

# ADVERSE SITUATIONS ENCOUNTERED BY ADOLESCENT STUDENTS WHO RETURN TO SCHOOL FOLLOWING SUSPENSION

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This study aimed to investigate the adverse personal, family, peer and school situations encountered by adolescent students who had returned to school after being suspended. This was a large-scale study involving a representative population of Taiwanese adolescents. A total of 8,494 adolescent students in Southern Taiwan were recruited in the study and completed the questionnaires. The relationships between their experiences of suspension from school and adverse personal, family, peer, and school situations were examined. The results indicated that 178 (2.1%) participants had been suspended from school at some time. Compared with students who had never been suspended, those who had experienced suspension were more likely to report depression, low self-esteem, insomnia, alcohol consumption, illicit drug use, low family support, low family monitoring, high family conflict, habitual alcohol consumption, illicit drug use by family members, low rank and decreased satisfaction in their peer group, having peers with substance use and deviant behaviors, low connectedness to school, and poor academic achievement. These results indicate that adolescent students who have returned to school after suspension encounter numerous adverse situations. The psychological conditions and social contexts of these individuals need to be understood in depth, and intervention programs should be developed to help them to adjust when they return to school and to prevent school dropouts in the future.

**Key Words:** adolescent, depression, insomnia, peer, suspension of schooling  
(*Kaohsiung J Med Sci* 2009;25:316–24)

Schools are one of the most critical social contexts influencing adolescent health. They are in a unique position to provide a safety net, protecting adolescents (especially those in developing countries) from hazards that can affect not only their learning, but also their development and psychological wellbeing [1]. However, school failure during adolescence is a

powerful indicator of other high-risk behaviors, such as delinquency [2], substance abuse [3], and pregnancy [4]. Adolescent school dropouts also reported poorer health than did their peers [3]. The psychological wellbeing of adolescents failing at school should be of major concern to educational and medical professionals.

A variety of demographic, personal, family, and school characteristics have been found to be associated with adolescent school failure [5]. Meanwhile, several intervention programs have been designed to reduce the incidence of school suspensions or prevent school dropouts [4]. However, the experiences of adolescent students who have returned to school



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following suspensions have seldom been investigated. There are several reasons for studying the experiences of previously suspended adolescent students. First, being older than their classmates is an immediate stressor that can increase their difficulties in interacting with their classmates, so further increasing the risk of dropping out in the future [6]. Second, the students might have been suspended from school for various reasons, such as mental health disturbances, learning difficulties, family predicaments, or behavioral problems [5]. These problems may persist after the students return to school, so continuing to hamper their school life and learning. Third, suspension from school can have a negative impact on an adolescent's self-esteem and parent-child relationship, which further increases stress [7]. Last, the adolescents might spend time with peers outside the campus before or during the period of suspension. They may thus learn from peers risky behaviors that negatively impact health [8], which will further increase their difficulties in adjusting after their return to school. It is therefore important to examine the adverse personal, family, peer and school situations encountered by adolescent students after their return to school following suspension. The results of such studies will provide useful information to help in the development of intervention strategies to improve psychosocial wellbeing and prevent further school dropout.

This large-scale, cross-sectional study aimed to examine the adverse personal, family, peer and school situations encountered by adolescent students after their return to school following suspension, based on a representative population of Taiwanese adolescents. We hypothesized that adolescent students with the experience of suspension from school were more likely to report a variety of adverse personal and social situations than their peers without the experience of suspension.

## PATIENTS AND METHODS

### Subjects

The current investigation was based on data from the Project for the Health of Adolescents in Southern Taiwan, which collected data from three metropolitan cities and four counties. In 2004, there were 257,873 adolescent students in 209 junior high schools and 202,456 adolescent students in 140 senior high/vocational

schools in this area. Based on the definitions of urban and rural districts in the Taiwan Demographic Fact Book [9] and school and grade characteristics, a stratified random sampling strategy was used with the final goal of ensuring proportional representation of districts, schools, and grades. Twelve junior high and 19 senior high/vocational schools were randomly selected from urban districts; similarly, 11 junior high and 10 senior high/vocational schools were randomly selected from rural districts. The classes of these schools were further stratified into three levels based on grade in both junior high and senior high/vocational schools. Finally, 207 classes containing a total of 12,210 adolescent students were randomly selected based on the ratio of students in each grade.

