

---

# CHILD AND ADOLESCENT ANTISOCIAL TRAJECTORIES AND ADULT OUTCOMES: THE ROLE OF ONSET, OFFSET AND PERSISTENCE

RICHARD ROWE  
& BARBARA MAUGHAN

# CONDUCT DISORDER

"A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated"

American Psychiatric Association,  
1994, page 85

# DSM5 CONDUCT DISORDER (CD)

- 15 symptoms
- Diagnosis if
  - display 3 over period of 12 months
  - Must also cause psychosocial impairment
    - Disrupt social functioning: at home, in school etc

1. Often Bullies, threatens or intimidates	2. Often starts fights	3. Has used serious weapons in fights
4. Physically cruel to people	5. Physically cruel to animals	6. Stealing with force
7. Forced someone into sexual acts	8. Fire-setting to cause damage	9. Has destroyed other's property
10. Has broken into car or house	11. Lying / conning others	12. Stealing without force
13. Often out at night without permission	14. Ran away from home overnight twice	15. Often truant, beginning before 13 years

# CARVING CD AT ITS JOINTS

- DSM-III
  - Socialised vs unsocialised CD

1. Often Bullies, threatens or intimidates	2. Often starts fights	3. Has used serious weapons in fights
4. Physically cruel to people	5. Physically cruel to animals	6. Stealing with force
7. Forced someone into sexual acts	8. Fire-setting to cause damage	9. Has destroyed other's property
10. Has broken into car or house	11. Lying / conning others	12. Stealing without force
13. Often out at night without permission	14. Ran away from home overnight twice	15. Often truant, beginning before 13 years

# CARVING CD AT ITS JOINTS

- DSM-III

- Socialised vs unsocialised CD

- DSM-III-R

- Aggressive vs Non-aggressive CD

1. Often Bullies, threatens or intimidates	2. Often starts fights	3. Has used serious weapons in fights
4. Physically cruel to people	5. Physically cruel to animals	6. Stealing with force
7. Forced someone into sexual acts	8. Fire-setting to cause damage	9. Has destroyed other's property
10. Has broken into car or house	11. Lying / conning others	12. Stealing without force
13. Often out at night without permission	14. Ran away from home overnight twice	15. Often truant, beginning before 13 years

# CARVING CD AT ITS JOINTS

- DSM-III
  - Socialised vs unsocialised CD
- DSM-III-R
  - Aggressive vs Non-aggressive CD
- DSM-IV
  - Childhood onset vs Adolescent onset
- DSM-5
  - With limited prosocial emotions (vs without)
  - Maintains age of onset distinction

1. Often Bullies, threatens or intimidates	2. Often starts fights	3. Has used serious weapons in fights
4. Physically cruel to people	5. Physically cruel to animals	6. Stealing with force
7. Forced someone into sexual acts	8. Fire-setting to cause damage	9. Has destroyed other's property
10. Has broken into car or house	11. Lying / conning others	12. Stealing without force
13. Often out at night without permission	14. Ran away from home overnight twice	15. Often truant, beginning before 13 years

# LIFE-COURSE PERSISTENT GROUP

- Approx 10% of boys
- Antisocial from birth through adulthood
- Risk factors
  - Neuropsychological problems
    - Subtle cognitive deficits
      - Low IQ
  - Difficult temperament, Hyperactivity
- AND Environmental features
  - Inadequate parenting
  - Poverty
  - Rejected by peers

# ADOLESCENCE-LIMITED GROUP

- Larger group: 25% of boys
  - No behaviour problems until puberty
    - Normal neuropsychological development and rearing environment
  - Antisocial adolescence – normative?
  - Largely desist when adult
- Desistance delayed if “snared”
  - Teen parenthood
  - no qualifications
  - incarcerated



# THE MATURITY GAP

- Biological maturity achieved early
  - Reach puberty early in adolescence
  - Ready for rewards and responsibilities of adulthood
- Social maturity delayed
  - Delayed adult roles, rewards, responsibility
- During the gap
  - See deviant peer models gaining status
  - Use antisocial behaviour themselves
- Gap widening in western society
  - Over last 100+ years, earlier puberty and later adult status

