Psychosocial Risk Factors
Conduct disorder: major clinical groupings

- early onset with language-based/visuospatial learning difficulties

- prior anxiety before the onset

- co-existing family trauma, disruption, stress as a major feature

- co-existing alcohol/substance abuse/dependence disorders

- psychopathy

- prevalence: 2%-16% as for ODD; M:F 2-5:1
  - (Isle of Wight study, Rutter et al., 1970;
  - Great Smokey Mountain study, Costello et al., 1996)
Epidemiology

- Prevalence (continued)
- Moffit (1993) has described an early onset and adolescent onset form of conduct disorder with the latter limited to early-late adolescence while the former may persist through early adulthood

Gender differences

- Differences in co morbidity rates, particularly ADHD-CT, anxiety, language-based learning difficulties and ethnic differences are evident
- Less gender differences in adolescence, especially for non-aggressive forms of conduct disorder
- Outcome is different
Aetiological factors

- cognitive style-deficient and/or deviant

- behavioural models of socialisation-deficient and/or deviant

- peer influences, especially in late childhood/early adolescence

- neurobiology: hypo-arousal; hyper-arousal; irritability; lower verbal/performance IQ; executive function deficits-especially response inhibition and working memory

- comorbid anxiety and depressive symptoms

- comorbid substance abuse

Courtesy Prof Vance
Probably the most important single fact about crime is that it is mainly committed by teenagers and young adults (p. 395)


Courtesy: Prof Rutter
Offenders as a percentage of the population, by age and gender (1996)
<table>
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<tr>
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<th>10-13</th>
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Source: Social Trends 2002
What makes a young person delinquent?

• ‘Scientific’ enquiry can identify tangible and quantifiable factors correlating with delinquent behaviour

• Correlates suggest causes (i.e. effect presupposes a cause). We can thus establish an aetiology of youth crime

• Youth delinquency is behaviour determined – there are factors that make a young person delinquent

Courtesy: Prof Rutter
The search for causes has a long history:

Lombroso’s criminal anthropology: criminals are born; delinquents are ‘throwbacks’; they display physiognomic defects.

Burt’s (1925) ‘case study’ approach: childish ‘naughtiness’ is routine; a product of multi-causal relationships combining psychological and social forces; esp. defective discipline, dysfunctional families and individual temperament.

Courtesy: Prof Rutter
Modern studies:

• There are extensive and elaborate studies of young delinquents: longitudinal or cross-sectional surveys: e.g. West (1967, 1977), Farrington (1996), Bowling & Graham (1996), Browning (1999), Wikstrom (2003)

• They conclude that youth delinquency is the outcome of interplay of psychological and social factors.

• Assumption that: Most youth are delinquent – i.e. delinquency is ‘normal’ – but some are ‘abnormally’ delinquent. Most ‘grow out’ of delinquency

• Focus on the ‘hard core’ of persistent and serious young offenders (Newburn 1997)

Courtesy: Prof Rutter
Research constructs and models extensive and elaborate schemas (Farrington 2002; Wikstrom 2003; Browning 1999). Key factors:

• prenatal and perinatal factors: teen mothers – anti-social, substance use, sexual promiscuity, absent fathers, poor parenting

• personality: impulsiveness, hyperactivity, restlessness

• intelligence: low IQ, poor school performance, truancy

• parental discipline: harsh/erratic parenting, cold parents, abuse

Courtesy: Prof Rutter
• Recognition that relationship between correlate and effect is not absolute

• Concern now with ‘risk’ factors: those factors that increase likelihood of future offending (Farrington)

• Is this a rejection of aetiology of youth crime in favour of ‘risk’ management (Muncie 2004)?

Courtesy: Prof Rutter
Salient features of understandings

- ‘delinquency’ exists along a continuum – what is normal and abnormal?
- establish correlates not causes; ‘risk’ now replaces language of causation
- causal mechanisms which link risk factors to action are never elaborated
- behind the ‘facts’ lies an assumption of consensus – but who defines what is delinquent (and why); and why are certain groups apprehended?
- delinquency is determined behaviour – but what about meaning and purpose?