Research assistants explained the purpose and procedure of the study to the students in class, emphasizing respect for their privacy, and encouraging them to participate. Written informed consent was obtained from the adolescents prior to participation, and the participants were then invited to complete the research questionnaires anonymously. The protocol was approved by the Institutional Review Board of Kaohsiung Medical University. We also recruited 76 adolescents (40 junior high school students and 36 senior high school students) and their parents into a pilot study to examine the reliability and validity of the research instruments.

### Instruments

#### *The experience of suspension from school*

To determine the adolescents' previous experiences of suspension from school and to differentiate it from truancy, we asked: "Have you ever been temporarily suspended by the school?" The kappa coefficient for agreement between participants' self-reported experience of suspension and their parents' reports was 0.882 ( $p < 0.001$ ).

#### *The Center for Epidemiological Studies' Depression Scale (CES-D)*

We used the 20-item Mandarin-Chinese version [10] of the CES-D [11] to assess the frequency of depressive symptoms during the preceding week. This scale has previously been used to evaluate depression among Taiwanese adolescents [12]. Cronbach's alpha for the CES-D in the present study was 0.93 and the 2-week test-retest reliability was 0.78. A previous study among non-referred adolescents in Taiwan found

that adolescents with major depressive disorder had a higher total CES-D score than those without major depressive disorder [12]. For the purpose of statistical analyses, we classified the adolescent students whose total CES-D score was  $\geq$  the 85<sup>th</sup> percentile of all participants as having significant depression.

#### *Rosenberg Self-Esteem Scale (RSES)*

The RSES contains 10 4-point items that assess subjects' current self-esteem with good reliability and construct validity [13]. The scale yields a single overall score of self-esteem, with high scores indicating high levels of self-esteem. It has previously been used to evaluate the levels of self-esteem among Taiwanese adolescents, and low self-esteem was found to be related to adolescents' deviant behaviors [14]. Cronbach's alpha in the present study was 0.86 and the 2-week test-retest reliability was 0.70. In this study, we classified adolescents whose total RSES score was  $\leq$  the median as having low self-esteem.

#### *Athens Insomnia Scale (AIS-8)*

We used the self-reported 8-item AIS-8 to assess the severity of insomnia during the preceding month [15]. The first five items of the AIS-8 assessed the difficulties with sleep induction, awakenings during the night, early morning awakening, total sleep time, and overall quality of sleep. The last three items assessed the next day consequences of insomnia, including the problems with sense of wellbeing, functioning, and sleepiness during the day. The items of the AIS-8 correspond to the criteria for the diagnosis of insomnia according to the 10<sup>th</sup> version of the *International Classification of Diseases* [16]. Each item of the AIS-8 can be rated from 0 to 3, with higher total scores indicating more severe insomnia. Cronbach's alpha in the present study was 0.67 and the 2-week test-retest reliability was 0.72. The total AIS-8 score was significantly associated with total nocturnal sleep hours (Pearson's correlation,  $r = -0.256$ ;  $p < 0.001$ ) and depression ( $r = 0.498$ ;  $p < 0.001$ ). We defined the adolescents whose total AIS-8 score was  $>$  the 85<sup>th</sup> percentile of the population in this study as those with significant insomnia.

#### *Experience in Substance Use (Q-ESU)*

Two items of the Q-ESU were used to inquire dichotomously whether participants had regularly drunk alcohol every week and had ever used illicit drugs during the preceding year [17]. The 2-week test-retest

reliabilities for the two items in this study (kappa) were 0.723 ( $p < 0.001$ ) for regular alcohol consumption and 0.656 ( $p < 0.001$ ) for illicit drug use.

