Year after year, approximately 1.8 to 2.2 million juveniles under the age of 18 are arrested by law enforcement officers in the United States. Although juvenile crime has declined in recent years, these statistics still represent an enormous amount of offending by American youth. In 2000 more than 30 million youth were under juvenile court jurisdiction (Puzzanchera, Stahl, Finnegan, Tierney, & Snyder, 2004), and 80% of these youth were between the ages of 10 and 15. In 2000, courts with juvenile jurisdiction handled an estimated 1.6 million delinquency cases, and in any day the juvenile courts processed roughly 4,500 cases (Puzzanchera et al., 2004). Nearly two-thirds of the cases involved youths aged 15 or younger at the time of referral. Although most juvenile offending is nonviolent in nature, many of the cases involved sex offending or other violent crime.

The Many Causes of Delinquency

Over the past three decades, research has increasingly indicated that juvenile delinquency has multiple causes. Furthermore, these multiple causes interact in a very complicated way for the individual, the family, the school, peers, the community, and the cultural context within which the child or adolescent resides. In order to be effective, delinquency prevention and intervention must not only be tailored to the individual’s developmental level but must also address the significant influences of that individual’s social environment. “To successfully reduce youth violence, prevention strategies must engage the entire spectrum of individuals and community systems impacting a young person’s life, including families, schools, peers, and other adults in the community” (Coordinating Council, 1996, p. 8).

One mission of this text is to examine what is currently known about the many causes of delinquency and what can be done to reduce or eliminate these causes. We often hear from the media and other sources that certain children are “at risk” of becoming delinquent. At risk means that certain influences in the lives of many children
make them good candidates for developing antisocial behaviors. In this text, we will describe these risk factors, those influences that increase the tendency to become delinquent. Examples of risk factors are socioeconomic disadvantages, inept parenting, maltreatment, parental psychopathology (especially depression), and an adverse psychosocial environment, such as antisocial peers (Rutter, 2003). Other risk factors are more individualized to the child, such as language deficiencies, inadequate self-control and self-regulation, and a strong tendency to be physically aggressive toward the social environment. Less widely recognized risk factors are biologically related, such as hereditary and prenatal influences, postnatal diseases, and inadequate nutrition. Recent research literature has given increasing attention to the role of these biological factors in the development of antisocial behavior.

Risk factors are only part of the picture, however. In the presence of considerable risk factors, many children continue to function without difficulty and display healthy, normal development. These children do not display violent or persistent antisocial behavior even though they have been exposed to a variety of significant risk factors that contribute to antisocial behavior in others. In essence, they seem to be adaptable and resilient. It will be important, then, to examine very carefully the research literature on protective or resilience factors. Protective factors are those life experiences, abilities, and events that help a child resist engaging in chronic, serious antisocial behavior. An adult mentor (such as a teacher or coach), the motivation to pursue a professional career (e.g., dancer, doctor, therapist), or an emotionally strong single parent are all examples of protective factors. Children who adapt and show no ill effects in their development after exposure to a series or a combination of risk factors are said to be resilient. The recognition and study of these resilient children have overturned the negative assumptions about the development of children growing up under the threat of disadvantage and adversity (Masten, 2001). Research indicates that there is nothing extraordinary about these children and thus supports a far more optimistic outlook for helping all children adapt to adverse conditions. “Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources in the minds, brains, and bodies of children, in their families and relationships, and in their communities” (Masten, 2001, p. 235).

We will focus more on resilience in Chapter 4, but for now it is important to note that psychological research traditionally has concentrated almost exclusively on risk factors that lead to maladjustment and problem behavior and has neglected the study of human adaptation and development. More recently, there has been a major shift toward the study of competence and resilience, especially pertaining to children.

Competence

refers to a pattern of effective adaptation in the environment, either broadly defined in terms of reasonable success with major developmental tasks expected for a person of a given age and gender in the context of his or her culture, society, and time, or more narrowly defined in terms of specific domains of achievement, such as academics, peer acceptance, or athletics. (Masten & Coatsworth, 1998, p. 206)

Competence results from a complex interaction between a person and his or her environment. Both the individual's capabilities and the nature of the contexts in which the individual lives will influence competence. Many people are competent in some areas and not in others.
TABLE 1–1: Summary of Key Concepts

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factors</td>
<td>Experiences and influences that increase the tendency to become antisocial and delinquent</td>
</tr>
<tr>
<td>Protective factors</td>
<td>Experiences and abilities that help people adjust and cope with negative and adverse events</td>
</tr>
<tr>
<td>Competence</td>
<td>Ability to exert control over one’s life and to adjust to problems effectively</td>
</tr>
<tr>
<td>Resilience</td>
<td>Ability to overcome risk factors and to function adaptively despite being exposed to serious threats and negative experiences</td>
</tr>
</tbody>
</table>

**Resilience** refers specifically to the ability to overcome risk factors and to function adaptively in spite of being exposed to serious threats and negative circumstances. (Table 1–1 summarizes these key concepts.) Children, adolescents, and adults who have been exposed to few, if any, risk factors cannot then be called resilient, but they may very well be competent. “Resilience has been studied in a wide variety of situations throughout the world, including war, living with parents who have a severe mental illness, family violence, poverty, natural disasters, and in situations with many other risk factors and stressors” (Masten & Coatsworth, 1998). Research on resilience underscores the perspective that children have different vulnerabilities and protective systems at different ages and points in development (Masten & Coatsworth, 1998). This text will give considerable attention to the research on why many children and adolescents overcome adversity and achieve good developmental outcomes. Recent research on resilience is likely to change the nature of the frameworks, goals, assessments, strategies, and evaluation in the fields of prevention and treatment of antisocial behavior.

**THE MANY FACES OF DELINQUENCY**

Juvenile delinquency—as well as antisocial behavior—has multiple manifestations and can range in frequency and severity. Michael Lorber (2004) points out that “not all antisocial behavior is equivalent, and not all antisocial behavior is aggressive” (p. 532). Merely saying that someone is antisocial or delinquent does not capture the extreme diversity within the categories or the variation in offending (see Table 1–2). First, engaging in some antisocial behavior is a rite of passage for many youngsters. In fact, males who abstain completely from antisocial conduct and minor delinquency are rare and outside the norm for male adolescence (Moffitt, Caspi, Dickson, Silva, & Stanton, 1996). Second, children and adolescents who engage in serious, chronic delinquency do not specialize in any one type of behavior but display a wide range of different offenses, ranging from theft and vandalism to violence and sexual assault (Dodge & Pettit, 2003). However, the majority of adolescent violent and serious offending is committed by only 6% of the adolescent population (Dodge & Pettit, 2003; Elliott, 1994; Wolfgang, Figlio, & Sellin, 1972). In other words, a very small proportion of young people are responsible for over half of all serious juvenile crime. Finally, not only does delinquency have many causes and take many forms, but there are also many developmental pathways or trajectories associated with it. We address this last point in more detail, because it represents a major focus in contemporary research on juvenile delinquency.
CHAPTER 1  ◆ Introduction to Delinquency and Antisocial Behavior