(Taylor, Walton and Young 1973; Muncie 2003)
‘Strain’ and Merton’s (1938) Anomie

- delinquency is a consequence of ‘strain’: the tension between culturally sanctioned goals and structural means to achieve these
- at points of ‘pressure’ a condition of ‘anomie’ can develop – normlessness or alienation can result
- one possible consequence of this anomic condition is delinquency; the development of illegitimate means to achieve legitimate ends

Courtesy: Prof Rutter
Delinquency and drift: David Matza

- Strain theories overpredict youth crime and delinquency
- Delinquency is willed behaviour but tends to be intermittent and transitory
- Existence of delinquent subcultures involving shared oppositional values is doubtful

- Delinquency is outcome of ‘drift’ - the loosening of social controls
- Drift to delinquency is facilitated by a subculture of delinquency which caricatures commonly held values
- The subculture solves the problem of scruples
- And delinquency is made attractive by the exaggerated adoption of widely held ‘subterranean values’
- These encourage the manufacture of excitement, toughness etc.

Courtesy Prof. Rutter
The Problem of Very Young Delinquents (Loeber and Farrington 2000)

- Recent interest in very young delinquents (7-12 years old)
- Delinquency in very young is uncommon. But v. young children showing persistent disruptive behavior is predictive of child delinquency and serious or chronic adolescent crime
- Early warning signs (<5): more persistent severe or disruptive behaviour than average; history of aggression, inattention or sensation-seeking
- Initial risk factors’ lie within individual (impulsive) behaviour and family (child-rearing practice)

Courtesy: Prof Rutter
"I am saying that where it is clear, as it very often, at a young age, that children are at risk of being brought up in a dysfunctional home where there are multiple problems, say of drug abuse or offending, then instead of waiting until the child goes off the rails, we should act early enough ... to prevent it." (Tony Blair 05/09/06)
CD Social impact

- increasing in numbers, about 10% of children in Britain & USA but as many as 35% in high risk disadvantaged areas

- costly to society - service costs, trauma, etc. and a topic of growing political interest and Government policy initiatives

- predictors can be identified in very young children which, if unresolved, predict delinquency, adult mental health problems and/or crime.

- resistant to intervention if not treated early.

- predicted by a large number of stress factors, single parenthood, young parenthood, poverty, parental mental health problems but mediated through parenting

- behaviourally based parenting interventions are the best, if not only, effective intervention strategy
Conduct disorder (DSM)

repetitive and persistent pattern of behaviour in which the basic rights of others and/or major age-appropriate norms or rules are violated, evidenced by three or more of the following criteria within the previous 12 months, with at least one criterion present in the past 6 months:

Aggression/Cruelty towards people and/or animals
Destruction of property
Theft
Serious violations of social rules/norms

-behaviours are clinically impairing in the domains of social, academic or occupational functioning

->/= 18 years of age, criteria for antisocial personality disorder not met
The Spectrum of Antisocial Behaviour

- antisocial behaviour
- criminality and delinquency
- antisocial behaviour and psychopathology
- persistent aggression/disruption/oppositionality (5-10%)
- conduct disorder
- psychopathy

Courtesy Prof Vance
Conduct Problems: DSM IV TR

Disorders where conduct problems are a feature

- Disruptive Behaviour Disorders
  - Oppositional Defiant Disorder
  - Conduct Disorder
    - Childhood-onset
    - Adolescent onset
  - With disturbance of conduct
    - With mixed disturbance of conduct and emotions
- Adjustment disorders
Category vs. Continuum

- No cut off point for diagnosis (Moffit et al)
- Dimensional variables better predictors of outcome (Fergusson)
- Increased risk of juvenile offending with incr severity of disruption
- Differences of severity above & below cut off likely to be lost (Hinshaw)
Differential Diagnosis

- Conduct Disorder
- ID or Specific dev. dis.
- Speech & language disorder (Expressive/receptive)
- Pervasive Developmental Disorders
- Mood disorders
- Adjustment disorders
- ADHD
- Attachments disorders
Comorbidity

- Oppositional defiant disorder - 54–67%
- Conduct disorder 20–56% children, 44–50% adolescents
- Specific Learning Disorder
  - 8–39% have a reading disability
  - 12–30% maths disability
  - 12–27% have a spelling disorder.
- 10–54% have speech/language problems
- Anxiety disorder 25%
- Somatic complaints 24% boys, 35% girls
- Major depressive disorder 25%
- Substance abuse disorder
  - In adolescence risk is 2–5 times higher than ‘normal controls’ if both conduct disorder and ADHD are present
- Bipolar disorder 6%
Bio-psycho-social model of assessment

- Integration of biological, psychological and social factors:
  - Biological (Genetic, Hormonal etc)
  - Cognitive factors
  - Individual-Temperamental, Situational
  - Sociocultural factors
  - Family factors
Assessment of Conduct Problems

Significant impairment personal, social or educational?