#### *Family APGAR Index (APGAR)*

The Chinese-version family APGAR [18], which measures satisfaction with aspects of family support, is based on the original version developed by Smilkstein [19]. The 5-point response scales reflect frequency ranging from never to always. High scores indicate good family support. Cronbach's alpha in this study was 0.84 and the 2-week test-retest reliability was 0.72. We classified the students with a total APGAR score  $<$  the median of the participants in this study as receiving low family support.

#### *Adolescent Family and Social Life Questionnaire (AFSLQ)*

We adapted the subscale of the AFSLQ to assess the levels of family conflict (3 items), family monitoring (4 items), subjective ranking and satisfaction in their peer group (4 items), and connectedness to school during the previous month. Cronbach's alpha ranged from 0.62 to 0.74 and the 2-week test-retest reliability from 0.64 to 0.71 [17]. We classified the students whose scores for the four subscales were  $>$  the median of the participants as having high family conflict, low family monitoring, low rank and decreased satisfaction in their peer group, and low connectedness to school. The AFSLQ also assessed habitual alcohol consumption (alcohol consumption 3 times per week) and illicit drug use among the parents and siblings, as well as regular alcohol consumption every week, illicit drug use, and deviant behaviors (using violence, joining a gang, or having any criminal record) among their peers.

We also collected information on participants' sex, age, parents' marriage status, parents' educational levels, and the rank of academic performance. The participants whose academic performance during the recent semester ranked in the lowest one-third of their class were considered to have poor academic achievement.

#### **Procedure**

A total of 11,111 (91.0%) adolescent students returned their written, informed consents. The adolescents were asked to complete the questionnaire anonymously, based on the explanations of the research assistants and under their direction. All students received a gift worth NT\$33 (US\$1) at the end of the assessment.

Of these, 8,494 (76.4%) participants completed all research questionnaires without omission.

### Statistical analysis

Data analyses were performed using SPSS version 12.0 (SPSS Inc., Chicago, IL, USA). The relationships between the experience of suspension from school and sociodemographic characteristics, including sex, age (<15 years old *vs.*  $\geq 15$  years old), residential background (urban *vs.* rural), parents' marriage status (intact *vs.* separated/divorced) and parents' educational levels ( $\leq 9$  years *vs.*  $>9$  years) were examined using logistic regression analysis. The relationships between the experience of suspension from school and adverse personal (significant depression, low self-esteem, significant insomnia, regular alcohol consumption, and illicit drug use), family (low family support, low family monitoring,

high family conflict, and habitual alcohol consumption and illicit drug use among family members), peer (low rank and decreased satisfaction in the peer group, peers' regular alcohol consumption, illicit drug use, and deviant behaviors), and school situations (low connectedness to school and poor academic achievement) were further examined using logistic regression analysis models after adjusting for the effects of sociodemographic characteristics. A two-tailed *p* value of  $<0.05$  was considered to be statistically significant.

### RESULTS

The sociodemographic characteristics and adverse personal, family, peer and school situations reported by the participants are shown in Table 1. Out of a total

**Table 1.** Suspension from school, sociodemographic characteristics, and adverse personal, family, peer and school situations among 8,494 adolescent students

