

CONSORTIUM

CHILDREN, FAMILIES AND THE LAW

Innovations in Juvenile Justice

CAUSES AND CORRELATES OF ANTISOCIAL BEHAVIOR

Introduction

Dealing with juvenile offenders is difficult and can seem impossible at times. Recently, however, researchers and practitioners have begun to identify effective interventions for children and youth who display antisocial behavior. It is important for judges, educators, mental health professionals, and juvenile justice professionals who work with these youth and their families to be aware of and to understand the elements and underlying principles of these interventions.

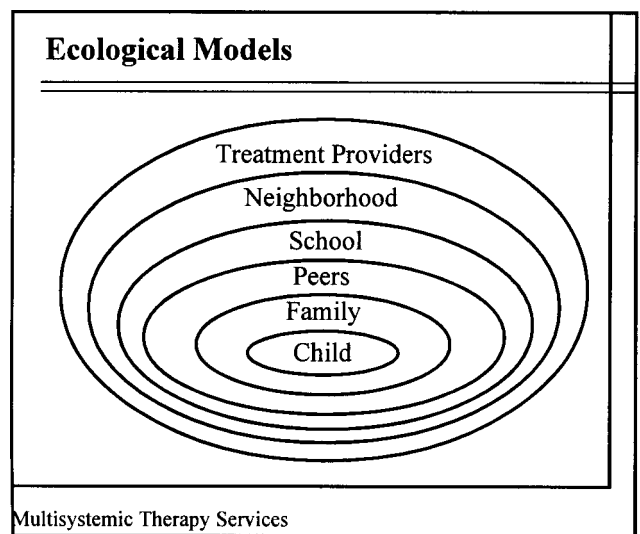
What We Know About Causes and Correlates of Antisocial Behavior

Research and experience strongly support what is called a “social-ecological view” (Bronfenbrenner, 1979) of antisocial behavior in children and adolescents. This means that rather than looking at children and adolescents in isolation, they must be considered in the context of those who make up their natural setting or environment – family, peers, school, neighborhood, church, and other community entities.

Since 1986, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), through its Program of Research on the Causes and Correlates of Delinquency, has funded studies to learn more about why juveniles become involved in delinquent behavior. The Pittsburgh Youth Study, a longitudinal study of 1,517 inner-city boys from Pittsburgh, PA, is one of three coordinated research projects funded by OJJDP to look at the causes and correlates of juvenile delinquency. (The other studies are the Denver Youth Study and the Rochester Youth Development Study.) The Pittsburgh study has been tracking three samples of boys for more than 10 years to learn more about how and why boys be-

come involved in delinquent and other problem behaviors.

Pittsburgh Youth Study researchers (Browning & Loeber, 1999) have found that most juvenile offenders commit delinquent acts as a result of qualities within themselves (e.g., their IQ, personality) and forces within their social environment (parents, siblings, peers) in various situations (family, school, neighborhood).



Effective interventions should be based on the premise that antisocial behavior is determined either directly or indirectly by the interaction of youth with those in their social system – family, peers, school personnel, and community members. Thus, intervention may be necessary in any one or a combination of these systems.

Risk and Protective Factors

In an effort to prevent or reduce delinquent acts and antisocial behavior, effective intervention programs have commonly adopted a risk-focused approach or framework. This approach seeks to

Risk and Protective Factors

Context	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none"> • low IQ, low verbal skills • favorable attitudes toward antisocial behavior • psychiatric symptomatology • tendency to attribute hostile intentions to others • impulsive judgment, impulsive behavior • lack of guilt feelings • low threshold for experiencing negative emotions (e.g., fear, anxiety, rage) 	<ul style="list-style-type: none"> • intelligence • being firstborn • female gender • easy temperament • conventional attitudes • problem solving skills
Family	<ul style="list-style-type: none"> • lack of monitoring, poor supervision • ineffective discipline • low warmth • high conflict • one-parent family • receipt of public assistance • parental difficulties (e.g., drug abuse, psychiatric conditions, criminality) 	<ul style="list-style-type: none"> • attachment to peers • supportive family environment • marital harmony
Peer	<ul style="list-style-type: none"> • association with deviant peers • poor relationship skills • low association with prosocial peers 	<ul style="list-style-type: none"> • bonding with prosocial peers
School	<ul style="list-style-type: none"> • low achievement • dropout • low commitment to education • early and persistent antisocial behavior in early elementary school grades • aspects of the school (i.e., weak structure) 	<ul style="list-style-type: none"> • commitment to schooling
Neighborhood & Community	<ul style="list-style-type: none"> • high mobility • low community support (neighbors, church, etc.) • criminal subculture • economically deprived area • availability of firearms 	<ul style="list-style-type: none"> • ongoing involvement in church activities • strong indigenous support network

weaken or eliminate factors commonly associated with an increased risk for antisocial behavior while building on the strengths (protective factors) of the youth, his or her family, and others in the youth's environment.