**TABLE 1–2: The Nature and Extent of Juvenile Offending**

<table>
<thead>
<tr>
<th>Unlawful Acts by Juveniles</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlawful acts against persons</td>
<td>Violent crimes, similar to those crimes committed by adults</td>
</tr>
<tr>
<td>Unlawful acts against property</td>
<td>Property crimes, similar to those crimes committed by adults</td>
</tr>
<tr>
<td>Drug offenses</td>
<td>Possession, distribution, selling, manufacture of drugs</td>
</tr>
<tr>
<td>Public order offenses</td>
<td>Nuisance crimes against society, such as noise violations</td>
</tr>
<tr>
<td>Status offenses</td>
<td>Acts only juveniles can commit: violation of curfew, running away, school truancy</td>
</tr>
</tbody>
</table>

**THE DIFFERENT DEVELOPMENTAL PATHWAYS TO DELINQUENCY AND CRIME**

This book relies heavily on a developmental perspective to provide the most comprehensive explanation of delinquency. The blending of developmental psychology and criminology over the past 15 years has put more focus on individual development and the life course of offending (Loeber, Lacourse, & Homish, 2005). Developmental perspective, in this context, refers to the scientific study of the conditions and variables that influence the neurological, biological, mental, emotional, and social development of children. Early learning experiences, parental influences, peer relationships, and hereditary predispositions are all examples of these conditions.

Because it focuses on the various changes that occur during development, the developmental perspective requires a close examination of developmental pathways. Think of a developmental pathway as a path lined with risk and protective factors that have the potential to strongly influence how a child develops and adjusts to the world. The risk factors predispose the child toward delinquency, while resilience or protective factors steer the child away from delinquency. At certain points the path may be particularly treacherous, and the child may be more vulnerable to negative influences. When children are asserting their independence from parents or guardians, for example, these youth may be particularly vulnerable to the influence of antisocial peers.

The developmental pathways (also commonly referred to as developmental trajectories) not only differ across individuals but also may differ across cultures, subcultures, and sociodemographic environments. In this book we are particularly interested in the developmental pathways that begin in childhood with aggression and disruptiveness and culminate in persistent delinquency and adult criminality. If we are able to delineate the developmental trajectories of early antisocial or delinquent behavior, we can gain invaluable information about important targets and appropriate timing for intervention. This result is particularly likely if the mapping of trajectories is accompanied by identification of risk factors associated with the divergent pathways (Shaw, Gilliom, Ingoldsby, & Nagin, 2003).

There are two primary perspectives on developmental pathways to crime (Walters, 2002b). According to Walters, a generalist approach holds that there is one pathway with a common set of causes that all people who commit crime follow. The other approach embraces multiple pathways. Although research can be summoned in support
of each position, contemporary and cutting-edge research strongly supports multiple developmental pathways, which we will cover in detail in Chapter 6.

DEFINITIONS

Research psychologists and mental health professionals often use some terms interchangeably, a fact that lends confusion to any attempt to discuss the general topic of juvenile offending (Tremblay, 2003). Consider terms like juvenile delinquency, antisocial behavior, conduct disorder, and externalizing problem behavior, which are often used interchangeably. In reality, many delinquents do not have conduct disorder or even externalizing problem behaviors, and many youth with serious disorders or antisocial behaviors are never adjudicated delinquent. Other professionals associated with the juvenile justice system—police officers, detention workers, probation officers, juvenile court judges, and attorneys, for example—have their own sometimes-conflicting terminology. And members of the public have still other versions of who should and should not be labeled a delinquent.

In order to prepare for the material that will be covered throughout this book, we must try to disentangle the semantic jungle of various terms that are often used by professionals and researchers to refer to basically the same behaviors. We begin with the most obvious label, juvenile delinquency, but then we tackle the triad of terms just mentioned, which are commonly used interchangeably to refer to behavior that violates social norms: antisocial behavior, externalizing problem behavior, and conduct disorder. We will also refer briefly to other diagnostic labels that often appear in the literature on juvenile delinquency and that will be discussed in greater detail in later chapters.

JUVENILE DELINQUENCY

Although the term juvenile delinquency appears to be straightforward and easy to understand, it becomes an imprecise and ambiguous term when examined more closely. Basically, it is a legal classification that is assigned by the court, and at first, a simple legal definition seems to suffice: Delinquency is behavior against the criminal code, committed by an individual who has not reached adulthood, as defined by state or federal law. But juvenile delinquency has multiple definitions and meanings beyond this one sentence. In some states, for example, the legal definition also includes status offending, behavior that is not against the criminal code but is prohibited only for juveniles. Examples include running away, curfew violations, incorrigibility, underage drinking of alcohol, underage sexual activity, and truancy. The most common status offenses in recent years are incorrigibility, followed by running away (Sickmund, 2004). The status offense that has increased substantially in frequency in recent years is underage drinking.

Even age is not a simple issue in the definition of delinquency. Although no state considers anyone above 18 a delinquent, some have provisions for “youthful offenders,” who are older, and some use 16 as the cut-off age. At this time, four states give criminal courts, rather than juvenile courts, automatic jurisdiction over juveniles at the age of 16, and eight states, at the age of 17. Several other states are considering changes. Furthermore, all states allow juveniles—some as young as 7—to be tried as adults in criminal courts under certain conditions and for certain offenses. Under federal law,
juveniles may be prosecuted under the criminal law at age 15. Increasingly more and more young offenders are moved to adult court in this manner. Under the legal definition of delinquency, the youths transferred to criminal courts are not delinquents. Nonetheless, their behavior, although not technically “delinquent,” is clearly within the scope of this text.

Many states do not have a legally defined age of criminal responsibility, that is, a minimum age of arrest for children (H. N. Snyder, Espiritu, Huizinga, Loeber, & Petechuk, 2003). The minimum age also indicates at which point a child may be brought before a juvenile court for delinquency proceedings. When the minimum is specified, it varies from age 6 in North Carolina to age 10 in Arkansas, Colorado, Kansas, Pennsylvania, and Wisconsin. Canada stipulates a minimum age of 12. Another interesting and rarely mentioned issue is that of developmental disabilities. A shoplifter or exhibitionist with a mental age of 10 and a chronological age of 33 is not eligible for delinquency status, yet the mental abilities of such an individual resemble those of a child far more than those of an adult. On the other hand, an 8-year-old “genius” with a mental age of 25 could presumably not be tried in criminal court simply because of his or her mental age.

