



Delinquent Behavior in young people

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Delinquent behavior

- Definition
- Epidemiology
- Etiological factors
- Manifestations and clinical course
- Intervention strategies
- Prevention

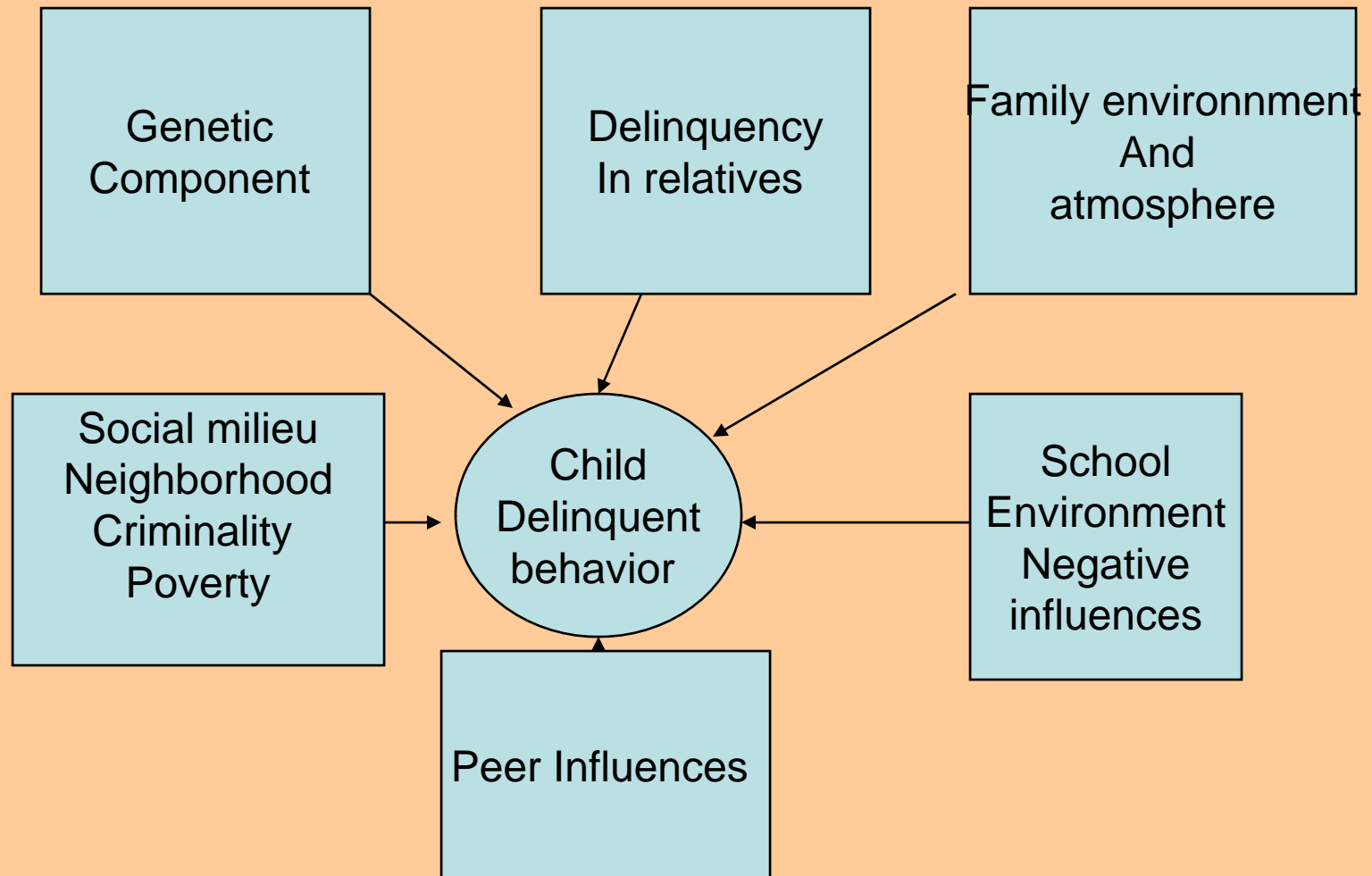
Gender differences

- Conduct disorder much more prevalent in males
- 2 to 4 times more frequent in boys than girls
- Lifelong persistent pattern 10 to 15 times more frequent in males than females
- Question over role of testosterone levels in utero.

