabilitation of adolescents with deviant behavior [19-21]. Data on neurophysiological mechanisms to compensate for emotional and behavioral disorders in adolescents with reactive conditions using non-pharmacological methods to correct functional status are still poorly studied and very controversial. Methods of psychological and pedagogical influence on children and adolescents prone to developing addictive and deviant forms of behavior have not been sufficiently developed [22-26].

From a physiological point of view, addiction is an excessive fixation of a person on a certain activity, focusing on his narrow field, and in medical practice — this is the formation of dependence on alcohol, drugs, computers (gambling and gambling), extreme activity. Targeted behavior in this case is a manifestation of defense mechanisms in the elimination of intrapsychic conflict. This form of stress avoidance, otherwise known as passive coping movement, is not actually constructive, as it does not fundamentally address personal conflict. For a dependent person, inconsistency of behavior and judgments, as well as the desire for excitement, the abnormality of new experiences, a predisposition to risk are characteristic, due to a hidden set of deficiencies. Patients show good tolerance for crisis situations in combination with poor adaptation to everyday situations and high levels of search activity in the field of deviant interests [27-30].

Conditionally, two types of methods of influencing aggression can be distinguished-psychological, pedagogical and psychophysiological methods.

Psychological and pedagogical methods of correcting aggression include: 1) Play; 2) removal from the usual environment and placement in the corrective environment or group (if a connection is established between the aggressive behavior of a teenager and his immediate environment); 3) creative expression (drawing, design, music and other types of Creative Activity); 4) sublimation of aggression to socially approved activities (labor, Public Work, Social Work-care for patients, the elderly, etc.).; 5) sublimation of aggression to sport: it is advisable to introduce adolescents to Group Sports (Football, Basketball, etc.

Highly aggressive individual sports such as boxing or karate are undesirable; 6) participation in a training group with the aim of building constructive interaction and more adaptive behavioral skills [31-36].

During correction, children often experience difficulties. Firstly, children's provocative behavior provokes animosity and aggression even among specialists, especially since society considers them hooligans, and not people in need of help. Secondly, aggressive behavior of children and adolescents is often considered to be associated with temporary, temporary, agerelated crises. This means that aggressive behavior in a teenager while seeking help is already defined as a stereotype of behavior that is difficult to change. Third, professionals working with aggressive children and adolescents often employ techniques used to work with highly socialized neurotics [37-40]. This does not work, since working with neurotics is aimed at reducing internal

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control, while aggressive children need to strengthen it. Fourth, public opinion relies more on correctional facilities and restrictive regimes than on correctional techniques and therapeutic centers, but it has been proven that strict restriction does not lead small aggressors to correct their behavior. In addition, remedial work makes it difficult for most medical, educational, and correctional facilities to impose many restrictions and requirements. In institutions, it is necessary to establish strict rules and norms, but compliance with them mainly strengthens external control, and internal control only weakens. Children learn that they only need to do what they are told and do it formally, but they can avoid any responsibility for their actions. Finally, group work with aggressive adolescents, the main purpose of which is to reduce the level of aggression by teaching adaptive behavioral skills [41-44].

The purpose of the study: are to study the comparative age and nosological aspects of the prevalence and nature of aggressive manifestations in the clinic of mental disorders in children and adolescents – patients in a psychiatric hospital.

Research materials and methods. The medical history of 120 patients admitted in 2022 was studied by a continuous method. for examination and treatment in the largest children's psychiatric hospital. The extraction and analysis of data from the history of the disease revealed signs of aggression in 30 (25%) of the patient.

The results obtained and their discussion. Gender distribution of all contingent studied: boys -90 (75%), Girls -24 (20%). By age, patients were divided into four groups: 1) preschool age (up to 7 years old), 2) junior school age (7-10 years old), 3) adolescence (11-14 years old), 4) early adolescence (15-18 years old). The third and second groups were the most numerous -48 (40%) and 40 (30%) patients, respectively. All but Group Four had a majority of boys (1 -80%; 2 -80%; 3 -60%). In the largest group of 20 patients, gender differences were less noticeable—80% boys and 20% girls.