In recent years, the term child delinquent has come into vogue. Child delinquents are juveniles between the ages of 7 and 12 who have committed a delinquent act according to criminal law (Loeber, Farrington, & Petechuk, 2003). Child delinquents often attract the attention of the mass media and public officials, especially after an especially violent incident involving a very young offender. During the past decade, the number of child delinquents handled by juvenile courts has increased 33%, generating some concern in criminal justice circles and society in general. Overall, children younger than 13 make up about 7% of all juvenile arrests (H. N. Snyder, Espiritu, et al., 2003; see Table 1–3). Although their offenses are not necessarily serious, the early age of onset does not bode well for their futures. According to Loeber et al. (2003), child

<table>
<thead>
<tr>
<th>Violent Crime</th>
<th>Younger Than 10</th>
<th>Ages 10–12</th>
<th>Younger Than 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>642</td>
<td>4,743</td>
<td>5,385</td>
</tr>
<tr>
<td>Forceable rape</td>
<td>12</td>
<td>284</td>
<td>296</td>
</tr>
<tr>
<td>Robbery</td>
<td>73</td>
<td>751</td>
<td>824</td>
</tr>
<tr>
<td>Aggravated assault</td>
<td>557</td>
<td>3,698</td>
<td>4,255</td>
</tr>
<tr>
<td>Property Crime</td>
<td>3,103</td>
<td>24,200</td>
<td>27,303</td>
</tr>
<tr>
<td>Burglary</td>
<td>697</td>
<td>4,343</td>
<td>5,040</td>
</tr>
<tr>
<td>Larceny-theft</td>
<td>2,014</td>
<td>18,052</td>
<td>20,066</td>
</tr>
<tr>
<td>Motor vehicle theft</td>
<td>79</td>
<td>699</td>
<td>778</td>
</tr>
<tr>
<td>Arson</td>
<td>313</td>
<td>1,106</td>
<td>1,419</td>
</tr>
<tr>
<td>Other Offenses (e.g., vandalism, drug abuse violations)</td>
<td>9,965</td>
<td>72,808</td>
<td>82,773</td>
</tr>
<tr>
<td>TOTAL</td>
<td>13,710</td>
<td>101,751</td>
<td>115,461</td>
</tr>
</tbody>
</table>

delinquents are two to three times more likely to become serious, violent, and chronic offenders than are adolescents who begin offending in their teens.

Thus far, we have discussed the legal definition of delinquency, but the delinquency literature does not necessarily use delinquent in the strictly legal sense. Technically speaking, a child cannot be a delinquent unless he or she has been so adjudicated by a juvenile court, yet the term is often used to refer to children who are taken into custody by police or are detained before their court appearances. Furthermore, the public often has its own version of delinquency, which has led to the phrase “social delinquent.” Children who steal flags, engage in underage drinking, get into fistfights, get suspended or expelled from school, torture animals, or sexually molest other children may all be referred to as delinquents even when they do not come to police or court attention. On the other hand, society may resist calling the 12-year-old boy who kills his classmate a delinquent, even if he does not qualify for transfer to a criminal court.

It will become obvious as we proceed through this text that the measurement of delinquency and the determination of who is delinquent are difficult. Delinquency is not a distinct entity easily located and studied. Whether defined legally or socially, delinquency is an artifact, ever changing and conceptually slippery. It is an imprecise, nebulous label for a wide variety of law- and norm-violating behaviors. Delinquency, then, may be considered a socio-legal term, used in different ways by criminologists, lawyers, judges, juvenile justice professionals, legal scholars, and members of the public.

In this context, care should also be exercised to distinguish between a delinquent and a delinquent act. The act—delinquency—is the behavior that violates the criminal code, whereas delinquent is the legal label we assign to a youngster who deviates from prescribed social standards. But even in the strict legal sense, a youth charged with committing a legally defined delinquent act is not automatically a delinquent. The youth becomes a delinquent only after pleading guilty to the offense (or failing to contest the charges) or after all elements of the offense have been proved beyond a reasonable doubt (similar to a criminal conviction). Furthermore, the juvenile system generally resists applying the label unless the behavior is serious or there are a number of delinquent acts. In most states, juveniles get diverted from court if they are charged with a first, nonviolent offense.

Given the numerous inconsistencies associated with the labels delinquent and delinquency, it is not surprising that many writers and researchers shy away from these terms. Tremblay (2003), for example, suggests that researchers stop using the legal term juvenile delinquency in developmental studies in favor of the more appropriate term antisocial behavior. This suggestion should especially be followed if researchers are focusing on theoretical issues, such as looking for causes. The term juvenile delinquency should be used only for studies specifically designed to address legal issues. In this book we will show a preference for the term antisocial behavior, particularly when discussing developmental research, and will try to reserve delinquent for a youth who has been adjudicated as such by the courts.

ANTISOCIAL BEHAVIOR

The term antisocial behavior is most frequently used by psychologists and other mental health professionals to refer to the more serious habitual actions that violate personal rights, laws, and/or widely held social norms. The term includes both the legal designation of delinquency and the antisocial behaviors that are undetected by law enforcement.
Although arrest may be a valid indicator of antisocial behavior, it isn’t enough. Many antisocial behaviors—probably most—go undetected or escape the attention of law enforcement. And, of course, arrest is not necessarily an indicator of antisocial behavior, because police may be taking into custody the wrong individual.

In this text, antisocial behavior is best defined as “recurrent problem behaviors that lead to injury to others or arrest” (Dodge & Pettit, 2003, p. 350). The injury may be physical or emotional. Thus, included in this definition is a wide assortment of behaviors ranging from homicide and sexual assault to verbal assault and vandalism, not all of which qualify as delinquent acts. Furthermore, the antisocial behaviors we are most concerned about in this book are directed at others and their property, although we do give considerable attention to the self-destructive behavior of substance abuse.

**EXTERNALIZING PROBLEM BEHAVIORS**

Many research and developmental psychologists prefer to divide childhood problems into two very broad categories: (1) internalizing disorders and (2) externalizing disorders, or problem behaviors. **Internalizing disorders** are characterized by mood problems, such as depression, or by behavior featuring anxiety, social withdrawal and isolation, hypersensitivity, low self-esteem, and eating disorders. **Externalizing disorders**, on the other hand, cause problems for others and society in general. They include such behaviors as stealing, lying, physical aggression, fire setting, and cheating. Research consistently reveals that externalizing problem behaviors are the most common and persistent forms of childhood maladjustment (Bongers, Koot, van der Ende, & Verhulst, 2004; Campbell, 1995).

Externalizing problem behaviors are usually represented by three broad diagnoses: conduct disorder, oppositional defiant disorder (ODD), and attention-deficit/hyperactivity disorder (ADHD; Farmer et al., 2002). Externalizing problems are particularly relevant in this text because of their characteristic antisocial symptoms (e.g., aggression, fighting, theft, school behavioral problems) and their relatively high prevalence among children. After discussing externalizing problem behaviors as a group, we will touch on conduct disorder because it is a frequent diagnosis associated with adjudicated delinquents. Both ODD and ADHD will be discussed again later in the text, specifically in Chapter 3. For the moment, though, we must emphasize that—although these behaviors have relevance to delinquency—children and adolescents with these problem behaviors do not necessarily engage in delinquent acts.

Recent research shows that serious externalizing problems can be identified as early as the toddler and preschool years (Keenan & Wakeschlag, 2000; Olson, Semeroff, Kerr, Lopez, & Wellman, 2005). However, a lack of control of aggression and impulses is very common in early childhood (Tremblay, 2000) and is not necessarily predictive of a similar lack of control as the child gets older. Therefore, it is important that developmental psychologists and child clinicians distinguish between chronic and temporary patterns of externalizing behavior early on (Olson et al., 2005).