Testosterone in utero

- Influences “gender typical behavior” in males
- Influences toy preference and rough and tumble play

Correlates of criminal behavior



Risk factors

- Poverty
- Poor housing conditions
- Low birth weight

Epidemiology

- Affects 5 to 10% of children in the US or UK
- 15% of preschool children in UK show defiant and oppositional patterns (Sutton, Utting and Farrington, 2006)
- 20% of children above will move out of the high risk category in school age
- If early onset (preschool years), often persists into adulthood

Early onset “conduct disorder”

- predicts poor employment prospects,
- marriage breakdown, and self harming or antisocial
- criminal behavior.

Lifelong persistent pattern

- Minority is of severe criminal pattern
- This minority commits around 50% of crimes (e.g. in US). (Moffitt, 2005. Eme, 2007)

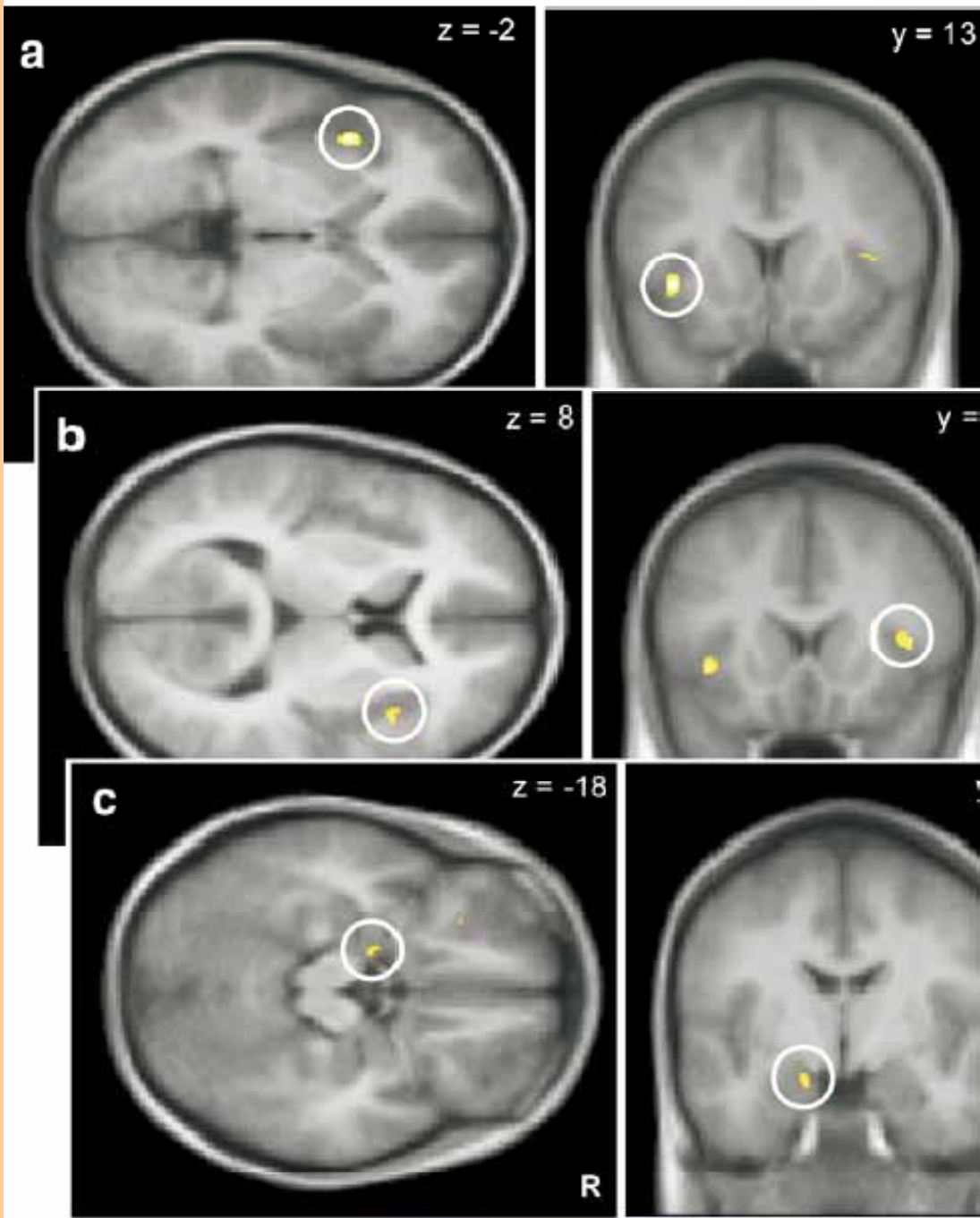
Neurobiological correlates

Neurobiological correlates

- Possible diminished volume of gray matter, orbitofrontal cortex and orbitolimbic system in children with comorbid attentional deficit and conduct disorder (Huebner et al, 2008)
- Diminished orbitofrontal cortex mass in people with antisocial personality disorder
- This gray matter associated with impulse control, social cognition, inhibition