# ADULT OUTCOMES OF ANTISOCIAL BEHAVIOUR

- Young offenders at increased mortality risk (Laub & Vaillant, 2000)
  - Accidents, homicide, suicide, alcoholism
- BCS70 General population (Layard et al, 2014)
  - Antisocial behaviour at 5, 10 and 16
  - Predicts poor wellbeing/emotional health, lower income, family formation (Age 34)

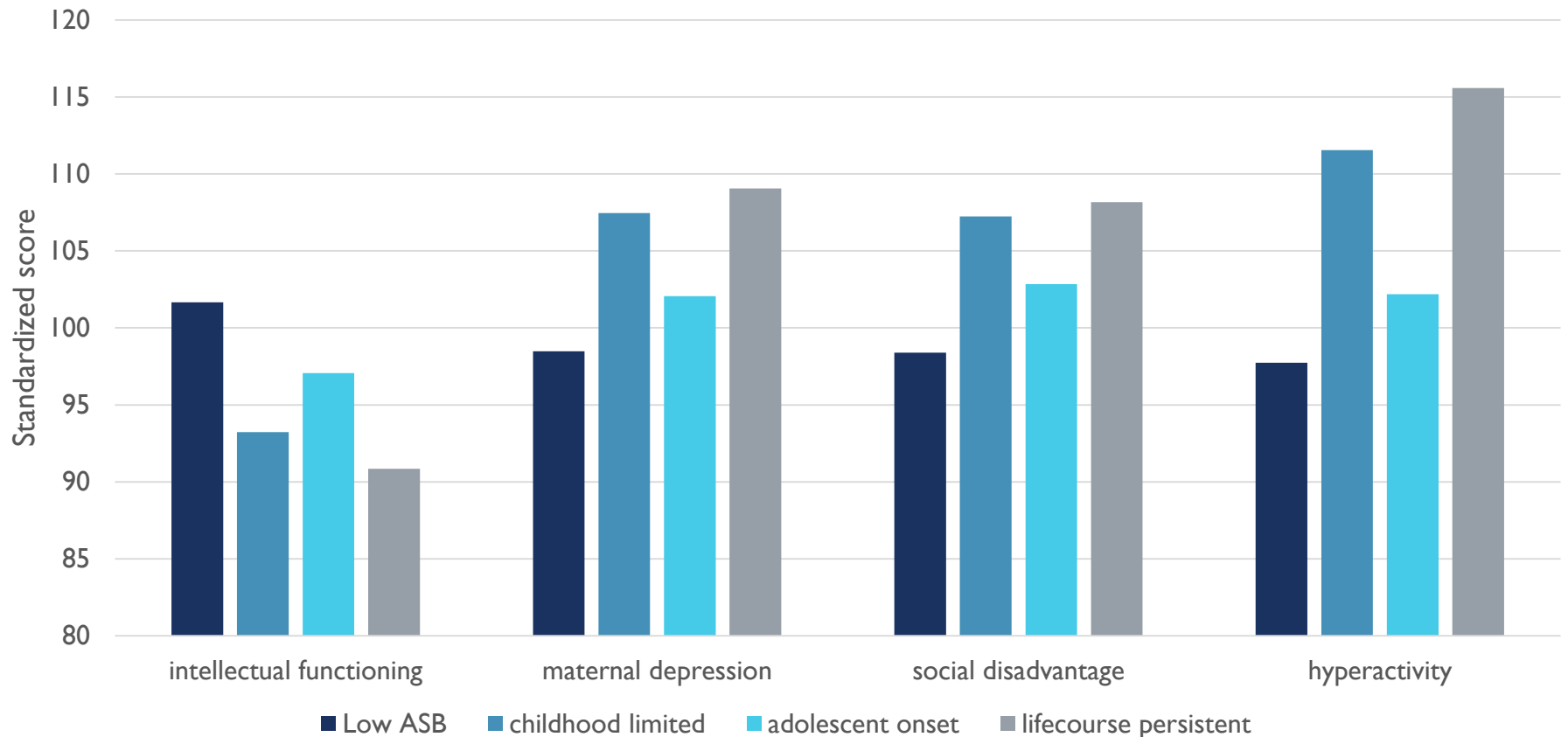
# ASB TRAJECTORY GROUPS AND ADULT OUTCOMES

- Abstainers
  - Baseline group, expect to have relatively healthy outcomes
- Life course persistent
  - Expect to be impaired into adulthood
- Adolescence onset
  - Predict good functioning unless 'snared'
- Childhood limited