Researchers who have examined the factors influencing or contributing to externalizing behavioral problems have focused on three things: (1) characteristics of the child, such as temperament, gender, cognitive processes; (2) socialization forces that emerge within a child’s social interactions and relationships, such as parenting styles, peer interactions, attachment characteristics; and (3) other external forces, such as
socioeconomic status and family characteristics (Rubin, Burgess, Dwyer, & Hastings, 2003). Some studies, for example, have revealed that male toddlers with a high level of externalizing problem behaviors often come from troubled families characterized by considerable parent–child conflict and family adversity (Belsky, Woodworth, & Crnic, 1996). Other studies report that externalizing behavior problems, especially aggressive behavior, increase in situations in which there are signs of negative parental behaviors (such as little warmth, much physical or verbal punishment, much directiveness) combined with the child’s “difficult” temperament (Rubin, Hastings, Chea, Stewart, & McNichol, 1998). Overall, children who demonstrate externalizing behavioral problems share a range of risk factors, including sociodemographic disadvantages and chaotic/disruptive family patterns, such as child abuse or neglect, marital conflict, and parental alcoholism or drug abuse (Burt, Krueger, McGue, & Iacono, 2001; Fergusson, 1998; Kuperman, Schlosser, Lidral, & Reich, 1999).

Taking a slightly different approach, Frick and his colleagues (1994) identified four types of externalizing behaviors, based on studies of 28,000 youths: (1) oppositional behavior, (2) aggression, (3) property violations, and (4) status violations. Each of these behaviors appears to follow a different developmental trajectory. For example, research by Lahey et al. (2000) indicates that levels of oppositional behavior were higher at young ages, aggression peaked at about 13 years of age, property violations appeared to be steady across all age groups, and status violations were more prevalent at older ages (16 to 18). Oppositional behavior is the tendency to be disobedient and hostile to authority figures, including parents. In another study, Bongers, Koot, van der Ende, & Verhulst (2003) discovered that aggressive behaviors and externalizing problems decline for most children as they get older (i.e., third or fourth grade). However, research also indicates that externalizing problems that become established usually become chronic, “placing children at risk for a wide range of negative adaptational outcomes including academic failure, rejection by peers, conflicted interactions with parents, siblings, peers, and teachers, and delinquent behavior” (Olson et al., 2005, p. 25).

The externalizing behaviors most closely associated with delinquency and antisocial behavior are conduct disorders. Before we proceed to a detailed discussion of these disorders, however, it should be pointed out that some internalizing problems often go hand in hand with delinquency and conduct disorders. In other words, some internalizing and externalizing problems may be closely related. For example, it is fairly well established that the co-occurrence of conduct disorders (and delinquency) and depression is a common phenomenon in adolescence (Wiesner & Kim, 2006). “Studies with both clinical and community samples have provided substantial evidence that adolescents with high levels of delinquency are also at risk for depressive symptoms, and vice versa” (Wiesner & Kim, 2006, p. 1220). In addition, research suggests that the coexistence of depressive symptoms and delinquency appears to follow different developmental paths for adolescent boys and girls (Wiesner & Kim, 2006).

**CONDUCT DISORDERS**

**Conduct disorder (CD)** is a diagnostic term often used by mental health professionals to encompass a group of behaviors characterized by habitual misbehavior, such as aggression toward people or animals, destruction of property (including fire setting), frequent deceitfulness, stealing, serious violation of rules, and hostile or defiant behavior.
As noted previously, it is often considered within the category of externalizing behaviors (Farmer, Compton, Burns, & Robertson, 2002). It is primarily a clinical label used to describe a child or adolescent who repetitively and persistently violates the basic rights of others. Conduct disorders account for the majority of referrals to outpatient child and adolescent mental health clinics in America (Dodge & Pettit, 2003; Loeber, Burke, Lahey, Winters, & Zera, 2000). Overall, between 2% and 6% of children and adolescents in the United States show behavioral patterns that may be diagnosed as a CD (Eddy, 2003). Boys are diagnosed with the disorder more frequently than girls by a ratio of roughly four to one (Bongers et al., 2004; McDermott, 1996). CD is found to be more common in lower-socioeconomic-class families, among boys with a biological parent known to be antisocial, and among boys with attention-deficit/hyperactivity disorder (ADHD; Lahey et al., 1995). And as we learned earlier, it may be more common in depressed adolescents.

Conduct disorder is the diagnostic label most often placed on youths who appear before juvenile courts, when a diagnosis is included in the record (Lahey et al., 1995). CD is generally considered to be the primary precursor to chronic and serious antisocial behavior during adulthood, and unless treatment is started very early, the behavioral pattern is difficult to change (Lahey et al., 1995). Court records consistently reveal that 50% to 70% of the youths arrested for antisocial behaviors during childhood or adolescence are arrested again in adulthood (Lahey et al., 1995).

The term conduct disorder is more fully described in the American Psychiatric Association’s Diagnostic and Statistical Manual (fourth edition, 1994), commonly abbreviated as DSM-IV. The DSM-IV—now in a slightly revised edition referred to as the DSM-IV-R (2000)—divides conduct disorder into two categories, depending on when the habitual misbehavior begins. If the misbehavior begins in childhood (before age 10), it is called conduct disorder: childhood-onset type. If the misbehavior begins in adolescence, it is called conduct disorder: adolescent-onset type. According to the DSM-IV, at least 3 of the 15 criteria must be met to qualify as CD. Unfortunately, the criteria are so diverse that CD cases vary widely in specific offending characteristics. According to the DSM-IV, poor frustration tolerance, irritability, temper outbursts, and recklessness are frequent accompanying features.

The DSM-IV identifies four major behavioral groupings to help in the diagnosis of a conduct disorder. The first group refers to “aggressive conduct that causes or threatens physical harm to other people or animals” (American Psychiatric Association, 1994, p. 85). The second group refers to “nonaggressive conduct that causes property loss or damage” (APA, 1994, p. 85). Behavioral patterns characterized by deceitfulness or theft make up the third group, and the fourth group refers to behavior that demonstrates serious violations of rules, such as the rules set by the school or parents. An example of the fourth group would be truancy or running away from home. Remember that the key words in these behavioral patterns are repetitive and persistent; the behaviors must be committed repeatedly and across many different situations, such as at home, in the school, and in the community. The DSM-IV posits that at least three of these behaviors must be present during the past 12 months to qualify as a CD.

Behavioral signs of CD can be observed in the context of interaction with parents well before school entry (Reid, 1993). For example, children who are aggressive, difficult to manage, and generally noncompliant in the home at the age of 3 continue to have similar problems when entering school (Reid, 1993). These behaviors show remarkable
continuity right into adolescence and beyond. In addition, CD children often have significant problems in academic performance. And as we shall learn, aggressive CD youth are at high risk for quick and decisive rejection by their peers (Reid, 1993). This rejection lasts throughout the school years and is difficult to change (Reid, 1993). Children who are consistently rejected obviously miss out on opportunities to develop normal interpersonal and social skills.