Neurobiological correlates

- 12 children with and 12 without conduct disorder (Sterzer et al, 2007)
- Imaging studies reveal significant difference in mass of gray matter in bilateral anterior insular areas of cortex
- Also diminished mass in amygdala on left side
- Lower “empathy scores” in CD children



Neuropsychology study

- Comparing adolescent girls with and without conduct disorder (Pajer et al,2008)
- Significant differences in executive functions, visuo-spatial task performance
- Difference in intellectual functioning
- Academic performance
- If comorbid drug use, worse performance

- Neuropsychological vulnerabilities
- Low intelligence
- Poor problem solving skills
- Language deficits
- Poor impulse control. Fearlessness
- Poor emotional regulation
- Recurring to violence quickly

Relation with posttraumatic stress disorder

- Documentation of abuse in the antecedents of violent offenders
- Independent confirmation
- Even when child had not reported abuse
(Otnow Lewis et al.)
- Some with dissociative experiences and multiple personality

Adolescent Psychopathy?

Longitudinal studies

- Farrington et al. Risk factors for criminality in adolescence and adulthood (follow up after 30 years)
- Models of regression analysis point to crucial ingredients for the development of psychopathology
- Importance of impulsiveness, restlessness and lack of fear in preschool years (large size?)

Longitudinal studies...

- Importance of hyperactivity in early childhood
- Effect of negative relationship between parents and young child (Coercive parenting, chronic conflict, physical discipline)
- Effects on empathy, reflective capacity, moral development and self-control

Genes/ inheritance	Tempera- ment	Health problems eg, prematurity, low birth weight
Sensory integration, motor patterns	Parental psychopatholog y and rearing style	“goodness of fit” between parents and child
Early experiences	Family relationships, organization, etc.	Social group and culture

Risk Factors. In the child

- Low intellectual ability
- School failure, academic problems
- Neuropsychological difficulties
- Impulsiveness and lack of fear
- Low birth weight

Risk factors. In the family

- Large family size
- Marital conflict
- Poor parental involvement with children, cold attitude
- Discipline erratic or coercive and punitive
- Physical abuse of child
- Economic hardship for family
- Antisocial behavior in parents
- Family disruption

Risk factors. Social environment

- School with high rates of discipline problems and criminal behavior
- Peers or friends with antisocial behavior
- Living in neighborhoods with high crime rates

Clinical manifestations and and patterns

Conduct disorder patterns

- EARLY ONSET AND LIFELONG PERSISTENT PATTERN
- Aggression in toddlerhood or preschool years
- Use of violence
- Dominant tendencies
- ADOLESCENT ONSET, BETTER PROGNOSIS
- Late manifestations
- Better outlook
- Limited course

Early onset and persistent into adolescence

- Highly familial condition
- High rates of comorbidity
- Higher resistance to treatment
- Higher recurrence (Moffitt, 2005)
- Higher rate of psychosocial difficulties in adulthood, truncated education, relationship conflicts, unemployment, higher rate physical problems, economic adversity, earlier parenthood

Early onset and persistent into adolescence

- These children often raised in adverse conditions
- By parents who had conduct difficulties themselves (crime and delinquency)
- In conditions of social disadvantage

Clinical patterns

- UNDERSOCIALIZED
- Attachment difficulties
- Little compassion
- Diminished empathy
- Impulsiveness
- Disinhibition
- SOCIALIZED PATTERN
- Later onset
- Faithfulness to group
- Ethical code

Clinical course

Delinquent “career”

- Considerable continuity between antisocial/delinquent behavior between childhood, to adolescent to adulthood (Robins, 1986. Farrington, 2005)

Childhood conduct disorder is predictive of adult antisocial behavior

Only about 50% of preschoolers who are defiant and oppositional show “dissocial” behavior in adolescence (Sutton, Utting and Farrington, 2006)