  - Predict good outcome, if really have desisted?

# BCS-70 COHORT STUDY

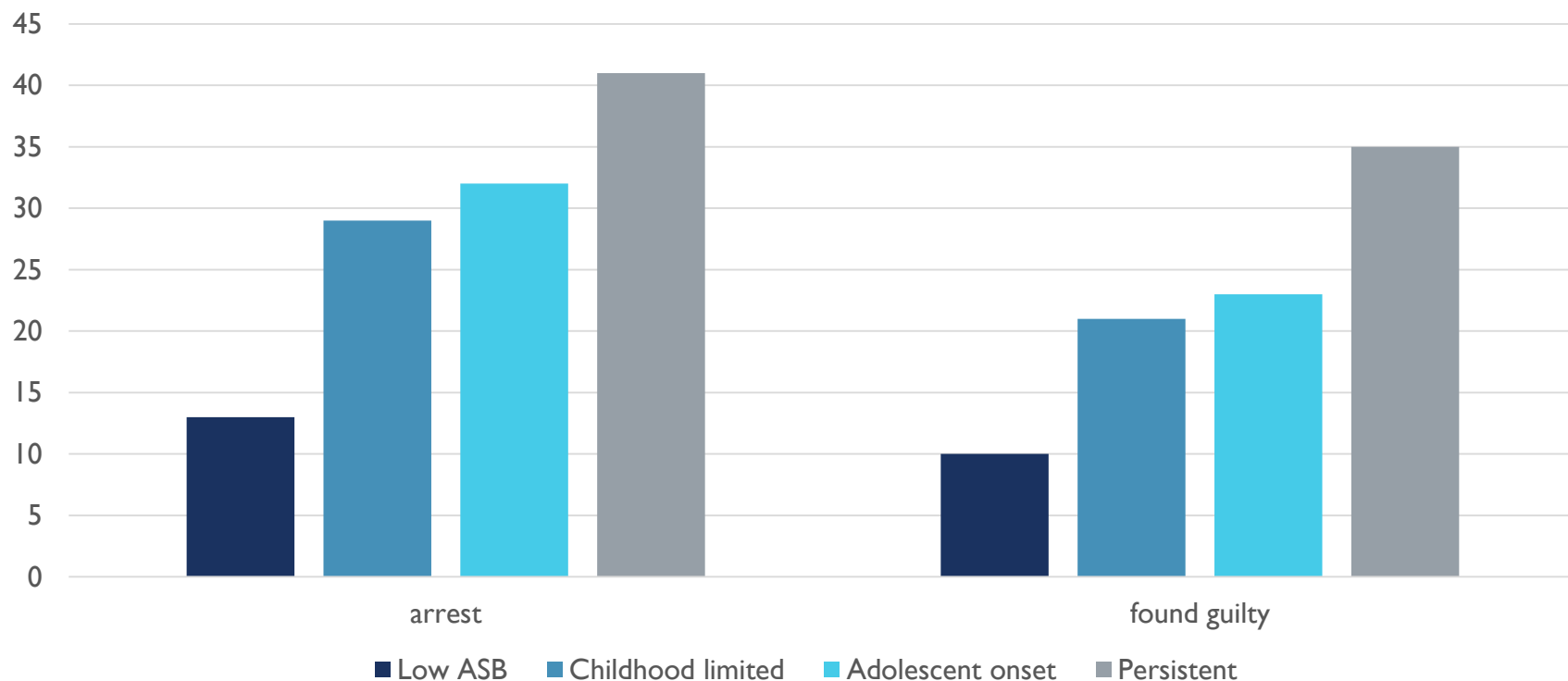
- All children (16, 151) born in England, Scotland, Wales in 1 week, April 1970
- Ages 5 and 10: parent ASB questionnaire (81% and 92% response)
- Age 16: Self-report and parent report ASB combined (71% response)
- Classify 5770 children as
  - Abstainers (Never in highest 10% ASB): 75%
  - Persistent (Highest 10% at all assessments): 5%
  - Adolescent onset (Highest 10% @ 16, not at 5 or 10): 15%
  - Childhood limited (Highest 10% @ 5 or 10, not at 16): 5%
- Sampling weights based on non-response predictors for attrition