Preliminary research suggests that conduct problems are more likely to emerge in homes characterized by hostility and conflict, lack of parental monitoring of children’s activities, inconsistent discipline, coercive interchange between parents and children, and more generally low parental competence (Jester et al., 2005). Research by Jester et al. (2005) found that low emotional support and lower intellectual stimulation by parents in early childhood predicted a propensity toward delinquency in later development. Table 1–4 summarizes the definitions of these various behavioral categories.

### RESEARCH METHODS

In order to advance our knowledge about the juvenile offender, various research strategies and methods are necessary. Schwartz and Jacobs (1979) have outlined some of the differences among the various scientific methods used in the social sciences, including criminology and the study of deviant behavior. One of the most relevant distinctions is that between quantitative and qualitative methods.

### QUANTITATIVE AND QUALITATIVE METHODS

**Quantitative methods** assign numbers to observations and thus allow researchers to analyze data systematically and to detect patterns and differences. Typically, quantitative methods collect measurements on variables and apply various statistical techniques to these measurements. Researchers using quantitative approaches might collect arrest and victimization data describing the distribution of delinquency in a particular city.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquent behavior</td>
<td>Illegal behavior by a minor who has not yet attained the age at which he or she is treated as an adult for purposes of criminal law (usually under age 18)</td>
</tr>
<tr>
<td>Juvenile delinquency</td>
<td>A legal designation indicating that a minor, who falls under a statutory age limit, has participated in illegal behavior</td>
</tr>
<tr>
<td>Antisocial behavior</td>
<td>A clinical term reserved for adults or youths who frequently violate developmental or customary social norms and who jeopardize the rights and safety of others</td>
</tr>
<tr>
<td>Externalizing behavior</td>
<td>A broad clinical term characterized primarily as actions against the social environment, such as acting out with hostility and aggression; usually encompassing conduct disorders, oppositional disorders, and ADHD</td>
</tr>
<tr>
<td>Oppositional behavior</td>
<td>The tendency to be disobedient to authority figures, including parents</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>A diagnostic label from the DSM-IV-R used to identify children who exhibit habitual misbehavior</td>
</tr>
</tbody>
</table>
Armed with these data, the researchers might do a statistical analysis to discover where delinquency is most heavily concentrated, what types of crimes are being committed, and who is most likely to be victimized. Quantitative methodology also allows us to gather data on the number of juveniles held in detention, processed through juvenile courts, or transferred to criminal courts. In addition, quantitative methods allow researchers to assess relationships among variables and test the strength of variables. The most sophisticated quantitative methods, for example, would allow a researcher to compare the relative influence of parents and peers on a juvenile’s decision to use illegal drugs. Psychologists also rely heavily on quantitative methods to examine the reliability and validity of various assessment measures, such as measures of juvenile psychopathic tendencies. And through quantitative research, we are able to evaluate the effectiveness of rehabilitative strategies, such as juvenile sex offender treatment programs.

Qualitative methods are quite different. Researchers using a qualitative approach minimize the use of numbers or statistics in their research observations. Instead, “qualitative methodology refers to those research strategies, such as participant observation, in-depth interviewing, total participation in the activity being investigated, field work, etc., which allow the researcher to obtain first-hand knowledge about the empirical social world in question” (Filstead, 1970, p. 6). Researchers using qualitative methods most generally describe their observations in the “natural language” at hand. For example, some researchers try to gain the trust of a group of youths by interacting with their gang, hoping to acquire an “inside” view of how these youths perceive and construct their world. In this case, natural language would include the jargon, speech patterns, and symbols of the youths themselves, instead of the artificial categories and concepts imposed on them by the researcher. From a qualitative perspective, if we want to understand delinquents, we must know what they know, see what they see, and understand what they understand.

A good illustration of the qualitative approach is the now-classic research conducted by Anne Campbell (1984a) on the role of girls in New York City street gangs. She “wanted to observe and interact with girl gang members and to represent their own views of their situations” (p. 1). After researching nearly 400 known gangs in New York City, she selected 3 that seemed to represent the diversity of gang life: a street gang, a biker gang, and a religion-cultural gang. One was racially mixed, one was Puerto Rican, and one was African-American. Campbell was introduced to the gangs by a police officer who knew them well or by agencies and youth project members who worked with them. She spent several months with the gang members, getting to know them and building their trust, never disguising her identity or purpose. Data collection was through either field note taking or a tape recorder. Much of her book, The Girls in the Gang, is written in the girls’ own words.

Another excellent illustration of qualitative research pertaining to juveniles can be found in the work of Paul Cromwell (1994), who conducted extensive interviews (310 hours) with 30 active burglars over a 16-month period in a southwestern metropolitan area. Cromwell’s study was concerned with the decision-making processes and situational cues relied on in selecting burglary targets. The participants were also asked about their initiation into crime, their drug use, co-offenders, techniques for breaking and entering, and marketing of stolen property. Although they were young offenders past the age of delinquency, the study is relevant to us because most indicated they had begun their criminal activity in their midteens with one or more older acquaintances.
CHAPTER 1  ♦  Introduction to Delinquency and Antisocial Behavior  13

Both qualitative and quantitative approaches are highly useful in the study of delinquency and antisocial behavior. According to Schwartz and Jacobs (1979),

Quantitative methods are best for conducting a “positive science”; that is, they allow for the clear, rigorous, and reliable collection of data and permit the testing of empirical hypotheses in a logically consistent manner. . . qualitative methods, which use natural language, are best at gaining access to the life-world of other individuals in a short time. (p. 5)

Qualitative methods allow us to examine the motives, meanings, emotions, and other subjective aspects in the lives of delinquents. In short, they add life to our statistical, empirical knowledge. One method does not necessarily have to be chosen over the other; as David Silverman (1985) asserts, “It is not simply a choice between polar opposites that face us, but a decision about balance and intellectual breath and rigour” (p. 17). Table 1–5 summarizes the differences between these two methods.

LONGITUDINAL RESEARCH

Earlier in this chapter we introduced the topic of development pathways or trajectories to delinquency. Research on these pathways represents some of the most vibrant, cutting-edge work in the study of juvenile delinquency. In order to conduct this research, investigators typically conduct longitudinal studies, following youths through a number of developmental milestones in an effort to identify features (such as risk factors) that explain eventual delinquency or features (such as protective factors) that discourage it. Longitudinal studies can be retrospective or prospective. Retrospective studies focus on children or adolescents who are identified after the events of interest have already taken place. For example, the research identifies a group of delinquents in an institutional setting and tries to determine what life experiences, events, or circumstances may have influenced their current antisocial behavior. Unfortunately, most researchers must rely on parental reports, the child’s or adolescent’s self-reports, and records describing the individual’s development, such as school or social service records. Accuracy of recall, as well as adequacy of record keeping, becomes a critical issue in this retrospective method. Although human memory has an incredibly extensive storage capacity, it is also replete with distortions, misrepresentations, and biases, and record keeping is rarely consistent or complete. Moreover, any researcher who has sought archival data has probably been faced with the problem of missing records.