Childhood indicators of high risk of persistence of delinquent behavior

- Stealing and vandalism
- Resistance to authority in general
- Physical aggression
- Impulsiveness
- Precocious drinking
- Precocious sexual behavior
- Running away from home
- Truancy from school
- Lying
- Cruelty to animals

Adult indicators of antisocial persistence

- Criminal and aggressive behavior
- Not paying debts
- Neglect of children
- Reckless driving
- Abuse of alcohol and other drugs
- Poor employment record
- Marital disruption

Clinical course

- Most individuals who are antisocial as adolescent or adults, have had the same behavior in early childhood
- The opposite is not true. The majority of children who exhibit this behavior as young children, do not go on to show the problems in adolescence or adulthood

Longitudinal course

- The higher the number of childhood risk factors
- The higher the likelihood of antisocial behavior in adulthood
- (Robins, Tipp & Przybeck, 1991)
- If 4 or 5 childhood risk factors, prevalence of adult antisocial personality was 27%
- If 6 or more childhood risk factors, prevalence of adult antisocial personality was 49%

Longitudinal course

- Study in inner city London
- Boys 9 to 12 years old
- If 3 or more criteria for “conduct disorder”
- Around 50% chance of having antisocial personality disorder and delinquent behavior at age 18
- (Zoccolillo et al, 1992)