# CHILDHOOD CHARACTERISTICS OF TRAJECTORY GROUPS



All worse than low ASB. Adolescent onset less disadvantaged than other ASB

# POLICE INVOLVEMENT BY AGE 29



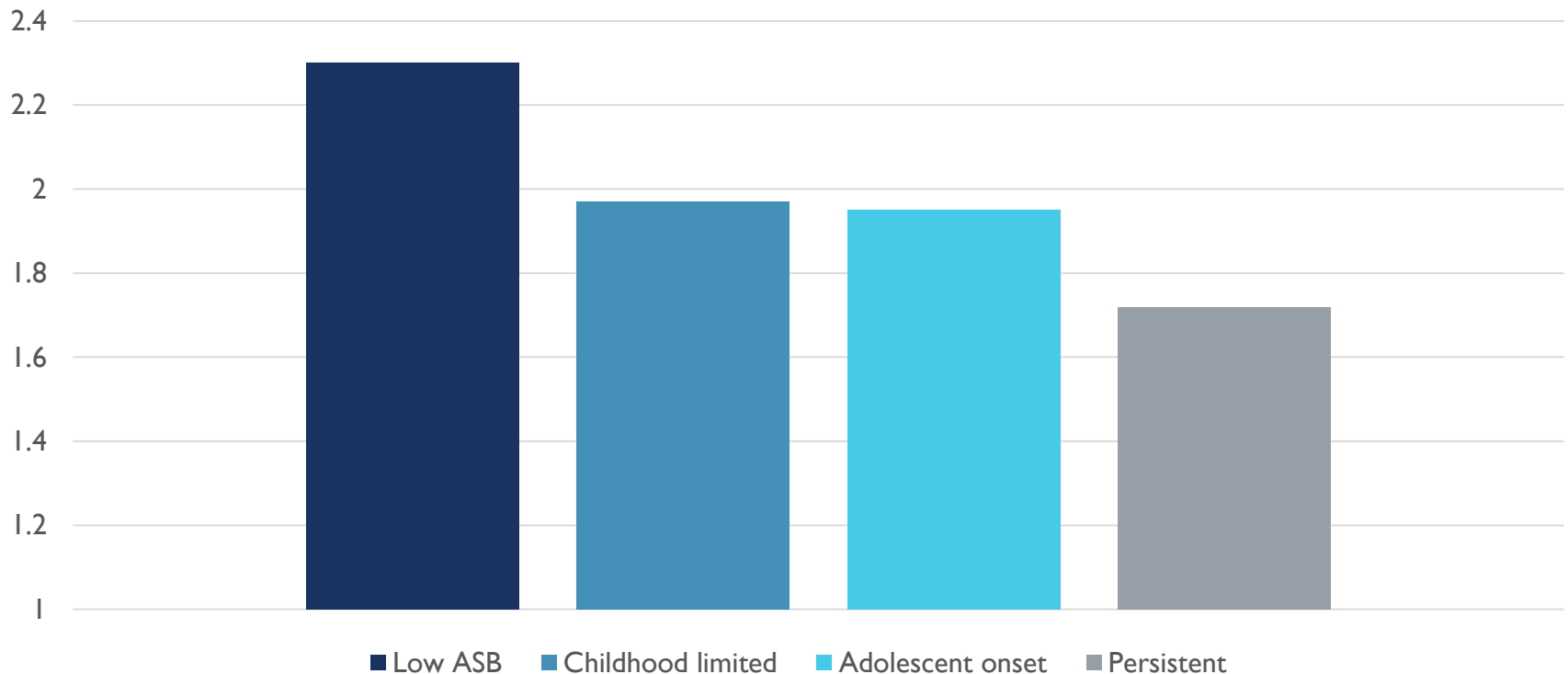
No control: All worse than low ASB, persistent worse than all