In prospective longitudinal research, subjects are identified before the events or developmental milestones occur, and the data are collected as incidents and life experiences happen. For example, researchers might follow newborns all the way through high school graduation with extensive observations and notations about their

<table>
<thead>
<tr>
<th>Concept</th>
<th>Quantitative research method</th>
<th>Qualitative research method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relies primarily on measurement and statistical analysis</td>
<td>Relies on descriptions of behavior and experiences, much less on numerical measurement and analysis</td>
</tr>
</tbody>
</table>
development. The prospective method is generally preferred over the retrospective, because of its reliance on very recent events and memory in contrast to “old memory” or records, but it is also far more expensive and time-consuming.

The longitudinal method did not begin with a focus on developmental milestones, however. Before discussing the method’s current strengths and weaknesses, it will be instructive to review its origins in classic cohort studies, which enabled criminologists to gain valuable information about the prevalence of offending among juvenile populations.

**Cohort Studies**

In the last quarter of the twentieth century, Wolfgang and his colleagues (Wolfgang et al., 1972; Wolfgang, 1983) carried out two massive cohort studies. The term *cohort* refers to a group of participants having one or more characteristics in common. In the two Wolfgang projects, the participants were born in the same year. The first birth cohort consisted of 9,945 males born in 1945 who resided in Philadelphia from their 10th to their 18th birthdays. The second birth cohort consisted of 13,160 males and 14,000 females born in 1958 who also lived in Philadelphia from their 10th to their 18th birthdays. The researchers also conducted an important third study in which they followed 10% of the 1945 cohort until age 30. Note that because Wolfgang and his fellow researchers conducted their research in the 1970s and 1980s, they were looking back in time to collect data and thus were conducting retrospective longitudinal studies.

Wolfgang followed the members of these cohorts through their adolescent years to discover who became delinquent and who did not. He collected data about their personal backgrounds and delinquency history from three sources: schools, police, and juvenile courts. Background data pertaining to race, sex, date of birth, and residential history were obtained from school records. Delinquency involvement was checked through the records of the Juvenile Aid Division of the Philadelphia Police Department. These data consisted of all recorded police contacts, whether or not the contact resulted in an official arrest. In Philadelphia, as in most jurisdictions, a police officer who had contact with a juvenile had the option of handling the offender informally or making an arrest. Delinquency, in the Wolfgang studies, was defined exclusively by the number of police contacts, although the records of the Juvenile Court Division of the Court of Common Pleas for Philadelphia were also examined to determine how a case was handled.

Of the 13,160 males in the 1958 cohort, 4,315, or 33%, had at least one police contact before reaching their 18th birthday, a proportion very close to that of the 1945 cohort, which was 34%. Females were not included in the 1945 cohort analysis, but the 1958 data revealed that male adolescents were two-and-one-half times more likely to have a police contact than were female adolescents. Of the 14,000 females, 1,972, or about 14%, had at least one police contact.

In both studies, Wolfgang differentiated three groups of offenders based on the frequency of police contacts: one-time offenders, nonchronic recidivists (two to four police contacts), and chronic recidivists (five or more police contacts). Because a recidivist is technically a person who reoffends after being convicted of a crime, Wolfgang took some liberty with the term. Subsequent researchers must be careful to recognize this small but important deviation in terminology. Wolfgang’s recidivists did not necessarily have prior juvenile records.
In the 1958 cohort, the distribution of delinquents was 42% one-time offenders, 35% nonchronic recidivists, and 23% chronic recidivists. In the 1945 cohort, 46% were one-time offenders, 35% nonchronic recidivists, and 18% chronic recidivists. Thus, in both studies, the distributions were similar. Female delinquents in the 1958 cohort were 60% one-time offenders, 33% nonchronic recidivists, and 7% chronic recidivists.

One of the most important findings of both cohort studies pertains to the chronic recidivists, a group that qualifies as serious delinquents. In the 1945 cohort analysis, male chronic recidivists constituted only 18% of the delinquent sample, yet they were responsible for over 52% of all juvenile offenses. Even more striking, these chronic offenders accounted for 71% of the homicides, 73% of the rapes, 82% of the robberies, and 69% of the aggravated assaults. Similar statistics were found for the 1958 cohort. While 1958 male chronics constituted only 23% of the delinquent group, they were responsible for 61% of all juvenile offenses. They were also involved in 61% of the juvenile homicides, 75% of the rapes, 73% of the robberies, and 65% of the aggravated assaults. In sum, a relatively small number of males seemed to be responsible for the bulk of the serious, violent delinquency. Wolfgang’s research served as the impetus for subsequent research on the “career criminal,” an individual likely to pursue a life of crime.

Donna M. Hamparian and her colleagues (1978, 1982) conducted a retrospective longitudinal cohort analysis of 1,222 males and females born between the years 1956 and 1960 and arrested, as juveniles, for at least one violent offense. The researchers found that violent offenders accounted for just over 30% of all the juvenile arrests. However, nearly one-third of the cohort qualified as chronic offenders (five or more arrests), and these chronic offenders accounted for two-thirds of all reported juvenile arrests in the birth cohort.

The Hamparian project found that individuals in the cohort did not specialize in the types of crimes they committed. Few of the violent offenders became repeat violent offenders, for example. Rather, multiple offenders engaged in a variety of illegal acts, ranging from violence to petty larceny. Like Wolfgang and his colleagues, these researchers also tracked the offenders into their adult years to determine whether they continued their criminal activity. The researchers learned that approximately 60% of the males and fewer than one-third of the females were arrested for felonies as adults. Those who went on to be arrested as adults tended to have more arrests as juveniles, to have begun their delinquent careers at an earlier age, and to have been involved in the more serious types of violent offenses as juveniles. Significantly, three-fourths of those juveniles who had qualified as chronic offenders continued their criminal activity into adulthood. Thus, there appears to be a clear continuity between juvenile and adult criminal careers for some individuals.

While both the Wolfgang and the Hamparian projects were impressive in the sizes of the cohorts and their unique approaches, the data they gathered were obtained primarily from official records (including police, school, and court records). The longitudinal research that is widely conducted today—and that will be discussed throughout the book—is much more broad, often involving not only record checks but also observations and interviews with juveniles and significant adults in their lives. Furthermore, the focus on developmental milestones means that researchers seek to identify a wide variety of factors that may impinge on a child’s or adolescent’s development.
Desirable Features of Longitudinal Studies

David P. Farrington, Lloyd E. Ohlin, and James Q. Wilson (1986) recommend four features that should be part of any longitudinal design. First, they argue that ideally the study should be prospective. If we wished to design a longitudinal study to explore the effects of parental abuse on frequent, persistent delinquency, obviously, we would want to design a study that allowed us to sample subjects randomly, without exercising too much bias in the selection process. We would hope, also, to select our subjects before there was evidence of child abuse or before they demonstrated delinquent patterns. In addition, we would want to keep close tabs on the subjects as they grew up. In short, we would want a prospective design.