YES

Developmentally inappropriate rule breaking and defiance?

YES

Severe rule breaking / aggression?

YES

Persistent?

YES

Consider CD

NO

Consider ODD

NO

Consider Adjustment disorder

NO

Consider other diagnoses

EXIT
Assessment of Conduct Probs

DSM IV Criteria

CD

ODD

Problems began before age 10

Severity

Level of deceit

Risk Factors

Assess for Comorbidity

Childhood onset

Assess for CU traits

Language

Adolescent onset

Deviant peer group

Mild

Moderate

Severe

Overt or covert

IQ

Temperament

Parental factors

Etc.

Treatment Plan
Psycho-social Risk factors for CPs

- Inheritance
- Temperament
- Gender
- Social skills and social cognition
- Low Verbal IQ, learning problems
- Language & reading delays
- Attentional problems/ADHD
- Parental factors
  - Coerciveness – harsh discipline
  - Responsiveness – causal factor?
  - Attachment – unclear how – more research required
  - Parental psychopathology including drug use
  - Parental cognitions
  - Marital status, conflicts, violence
  - Stress & Mental health status especially maternal depression
  - Social isolation and disadvantage
Risk factors for conduct disorder

Parenting factors
• Harsh and ineffective
• Poor monitoring
• Low stimulation

Child factors
• Poor conflict control
• Impulsivity, ADHD
• Learning delays
• Poor social skills

School factors
• Classroom aggression
• Deviant peers
• Poor teacher response
• Peer rejection

Contextual factors
• Poverty
• Parental crime, substance abuse or mental illness
• Life stressors

Conduct Problems
Risk factors-Historical period

- Brief increase in the 1990s in USA - ? Changes to fire arms & drugs markets/policies etc (Blumstein)
- Modest rise in later part of 20\textsuperscript{th} century in Britain (Collishaw) - ? changes to family structure & other factors
Risk Factors-Social Class

- No consistent finding of concurrence with low family social class & individual youth conduct problems as per youth reports (Tittle & Meier)
- Social class may condition motivation for anti-social conduct (Moffit)
Risk Factors-Ethnicity

- Controversial
- Not much studied in childhood conduct disorder
- Self reports & victim reports of perpetrators’ identities shows excess of offenders of Black African identity but narrower than official reports.
- Poverty, prejudice, subculture, intelligence etc blamed (Morenoff & Smith).
- British Asian & American Hispanic lower than White counterparts
Risk factors-Gender

- 2.5 males: 1 female males more in frequency & severity of offending (Costello, Moffit)
- Twin studies show no systematic differences in genetic & environmental factors (Rhee & Waldman)
- Causative factors appear to be same but individual risk factors more common in males (Moffit)
- Recent interest in CD in females (Pullatz)
Risk factors-Temperament

- Prospective studies show associations between temperament and conduct problems (Keenan) and adult offending (Moffit & Caspi)
- Temperament + environmental risks (Nigg)
Risk factors—Information processing & social cognition (Dodge)

1. Encode hostile aspects of interactions
2. Attribute hostile intent to ambiguous social cues
3. Access & Favor aggressive responses
4. May be assoc with physical abuse
5. 1 & 3 mediate link between physical abuse & Conduct problems 2 did not
Risk factors - Neighbourhoods

● Past research focused on structural aspects
● ‘dysfunctional’ families chose to live in particular neighborhoods
● Current research looks at social processes such as collective efficacy & social control (Beyers)
Risk factors-Peer relationships

1. Tend to associate with similar (in behaviour) children
2. Discordant interactions with other children (Coie)
3. Experience rejection by ‘non-deviant’ peers (Coie)
4. Behaviors & type of peer relationships could be mutually dependent/influential or have a common influential factor
5. 2 & 3 lead to decline in academics & increase in aggression & due to 3 associate with other deviant peers
Risk factors-Peer influences & antisocial behaviours

- Applies primarily to adolescent developmental stage (Warr)-as seen in group treatments-made worse (Dishion)
- Joining gangs increases offending behaviors (Thornberry, Lizotte)
- Dynamic & reciprocal relationship (Vitaro)
Risk factors - Family factors