“Risk factors are conditions in the individual or environment that predict an increased likelihood of developing a problem such as violent behavior. Protective factors are conditions in the individual or environment that counter the risk factors or increase resistance to them and thus inhibit the development of problems even in the face of risk exposure” (Howell,

Krisberg, Hawkins, & Wilson, 1995, p. 62).

The table of risk and protective factors in various settings was compiled using information from several sources (Browning & Loeber, 1999; Henggeler, Schoenwald, Borduin, Rowland, and Cunningham, 1998; Howell et al., 1995;).

As shown in the table, risk and protective factors are found in many areas (individual, family, peers, school, neighborhood). **Therefore, common sense dictates that effective intervention programs should seek to address risk and protective factors in multiple areas.**

Predictors of Antisocial Behavior

Over the years, at least 20 research groups have conducted studies in an effort to understand the relationships among these correlates. Findings from the delinquency and substance abuse fields (Henggeler, Mihalic, Rone, Thomas, & Timmons-Mitchell, 1998) show that:

- Association with delinquent peers is a powerful direct predictor of antisocial behavior.
- Family relations affect antisocial behavior directly (e.g., providing inadequate supervision) or indirectly (e.g., increasing children's contacts with delinquent peers because supervision is inadequate).
- School difficulties are correlated with relationships with delinquent peers.
- Neighborhood and community support directly or indirectly affect the frequency of antisocial behavior.

Developmental Pathways

How do youths get on a pathway that leads from minor disruptive and delinquent behaviors to more serious and violent behaviors? The Pittsburgh Youth Study has provided important information to help understand how delinquent careers develop. The study found that "boys generally developed disruptive and delinquent behaviors in an orderly, progressive fashion, with less serious problem behaviors preceding more serious problem behaviors" (Browning & Loeber, 1999, p. 1).

The study identified three major pathways:

- **Authority Conflict**—Youth on this pathway display stubbornness prior to age 12, then later move on to defiance and avoidance of authority (e.g., truancy, running away, staying out late).
- **Covert**—This pathway includes minor covert acts (e.g., lying, shoplifting), followed by property damage and moderately serious delinquency (e.g., fraud, burglary, major theft), then serious delinquency.
- **Overt**—This pathway includes minor aggression

(e.g., bullying) followed by fighting and violence (e.g., rape, attack).

Information about these pathways to serious, chronic, violent behavior should be useful when developing effective delinquency prevention programs.

Multisystemic Therapy – An Example of an Effective Intervention Program

One effective approach for treating juvenile offenders is Multisystemic Therapy (MST), an intervention based on years of research and evaluation. MST has been identified as one of 10 *Blueprints for Violence Prevention* by the Center for the Study and Prevention of Violence, with support from OJJDP.

MST is an intensive, family- and community-based treatment that addresses the known determinants of serious antisocial behavior in juvenile offenders. This highly structured, individualized, comprehensive program has reduced the number of out-of-home placements for serious juvenile offenders, and it has reduced the antisocial behavior and criminal activity of these youths.

MST targets chronic, violent, or substance-abusing juvenile offenders who are at risk of out-of-home placement. The "typical" MST youth is 14 to 16 years old; lives in a single-parent home that is characterized by multiple needs and problems; has multiple arrests or is a chronic offender; is deeply involved with delinquent peers; has problems at school or does not attend; and abuses substances, marijuana, alcohol, cocaine).

MST is a pragmatic, goal-oriented, home- and family-based treatment program that is highly individualized and comprehensive. It targets risk factors in a youth's social network (family, peers, school, neighborhood) that contribute to his or her antisocial behavior while strengthening the protective factors in those networks.

Results are promising in studies examining the use of MST with other populations that demonstrate complex clinical problems (e.g., youths experiencing psychiatric emergencies; substance-abusing parents of young children). Additional fact sheets will discuss the theoretical framework and principles that form the core of this treatment program, as well as research results obtained from sites using MST.

What Makes MST More Effective Than Many Other Programs?

Many programs designed to treat serious juvenile offenders have been ineffective because they have failed to meet the complex needs of these youth. Many programs are narrowly focused, individually oriented, and delivered in settings that bear little relation to the youth's natural environment (e.g., residential treatment centers, outpatient mental health clinics, detention centers, psychiatric hospitals) and the problems that the youth and his or her family must address within the community. On the other hand, MST is effective because it has the flexibility to address the various causes of antisocial behavior in a comprehensive, intense, and individually tailored manner. And, it is more cost-effective than out-of-home placements.

Summary

Research studies show that a combination of individual (e.g., antisocial attitudes, impulsivity), family (e.g., low warmth, ineffective discipline, parental problems), peer (e.g., association with deviant peers), school (e.g., low achievement), and neighborhood (e.g., transiency, criminal subculture) factors are linked with serious antisocial behaviors in adolescents (Henggeler, Mihalic et al., 1998). Therefore, common sense dictates that interventions should not be limited to treating the individual and his or her family, but also should address difficulties encountered with the youth's other social networks (peer, school, neighborhood, etc.). MST, a comprehensive, individualized, family- and home-based approach, is one intervention that has proven its success in reducing or eliminating antisocial behavior in youth.

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