Secondly, Farrington et al. (1986) recommend that the longitudinal investigation collect data from a number of different sources, such as self-report questionnaires, court or police records, and interviews with teachers, peers, and parents. Material from different sources provides checks on the accuracy of the information and helps fill gaps in information. A high agreement among various sources offers consensual validation of the data.

A third desirable feature is that the sample size (i.e., the number of participants in the study) is large—at least 100 but preferably much more than that. In our proposed study, if we were to select only 50 youths, we might find ourselves with very few frequent, persistent delinquents—perhaps none. Similarly, we might also find little evidence of child abuse. Our research, then, would run the risk of having limited applicability to the study of delinquency. When a study can be generalized to other similar populations (e.g., serious delinquents), researchers say it has high external validity. Low external validity indicates that the data are not representative. Consequently, a longitudinal design should include as large a percentage of the relevant population as time and money will allow.

A fourth desirable feature is that the longitudinal project covers a significant amount of time in the life course of the subjects—the longer the better. Farrington et al. (1986) recommend that the project cover at least 5 years of development. Presumably, short longitudinal studies do not allow researchers to discover satisfactorily what is contributing to delinquency. David Magnusson and Vernon Allen (1983) believe that for any longitudinal study to be effective, it must (a) cover the total critical periods of development for the behaviors of concern (in this case, delinquency) and (b) make observations frequently enough so as not to miss any of these critical periods of development. In essence, longitudinal studies must continue over rather long periods of time. It is not very meaningful, for example, to begin examining the effects of child abuse during early adolescence without knowing how much earlier in the child’s development the abuse began and how it affected that development.

Examples of Modern Longitudinal Studies

An ambitious longitudinal study sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) began in 1986. Substantial grants were awarded to the State University of New York at Albany, the University of Pittsburgh, and the University of Colorado to track seventh and eighth graders (ages 11–13) in three American cities—Rochester, Pittsburgh, and Denver—over a period of 4 years.

The Rochester Youth Development Study is a longitudinal study of 1,000 urban adolescents living in Rochester, New York. The findings of the Rochester study highlighted
the fact that children who were more attached to and involved with their parents were less involved in delinquency (Browning, Thornberry, & Porter, 1999). The study also found that the relationship between family-process factors and delinquency was bidirectional—poor parenting increased the probability of delinquent behavior, and delinquent behavior further weakened the relationship between parent and child. However, the impact of family variables seems to fade as the child grows into adolescence; peer relationships appear to take precedence then. In fact, the study found that associating with delinquent peers was strongly and consistently related to delinquency.

The Pittsburgh Youth Study involved 1,517 inner-city boys from Pittsburgh. One of the more important findings was that boys generally developed delinquent behavior in an orderly, progressive fashion, with less serious antisocial behavior preceding the more serious (Browning & Loeber, 1999). In addition, the study was able to identify three developmental pathways that displayed progressively more serious problem behavior. These pathways will be discussed more comprehensively in Chapter 6.

The Colorado project, known as the Denver Youth Survey, has been following 1,527 boys and girls from high-risk neighborhoods in Denver who ranged in age from 7 to 15 years old. The primary mission of the study is to identify social conditions, personal characteristics, and developmental patterns linked to sustained involvement in delinquency and drug use (Browning & Huizinga, 1999). The Denver study has found that the best predictors of avoiding serious delinquency are having conventional friends, having a stable family and good parental monitoring, having positive expectations for the future, and not having delinquent peers.

Although we have discussed only American studies up to this point, the reader should be aware that longitudinal research is a hallmark of criminology in Great Britain and the Scandinavian countries. Among the best-known British studies are those directed by Donald West and David Farrington (1973, 1977) and the National Survey of Health and Development, formulated by Douglas, Ross, and Simpson (1968) and carried on by M. E. J. Wadsworth (1975, 1979).

Perhaps one of the most informative international research investigations is the Dunedin Multidisciplinary Health and Development Study (Silva, 1990). This project is a longitudinal study of the health, development, and behavior of children born between April 1, 1972, and March 31, 1973, in Dunedin, New Zealand, a city of approximately 120,000. The Dunedin sample, consisting of 1,037 males and females, has been continually evaluated through a diverse battery of psychological, medical, and sociological measures about every 2 or 3 years since the subjects were born.

A cautionary note is necessary before we proceed. While most criminologists probably endorse the prospective longitudinal method, some are very critical of it. Michael Gottfredson and Travis Hirschi (1987), for example, argue that longitudinal research is not a necessary or even a valuable procedure to use in the study of crime and delinquency. They are convinced that cross-sectional procedures are more efficient and equally effective in gathering data about crime and delinquency because, as research consistently indicates, most individuals “age out” of crime. A cross-sectional study gathers information about individuals at one point in time. For example, a researcher might select groups of 10- and 14-year-old delinquents and compare them to nondelinquents on such factors as school performance and family structure (e.g., two-parent vs. one-parent family). The significant factors associated with delinquency can thus be identified and preventive steps taken to reduce it. Other criminologists
accept the value of longitudinal research but do not agree with Farrington et al. (1986) on the requirements for data collection and quantification. Instead, these criminologists believe that verbal descriptions and other qualitative data offer as many insights about delinquency as numerical data do. In other words, they contend that research designs that allow researchers to talk informally with and perhaps even live among their subjects over a period of time without collecting extensive numerical data—or at least in addition to doing so—also supply valuable material.

A Summary of Findings of Longitudinal Studies
What do existing longitudinal studies tell us about delinquency? According to Farrington and his colleagues (1986), longitudinal research indicates that juveniles involved in a high rate of offending represent a small proportion of the entire juvenile population. Furthermore, frequent offenders do not seem to specialize in any one particular kind of offending, such as theft or larceny. Instead, they tend to be involved in a wide assortment of offenses, ranging from minor property crimes to violent actions. Longitudinal research suggests also that these persistent offenders are unusually troublesome in school, earn poor grades, have inadequate or inappropriate social skills, come from adverse family backgrounds, and receive poor parenting and supervision. Moreover, these troublesome behaviors begin at an early age (usually by age 3), and the more persistent and violent the offender, the earlier the childhood patterns appear. There is strong evidence, for instance, that aggressive and violent behavior is well developed at approximately 8 years of age (Eron, Huesmann, & Zelli, 1991).

The patterns of going “against the environment” extend into adolescence, frequently resulting in a youth’s dropping out of school and being unable to maintain steady employment. And these offenders very often use drugs and alcohol regularly.

In sum, longitudinal research has consistently shown that a very small number of males engage in high rates of delinquent behavior across time and place. The research also confirms that another very large group of males engages in delinquency, sometimes engaging in frequent or even violent delinquent actions, but only during their teenage years. Before their teen years, and after, these youth are not involved in antisocial or criminal behaviors.