- < 10% families account for > 50% of crime (Farrington)
- Genetically heritable (Moffit) But influenced + or - by interactions with environment
- Interaction between genes & environment (twin study) - Caspi - experience of maltreatment increased risk more in high genetic risk kids than low risk kids, therefore need to intervene (Odgers)
Risk factors - Family poverty (Farrington)

- Gap between aspirations & realities
- Lack of opportunities
- Marital discord & parenting deficits mediate reln between low income & CD (Maughan)
- Iowa study (378 rural families) - parental depn, marital conflict, parental hostility (Conger, Ge)
- Better economy through improved parent-child interactions improves child behaviors (Costello)
- Harsh discipline, low supervision, weak parent-child attachments related to poverty contribute to poorer behaviours
Risk factors-Parent-child attachment

- Bowlby’s study was related to adolescent thieves
- Disrupted attachment associated with later relationship problems (Robins, Rutter)
- Mixed evidence-increased insecure attachment-ODD but not CD, ambivalent & controlling attachment related to disruptive behaviours
- Disorganised attachment may be assoc with CD problems
- Attachment may be a marker for relevant family risks
Risk factors - Parenting style (Patterson)

- Coercive parenting
- Inconsistency, more & unclear commands, subjective (mood) based responses, poorer monitoring of child’s activities, unresponsiveness to prosocial behaviours
- Negative reinforcement of behaviour (Gardner, Snyder & Patterson)
- Hostile, critical punitive or coercive parenting (Rutter)
Risk factors-Coercive parenting

- Genetic vulnerability to both coercive parenting & beh probs in children
- Adoption study: Predisposed children evoke more negative responses than low risk children (Ge et al, O’Connor et al)
- Effect of child’s behaviors on parents (Anderson, Romney)
- Correlate of other factors (family functioning & parent-child relationship)
Risk factors - Coercive parent-child interactions

The frequency and intensity of the coercive behavioural patterns increase over a period of months to years.

A model of aggressive behaviour is provided by the parents for the child.

The pattern of parent-child interactions is difficult to change.
Coercive parent-child interactions

- Application of aversive event (e.g., parent gives a command)
- Child expresses a coercive response (e.g., noncompliant, whines, yells)
- (Option 1) Removal of aversive event (e.g., parent gives up)
- Result: The child’s coercive behaviour is negatively reinforced

Courtesy Prof. Vance
Coercive parent-child interactions (cont.)

- (Option 2) Application of further aversive event (eg, parent raises voice, repeats command)
- Child expresses a further coercive response (eg, yells louder, kicks chair)
- Application of further aversive event (eg, parent begins to yell, repeats command)
- Removal of child’s coercive response
- Result: Parent’s negative behaviour is negatively reinforced

Courtesy Prof. Vance
Risk Factors

- Maternal parenting styles also impact: Negative maternal parenting at 4 years - CD at 9 years (Campbell)
- Absence of pro-social father or presence of anti-social father are predictors (Jaffe-Environmental risk long twin study)
Risk factors-Maternal depression

Maternal depression assoc with CD (Kim-Cohen)
- Statistically significant even after controlling for other factors
- Post partum depression more significant than pre partum
- Exposure to mat depn even later in life assoc with CD problems
- Poorer parenting
- Consistent reports of behaviors between mothers & teachers
Risk Factors-Parental conflict & Domestic violence

- Marital conflict may influence regulation of emotion in children (Cummings)-down regulation of their emotions (denial of situation)-inaccurate appraisal of other social cues & inadequate problem solving
- Repeated exposure-psychological dysregulation & behavioural reactivity (Cummings)
- Imitation of adult behaviors (Bandura)
- Learning model: aggression is normative, effective in controlling others, sanctioned not punished etc (Osofsky)
Risk factors-Maltreatment

- Links are complex
- Physical punishment more significant in white children
- E risk study: Child beh factor influenced more corporal punishments but not physical maltreatment where its effects aspected child’s aggressive behaviors (even after controlling for possible genetic influences)
Other factors

- Child sexual abuse was a predictor for future CD problems (Ferguson)
- Court cases: Abused & neglected adolescents more assoc with anti-social behaviors
- Possible assoc-threats to security of attachment, difficulties in affect regulation, distortions of info processing & self concept,
Protective factors

- Personal attributes of the individual
  - Easy temperament
  - Above average IQ
  - Sociability
  - School competence
  - High self esteem

- Family factors
  - Emotional responsiveness
  - Parent education
  - Social competence

- External supports
  - Peer and friendship relations
  - Support from a significant adult