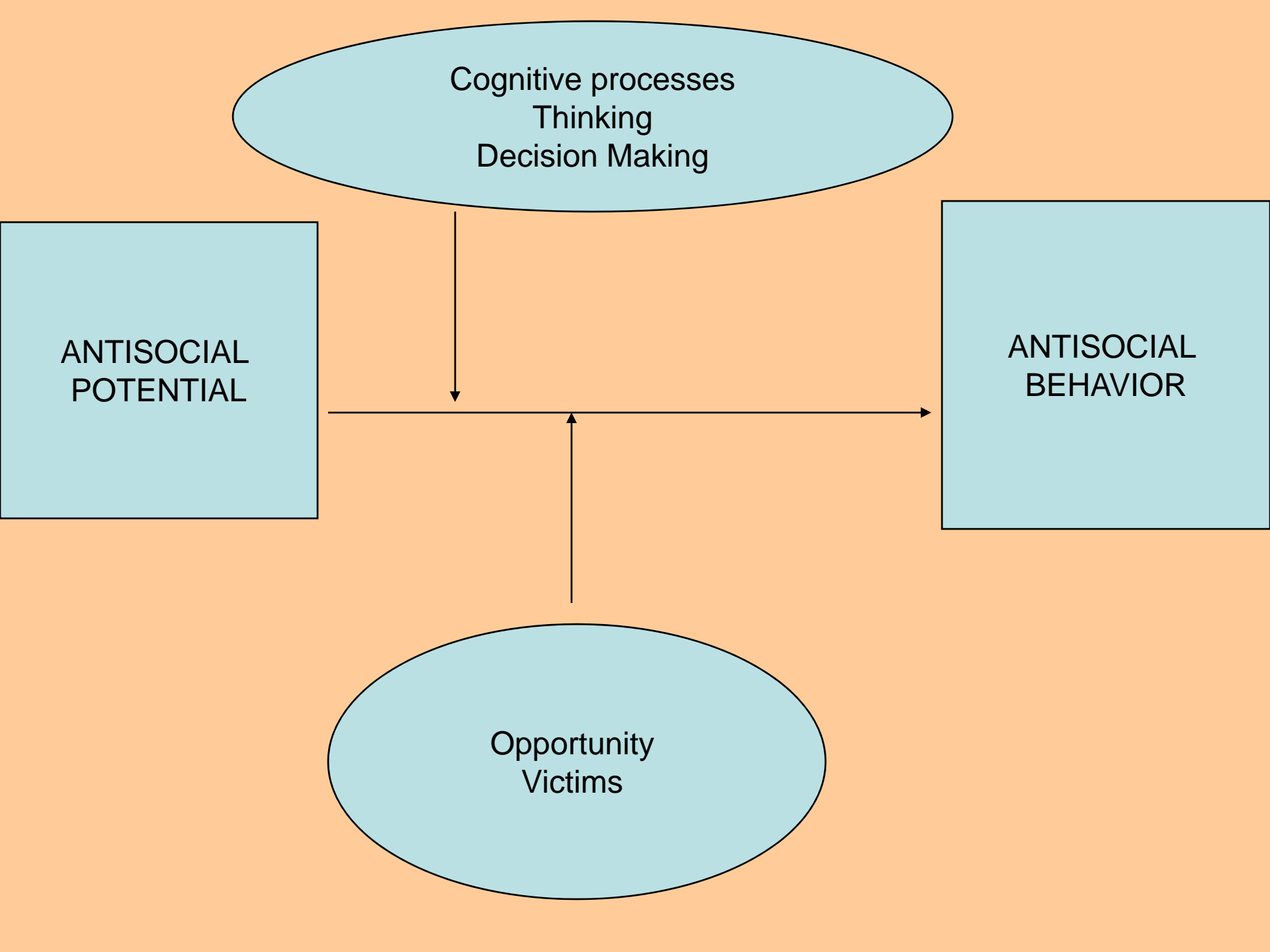


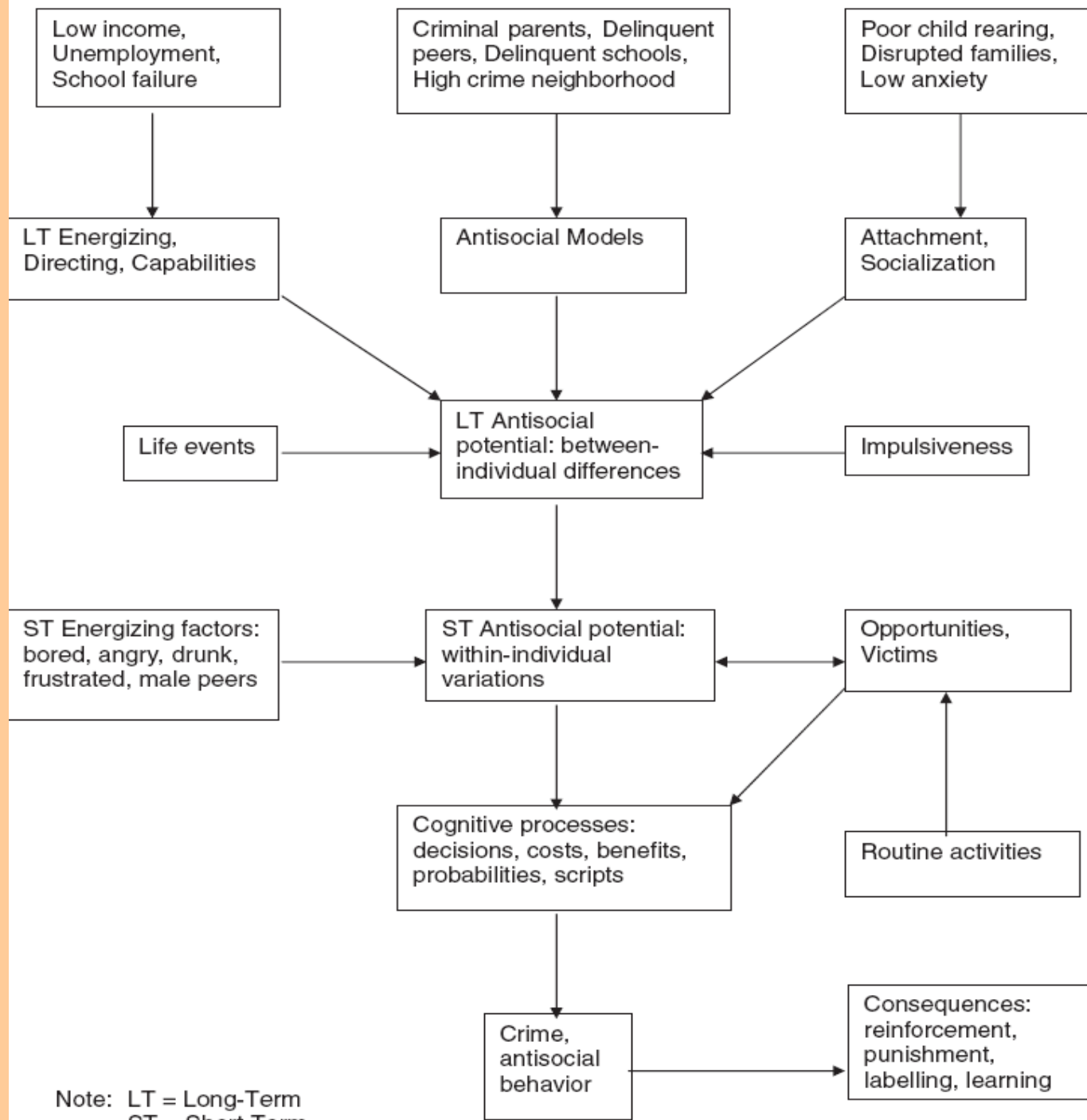
Longitudinal course (Delinquent career)