PSYCHOLOGICAL PERSPECTIVES ON DELINQUENCY
As our discussion of developmental pathways suggests, more than ever before, psychologists have been actively engaged in research on the causes of antisocial behavior and delinquency. This expanding research literature demonstrates a discernible trend toward integrating theories as the most meaningful approach toward the understanding of delinquency. Although this book recognizes the biological, social learning, and cognitive perspectives, as well as the influences of broader social systems (e.g., the educational system, the structure of society), these perspectives in isolation fail to present a cohesive approach for understanding. Furthermore, despite the material on childhood disorders (e.g., conduct disorders) presented earlier in the chapter, a psychological approach does not necessarily mean that delinquents are seen as mentally disturbed or needing clinical treatment. Some are mentally disturbed and some need clinical
CHAPTER 1 ◆ Introduction to Delinquency and Antisocial Behavior

19
treatment, but the majority do not. As we shall see, contemporary psychology has moved away from seeing people, including delinquents, as broken and needing to be fixed and toward seeing children and adolescents as active problem solvers immersed in a wide variety of influences, ranging from their own cognitions to the economic and social systems around them.

This text is mostly concerned with serious, persistent, chronic juvenile delinquency and, more broadly, with antisocial behavior. In order to better understand these behaviors, we will need to put the pieces of research together to form a meaningful image. The first piece of the puzzle is the biological predispositions that are present at or near birth. We emphasize predispositions because it is highly unlikely that biological influences directly cause any form of antisocial behavior; they are more likely to influence some aspects of that behavior. For example, impulsivity or ADHD—both thought to have significant biological bases—probably, over the life course, have some influence on antisocial behavior. A child who cannot sit still for any length of time is likely to have some difficulty learning in a structured school environment, and difficulty learning frequently leads to early school failure, which in turn is often associated with delinquency (Roeser & Eccles, 2000).

Biological predispositions are influenced by genetics as well as by the prenatal environment. As pointed out by Dodge and Pettit (2003), “The genetic base for most problem behaviors likely reflects combinations of genes that are expressed in different ways at different points of life” (p. 351). In other words, genes influence different behaviors at different developmental stages of a child’s or adolescent’s life cycle. Risks to the health of the fetus include the mother’s exposure to toxic substances (such as lead paint and other chemical toxins), physical abuse, lack of prenatal care, diseases, poor nutrition, or use of drugs, alcohol, or tobacco. These and other genetic and biological factors of antisocial behavior will be covered in Chapter 3.

Most researchers and theorists believe that the sociocultural environment also plays a significant role in the development of antisocial or delinquent behavior. The sociocultural environment consists of the cultural customs and expectations a child experiences during development, especially early development. This environment includes parents, caretakers, other family members, friends, peers, and social institutions, such as school and preschool or day care centers. Research has discovered, for example, that the amount of exposure that a child has to aggressive peers in day care or preschool is closely related to how aggressive the child eventually becomes (Sinclair, Pettit, Harrist, Dodge, & Bates, 1994). Research has also indicated that a young child’s experience of physical abuse increases the risk for antisocial behavior and delinquency (Dodge & Pettit, 2003; Mayfield & Widom, 1996). In addition, poverty exposes youth to adverse environmental conditions that elevate risk for antisocial behavior. Moreover, rates of violent offending vary with handgun availability and media exposure to violence, with the size and nature of the community, and with cultural attitudes toward violence (Dodge & Pettit, 2003). These are all sociocultural influences that play prominent roles in the trajectory to serious crime in adulthood.

Summary and Conclusions

This book has several major objectives. We hope to cultivate in readers a patience to see the world from multiple perspectives and to provide the necessary concepts with
which to refine these perspectives. We also emphasize not only what can go wrong in a child’s life, but also what can go right. In other words, it is important to focus on the protective factors that can encourage resilience. Many children do not display antisocial behavior even though they have been exposed to risk factors such as poverty or dysfunctional families that are believed to contribute to antisocial and delinquent behavior. For these resilient children, protective factors such as positive role models or their own cognitive and self-regulation skills have reduced the influence of multiple risk factors. Finally, because juvenile delinquency has multiple causes, manifestations, and developmental pathways, an objective of the book is to take all of these into consideration.

This is a juvenile delinquency text, but much of what we are discussing is better considered antisocial behavior, a term often preferred by psychologists. *Juvenile delinquent* is a legal term that, technically speaking, should not be used unless a child or adolescent has been found by a juvenile court to have committed an offense. However, the term is used loosely to cover juveniles who violate the norms of society; thus, we are really referring to social delinquents. In recent years, *child delinquent* has been used to refer to children between the ages of 7 and 12 who have violated the criminal law.

Psychologists also use *internalizing* and *externalizing behaviors* in discussing problem behaviors among juveniles. Examples of internalizing behaviors are mood problems, anxiety, low self-esteem, and eating disorders. Externalizing behaviors are more likely to cause problems for others. Examples include stealing, fire setting, and bullying. As noted in this chapter, however, antisocial behavior sometimes reflects a combination of internalizing and externalizing problem behaviors, as when depression accompanies violent behavior.

It is not unusual to see diagnostic terms used in the literature on delinquency and antisocial behavior. The most common diagnoses accompanying externalizing behaviors are conduct disorder (CD), oppositional defiant disorder (ODD), and attention-deficit/hyperactivity disorder (ADHD). This chapter focused on definitions, prevalence, and features of CD, which accounts for the majority of referrals to child and adolescent mental health clinics. Conduct disorder is also a frequent diagnosis in juvenile court records. We must caution, though, against overuse of diagnostic labels, particularly when they suggest a mental disorder. Although a proportion of juvenile offenders do have mental disorders, it should not be assumed that all—or even a significant proportion—do. We return to this point when we discuss treatment issues later in the book.

The developmental-pathways approach to delinquency represents some of the most cutting-edge research available in this area. Many developmental psychologists and criminologists have embraced longitudinal study as a fruitful method of studying juvenile offending. After discussing classic examples of this research, we highlighted desirable features. Longitudinal research should be prospective, include data from different sources, have large sample sizes, and cover a significant amount of time in the life course of participants. Developmental research also has led to the conclusion that juveniles arrive at delinquency and antisocial behavior through a variety of paths or trajectories. Some take the road very early in their development, while others do not embark on it until they reach adolescence.
### Key Terms and Concepts

<table>
<thead>
<tr>
<th>antisocial behavior</th>
<th>internalizing disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>child delinquents</td>
<td>oppositional behavior</td>
</tr>
<tr>
<td>competence</td>
<td>prospective longitudinal research</td>
</tr>
<tr>
<td>conduct disorder (CD)</td>
<td>protective factors</td>
</tr>
<tr>
<td>cross-sectional study</td>
<td>qualitative methods</td>
</tr>
<tr>
<td>developmental pathways</td>
<td>quantitative methods</td>
</tr>
<tr>
<td>developmental perspective</td>
<td>resilience</td>
</tr>
<tr>
<td>developmental trajectories</td>
<td>retrospective studies</td>
</tr>
<tr>
<td>externalizing problem behaviors</td>
<td>risk factors</td>
</tr>
</tbody>
</table>