	<i>n</i> (%)
Have had experience of temporary suspension from school	178 (2.1)
Sociodemographic characteristics	
Male	4,063 (47.8)
Age $\geq 15$ yr	4,369 (51.4)
Living in rural area	3,461 (40.7)
Paternal education level $\leq 9$ yr	2,827 (33.3)
Maternal education level $\leq 9$ yr	3,349 (39.4)
Parents are separated/divorced	1,159 (13.6)
Personal situations	
Significant depression (total score on the CES-D $\geq 27$ )	1,268 (14.9)
Low self-esteem (total score on the RSES $\leq 28$ )	3,727 (43.9)
Significant insomnia (AIS-8 score $> 10$ )	1,032 (12.1)
Regular alcohol consumption every week	121 (1.4)
Have ever used illicit drugs	85 (1.0)
Family situations	
Low family support (total score on the Family APGAR $< 14$ )	3,844 (45.3)
Low family monitoring (median score $> 1.67$ )	2,835 (33.4)
High family conflict (median score $> 2$ )	1,771 (20.9)
Have family members who habitually drink alcohol	2,077 (24.5)
Have family members who use illicit drugs	110 (1.3)
Peer situations	
Low rank and decreased satisfaction in the peer group (median score $> 1.75$ )	3,421 (40.3)
Have friends who regularly drink alcohol	1,263 (14.9)
Have friends who use illicit drugs	674 (7.9)
Have friends who engage in deviant behaviors	1,627 (19.2)
School situations	
Low connectedness to school (median score $> 1.8$ )	3,030 (35.7)
Poor academic performance	2,019 (23.8)

CES-D = The Center for Epidemiological Studies' Depression Scale; RSES = Rosenberg Self-Esteem Scale; AIS-8 = the Athens Insomnia Scale.

of 8,494 adolescent students, 178 (2.1%) had been suspended from school.

The relationships between the experience of suspension and sociodemographic characteristics analyzed by logistic regression analysis are shown in Table 2. The results indicated that adolescent students who were male, older, and whose paternal education level was low and whose parents' marriage was broken, were more likely to have been suspended. The effects of these significant sociodemographic characteristics were adjusted for when the relationships between the experience of suspension and adverse personal, family, peer, and school situations were examined using logistic regression analysis (Table 3). Adolescent students who had experienced suspension were more likely to

report significant depression, low self-esteem, significant insomnia, regular alcohol consumption every week and use of illicit drugs than those who had not been suspended. Students who had been suspended were more likely to encounter multiple adverse family situations, including low family support, low family monitoring, high family conflict, and habitual alcohol consumption and illicit drug use among family members than students who had not been suspended. They were also more likely to report multiple adverse peer situations, including low rank and decreased satisfaction in their peer group and having peers who regularly drank alcohol, used illicit drugs, and had deviant behaviors, and to report low connectedness to school and poor academic achievement.

**Table 2.** Relationships between suspension from school and sociodemographic characteristics

	Wald	OR	95% CI
Male	7.090*	1.506	1.114–2.035
Age ≥ 15 yr	34.830 <sup>†</sup>	2.777	1.978–3.899
Living in rural area	1.747	1.229	0.905–1.668
Paternal education level ≤ 9 yr	4.451 <sup>‡</sup>	1.449	1.027–2.044
Maternal education level ≤ 9 yr	0.165	1.073	0.763–1.511
Parents are separated/divorced	13.387 <sup>†</sup>	1.937	1.359–2.761

\* $p < 0.01$ ; <sup>†</sup> $p < 0.001$ ; <sup>‡</sup> $p < 0.05$ . OR = odds ratio; CI = confidence interval.

**Table 3.** Relationships between suspension from school and adverse personal, family, peer and school situations analyzed using logistic regression analysis models\*

	Wald	OR	95% CI
<b>Personal predicaments</b>			
Significant depression	4.437 <sup>†</sup>	1.480	1.028–2.131
Low self-esteem	19.054 <sup>‡</sup>	1.989	1.461–2.708
Significant insomnia	21.188 <sup>‡</sup>	2.266	1.600–3.210
Regular alcohol consumption every week	20.171 <sup>‡</sup>	4.235	2.256–7.950
Have ever used illicit drugs	80.417 <sup>†</sup>	12.373	7.140–21.441
<b>Family predicaments</b>			
Low family support	6.205 <sup>†</sup>	1.470	1.083–1.994
Low family monitoring	19.072 <sup>‡</sup>	1.975	1.455–2.680
High family conflict	12.138 <sup>‡</sup>	1.769	1.283–2.438
Have family members who habitually drink alcohol	6.453 <sup>†</sup>	1.510	1.099–2.076
Have family members who use illicit drugs	24.391 <sup>‡</sup>	4.923	2.615–9.268
<b>Peer predicaments</b>			
Low rank and decreased satisfaction in their peer group	9.062 <sup>§</sup>	1.585	1.174–2.139
Have friends who regularly drink alcohol	50.239 <sup>‡</sup>	3.099	2.267–4.238
Have friends who use illicit drugs	39.340 <sup>‡</sup>	3.182	2.216–4.569
Have friends who engage in deviant behaviors	29.908 <sup>‡</sup>	2.401	1.754–3.286
<b>School predicaments</b>			
Low connectedness to school	41.321 <sup>‡</sup>	2.772	2.031–3.782
Poor academic performance	11.738 <sup>§</sup>	1.729	1.264–2.364