As for the direction of aggression, boys in all age groups often assaulted loved ones in groups ranging from 40% to 60%. Girls gradually grew with age: 40% - 50% - 60% -70%. Often boys showed aggression towards children, compared to Sibs - 70-80%. This type of aggression is manifested in the youngest group (80% - 70% - 60% - 70%). To a lesser extent, both boys and girls had aggression towards an alien adult - 20%. Its growth was observed in the largest group: 30% of boys and 40% of girls. Aggressive actions towards animals with many indications have been rarely recorded in the literature. The maximum indicators are in groups 2 and 3-15% and 10%. In girls, the maximum figure on this indicator is recorded in Group 2-5%.

In the larger group, the boys and girls were equally threatened with slaughter, thus jumladan.va murder-20% and 30%, they tried to damage - 30% and 40%, used Cold weapons (knives, sharpening, glass, etc.) -15.

Destructive trends were noted by the fact that in all age groups their representation gradually increases: from 15% in boys in a small group to 40% in a third group; in girls, respectively - 10% in a small group and 50% in a large group. Other behaviors of the deviant spectrum most commonly expressed in adolescence and adolescence include theft, leaving home and wandering, alcohol abuse and surfactants, and friendship with non-Social companies should be noted.

In addition to heteroagression, patients of the studied groups experienced autoagressive actions, including suicidal behavior. Girls gradually grew from 11.8% in the age group to 60% in

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the older group. Similar trends have been observed in boys: 20% in the age group and 40% in the older group.

Hypersexuality was most pronounced in boys and girls of the third group - 15% and 30%, respectively.

According to the results of a study of the nosological affiliation of mental disorders, in the structure of which aggression is manifested, the first positions are: mental retardation (35%), organic pathology of the brain (25%), schizophrenia spectrum disorders (15%) and developing personality pathology (F90-F98 on ICD-10) - 10%.

As for syndromes, undoubtedly, a psychopatho-like syndrome noted in 50% of inpatient patients studied (n \ u003d 60) should be recognized as the main syndrome. In the second and third place there are psychoorganic -20% (n \ u003d 54) and depressive -10% (n \ u003d 12) syndromes, respectively. Among other less well-defined syndromes, syndromes have been reported: neurosis-like (5%), dementia (5%), pathological delusions (2.5%), and schizophrenia-like (2.5%). Hyperdynamic syndrome is common in patients of the age group, with 40% in boys and 20% in girls. In the history of the disease, there are 12 patients (10%) with disc pathology guidelines, the examination of which is the subject of our further work.

Analysis of possible risk factors has identified a number of important indicators. Severe psychopathological heredity was reported in 50% of patients (n \ u003d 60), including chemical dependence in parents - alcohol in 25% (n \ u003d 30) and drugs – in 5% (n \ u003d 6). In 20% of mothers of patients (n \ u003d 24), Gynecologists, cardiac pathology (infertility treatment, multiple abortion and miscarriage), pregnancy pathology (threat of abortion, nephropathy, chronic in/u hypoxia) – 60% (N \ u003d 72), birth pathology (early, fast, operative) – 60% (n=72). Additional organic damage (concussion, general anesthesia, tBI) was reported in 30% of patients (n=36) and epilepsy in 5% (N=6).

Conclusion: a study that found the prevalence of aggression in the structure of mental pathology in children and adolescents at different age stages confirms the importance of a more in-depth study of this problem. Using clinical-psychopathological and experimental psychological methods, prospective studies are required aimed at early detection of aggressive-sadistic manifestations and the development of the principles of patient treatment and psychocorrection in order to prevent antisocial (infringing) behavior. Within the framework of certain forms of pathology (endogenous, organic, pathocharacterological), it is necessary to expand the diagnostic capabilities to identify specific mental disorders in children and adolescents with driver diseases of the aggressive-sadistic type. Disc disorders that can lead to dysocial disorders of the aggressive-sadistic spectrum present in children and adolescents and later criminogenic behavior require the development of a polyps-professional system of medical and psychological rehabilitation, including regime and organizational measures and psychological-pedagogical correction.

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