Full control: All worse than low ASB

# PHYSICAL HEALTH (AGE 29)



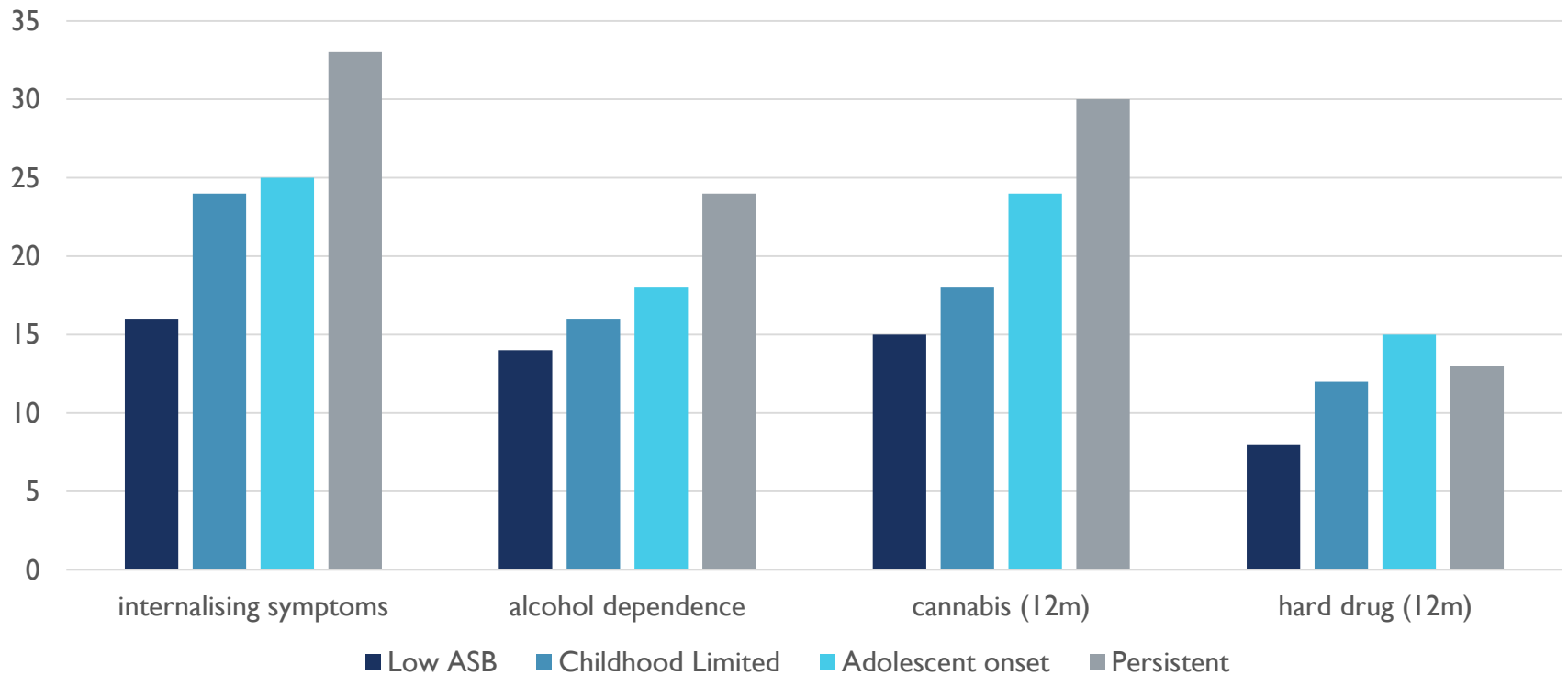
# HEALTH BEHAVIOUR (EXERCISE, SMOKING, ALCOHOL, FRUIT/VEG, FRIED FOOD)