\*Adjusted for the effects of sex, age, paternal education level, and parents' marital status; <sup>†</sup> $p < 0.05$ ; <sup>‡</sup> $p < 0.001$ ; <sup>§</sup> $p < 0.01$ .

## DISCUSSION

In this study, we found that adolescent students who had returned to school after being suspended encountered numerous adverse personal, family, peer, and school situations. The results indicated that returning to school did not signify the end of their problems. On the contrary, students who had been suspended had to face a variety of situations that could inevitably influence their learning and adjustment when they returned to the campus. Although the cross-sectional design of this study limited our ability to demonstrate causal relationships between previous suspension and current personal and social adverse situations, the results should remind educational and medical professionals of the importance of considering the psychosocial wellbeing of adolescent students with experience of suspension from school.

In this study, adolescent students who had been suspended from school were more likely than those who had not to report depression, insomnia, regular alcohol consumption and use of illicit drugs. Previous studies suggested that depressive disorders [20] and sleep disturbances [21] were strong predictors of school dropout. The symptoms of depression, such as psychomotor irritability or retardation and loss of interest, can be directly responsible for educational underachievement [22]. Sleep disturbance can result in lapses of attention, indifference, and reduced motivation [23], which can also compromise academic achievement. Conversely, school dropout is also a potential risk factor for mental disorders [24]. Habitual use of alcohol and illicit drugs, such as ecstasy, can damage individuals' cognitive functioning [25], which may further result in learning difficulties. Although the occurrences of adolescent depression, sleep disturbance, and substance use all need to be carefully monitored, they are not easily identified by teachers and peers and do not often interfere with general classroom rules. It is strongly incumbent on clinicians and teachers to ask about and identify these conditions in adolescents who are performing poorly in school [4].

In this study, adolescent students with experience of suspension had lower self-esteem than did their peers. Several previous studies have found that low self-esteem is a psychosocial indicator of school difficulties [4,7]. Hay and colleagues [26] found that students with low self-esteem had fewer positive classroom characteristics in terms of classroom behavior,

cooperation, persistence, leadership, anxiety, expectations for future schooling, and peer interactions, compared with their peers with high self-esteem. Self-esteem is a powerful motivational force for adolescents and low self-esteem is correlated with depression, suicidal ideation, delinquency, and adjustment problems [27], thus enhancing self-esteem should be an important outcome goal of intervention programs for students suspended from schools [28].

In this study, students who had been suspended were more likely than those who had not to report low family support, low family monitoring, high family conflict, and family members' habitual alcohol consumption and illicit drug use. The family is a social unit that is important for development during adolescence. Low family support, low family monitoring, and high family conflict have been found to increase the risk of psychological disturbance and drug use in adolescents [29]. Meanwhile, substance use by family members is one of the family adversities that can increase the risk of developing psychopathologies among adolescents [30]. The results of this study indicated that interventions to improve adjustment and prevent school dropout in students with experience of suspension should evaluate family conditions and encourage the cooperation of family members.