- Cambridge Longitudinal Study in Delinquent Development (Farrington, 1995. 2003)
- Prospective study of 411 South London boys followed from age 8 to age 48
- Importance of re-offending (evaluated by self report and criminal convictions)
- 73% of those convicted in age 10-16 were convicted at age 17-24 and 45% were reconvicted at age 25-32.

ICAP Theory (Integrative Cognitive Antisocial Potential) (Farrington)

- Short term and Long Term Antisocial Potential in the individual
- Most useful to explain offending behavior by lower social class males





Note: LT = Long-Term
ST = Short-Term

Antisocial potential

- Short term-within individual variations in potential (depends motivating and situational factors)
- Long term- between individual differences in antisocial behavior (depends on socialization processes, impulsiveness, strain, modelling processes)

Short term antisocial potential varies within individual

- SHORT TERM ENERGIZING FACTORS
- Being bored
- Being angry
- Being frustrated
- Being drunk
- Being encouraged by peers
- Criminal opportunity and availability of victims

Antisocial potential and cognitive processes

- If a given AP, does one commit crime?
- Depends on cognitive processes also
- Objective benefits (material goods)
- Costs and potential outcomes (consequences if caught by police)
- Stored scripts or behavioral repertoires (previous experience)
- Social factors. Disapproval by parents or partner, response of peers.

Antisocial potential continuum

Peak AP in teenage years
importance of peers

LOW

HIGH

High concentration
Few individuals, lots of crimes
High AP, many kinds of offenses
VERSATILE, NOT SPECIALIZED

Antisocial potential

- Strain Theory. Energizing factors that lead to high Long term Antisocial Potential:
- Desires for material goods
- Desires for sexual satisfaction
- Desire for excitement
- Increased status among intimates
- PLUS Satisfaction by antisocial METHODS

Antisocial Methods

- Chosen by those who find it difficult to satisfy needs by legitimate means
- (low income, unemployed, school failure)
- Methods depend on physical capability and behavioral skills

Long term antisocial potential

- Also depends on attachment and socialization
- Low if parents consistently reward positive behaviors and punish negative behavior (e.g. withdrawal of love)
- If child has low anxiety, cares less about parental reactions and punishments
- High if child not attached to (prosocial) parents (cold and rejecting)

Long term antisocial potential

- High if chronic exposure to and influence of antisocial models
- Criminal parents, delinquent siblings and peers,
- High crime schools
- High crime neighborhoods
- If high impulsiveness
- If negative life events (e.g. separation from partner)

Antisocial potential

- Decreases after marriage
- Decreases after moving away from high crime neighborhood

Family therapy for prevention in children at risk?

Family therapy? Parenting interventions? To remedy

- Family therapy appears to be effective
 - In reducing the length of confinement/ detention of the juvenile delinquent child
 - Reduction of criminal activity of the child
-
- Woolfenden et al, 2002

Other prevention strategies

- Prevention of low birth weight
- Reduced anxiety during pregnancy
- (700 births, Avon Longitudinal study)
- Eliminate smoking during pregnancy
(Wakschlag et al, 1997)
- *Psychosocial support during pregnancy*
- *Someone to confide in*

Prevention strategies

- Socioeconomic stress
- Strategies to promote bonding or attachment to child
- (harsh parenting style, rejection, use of physical discipline, postnatal depression detection)
- Home visiting programs
- Baby carry on body. Massage.
- Help with postnatal depression

Prevention strategies

- School difficulties.
- Improving climate in school, ethos of school
- Authoritative vs. authoritarian parenting
- Praise for being helpful, catch child doing good
- Praise for good behavior

- Parent training

Prevention strategies

- Higher community involvement
- Informal social control
- Supervision of child's whereabouts
- Address school difficulties
- ADHD, aggressive behavior
- Tutoring
- Functional family therapy
- Cognitive behavioral therapy approaches