Our results showed that students with experience of suspension were also more likely than those without to report low rank and decreased satisfaction in their peer group and to have peers who regularly drank alcohol, used illicit drugs, and had deviant behaviors. Peer groups can provide adolescents with emotional support and the chance to practice interaction skills [31]. Good peer relationships have been proven to not only buffer adolescents against stress associated with adjustment [32], but also to mitigate the effects of negative cognition and alleviate depression [33]. However, poor quality of peer interactions may cause distress [34], and affiliation with peers who engage in substance use [35] or who exhibit delinquent behaviors [29] can increase the risk of substance use in adolescents. Although it is possible that peer substance use may primarily reflect the tendency for adolescents to select similarly inclined companions [36], the results of this study suggest that it is necessary to monitor the peers that suspended students interact with, in order to prevent the occurrence or exacerbation of substance use and delinquent behaviors.

In this study, students who had been suspended from school were also more likely to report low connectedness to school and poor academic achievement, compared with their peers. The level of connectedness to school is a result of interactions with individual students, teachers, and the school environment [37]. The ethos of the school, rather than the school's socioeconomic status, is a more reliable predictor of a school's disposition to suspend students [38]. Students' perceptions that teachers cared and were fair-minded were seen as critical issues with respect to connectedness to schools [39]. A competent teacher must be aware of student diversity and be equipped with the required tools and appropriate environment to provide the necessary help for students who do not get positive reinforcement from academic achievements [40].

The strengths of this study lie in the fact that it is one of few studies examining the adverse personal, family, peer and school situations encountered by adolescent students after they return to school following suspension. Furthermore, this study involved a large, representative population of adolescents. The selection bias was minimized by sampling participants from a non-referred, representative school-based sample. However, some limitations of this study should be addressed. First, although examining the antecedents of suspension was not the major aim of this study, its cross-sectional design limited our ability to identify causal relationships between suspension and personal and social predicaments. Second, the data were provided by the adolescents themselves, and information was not collected from parents or teachers. Third, we did not ask the participants why and when they had previously been suspended from school.

### Implications

In this study, adolescent students who had returned to school after being suspended were found to encounter a variety of personal, family, peer, and school predicaments. Given that these multidimensional, adverse situations may increase the risk of future school dropout [9], we suggest that educational and medical professionals should make efforts to understand the personal psychological conditions and behaviors of students who have been suspended, as well as their social contexts and their attitudes towards school. Intervention programs should be developed to improve their ability to adjust when returning to school and to prevent future school dropout.

### ACKNOWLEDGMENTS

This study was supported by a grant (NSC 93-2413-H-037-005-SSS) from the National Science Council, Taiwan.

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# 有休學經驗的青少年學生所面臨之多面向不利情境

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本研究之目的在於以大規模、具代表性的南台灣青少年樣本，檢驗過去曾經休學、如今返回學校就讀的青少年學生所正面臨之個人、家庭、同儕和學校等多面向不利情境為何，以作為休學生重返校園之輔導參考。共有 8,494 位南台灣青少年學生參與本研究並完成研究問卷的填寫，以邏輯迴歸分析檢驗與休學經驗相關的個人、家庭、同儕和學校等面向之不利情境為何。研究結果顯示：在本研究族群中有 2.1% 的青少年學生過去曾有休學經驗。與過去未曾休學的青少年比較，具有休學經驗者有較高的憂鬱、低自尊、失眠、使用酒精或非法物質、家庭支持不佳、家庭監督程度低、家庭衝突程度高、家中有人習慣性飲酒或使用非法物質、同儕中之位階低且不滿意同儕互動品質、同儕具有物質使用或偏差行為、與學校的連結性低、學業表現不佳等危險性。本研究結果顯示：具有休學經驗的青少年學生，即使在復學後，仍面臨多重的不利情境。他們的心理和社會互動狀況需要被了解並在復學時予以協助，以避免未來再次休學。

**關鍵詞：**青少年，憂鬱，失眠，同儕，休學  
(高雄醫誌 2009;25:316-24)

收文日期：98 年 2 月 11 日

接受刊載：98 年 4 月 10 日

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