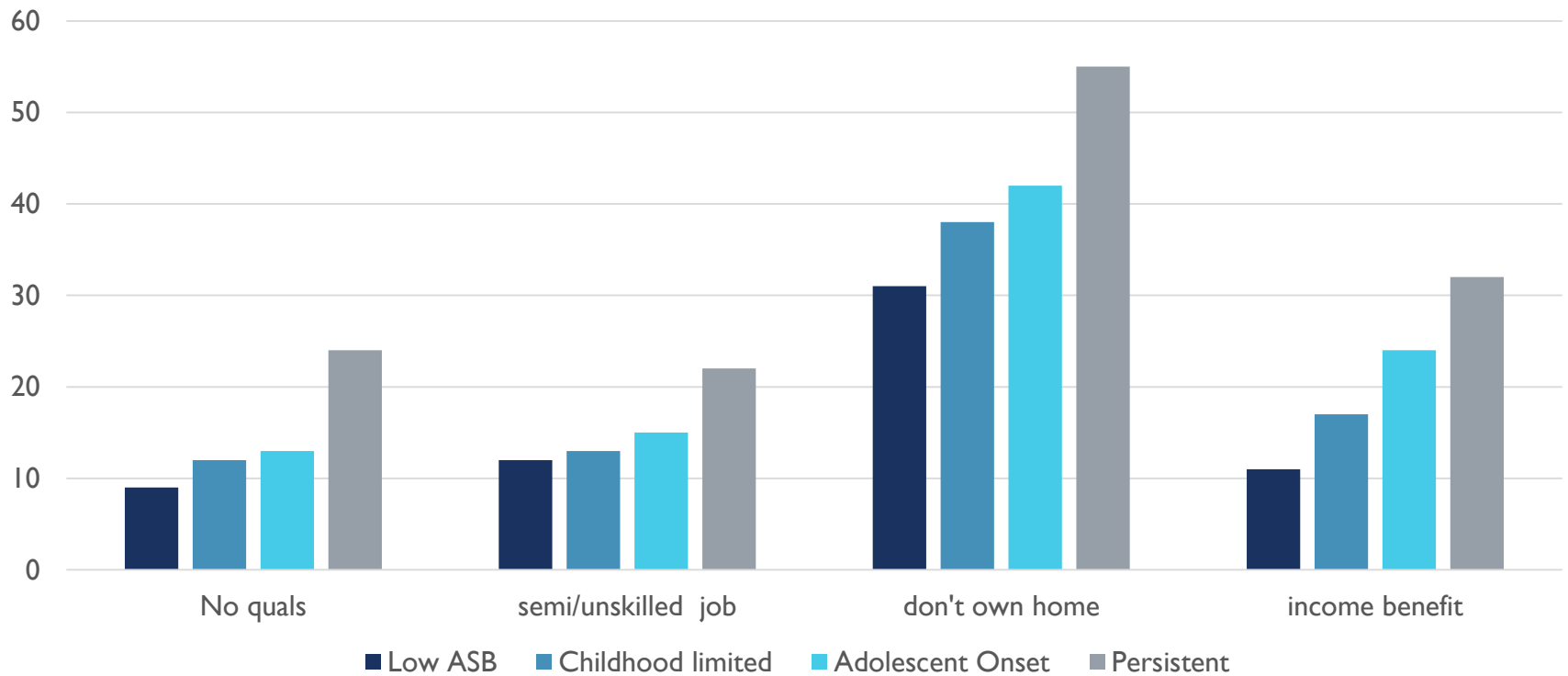
All less healthy than low ASB. Persistent worse than others. Reduced by covariates



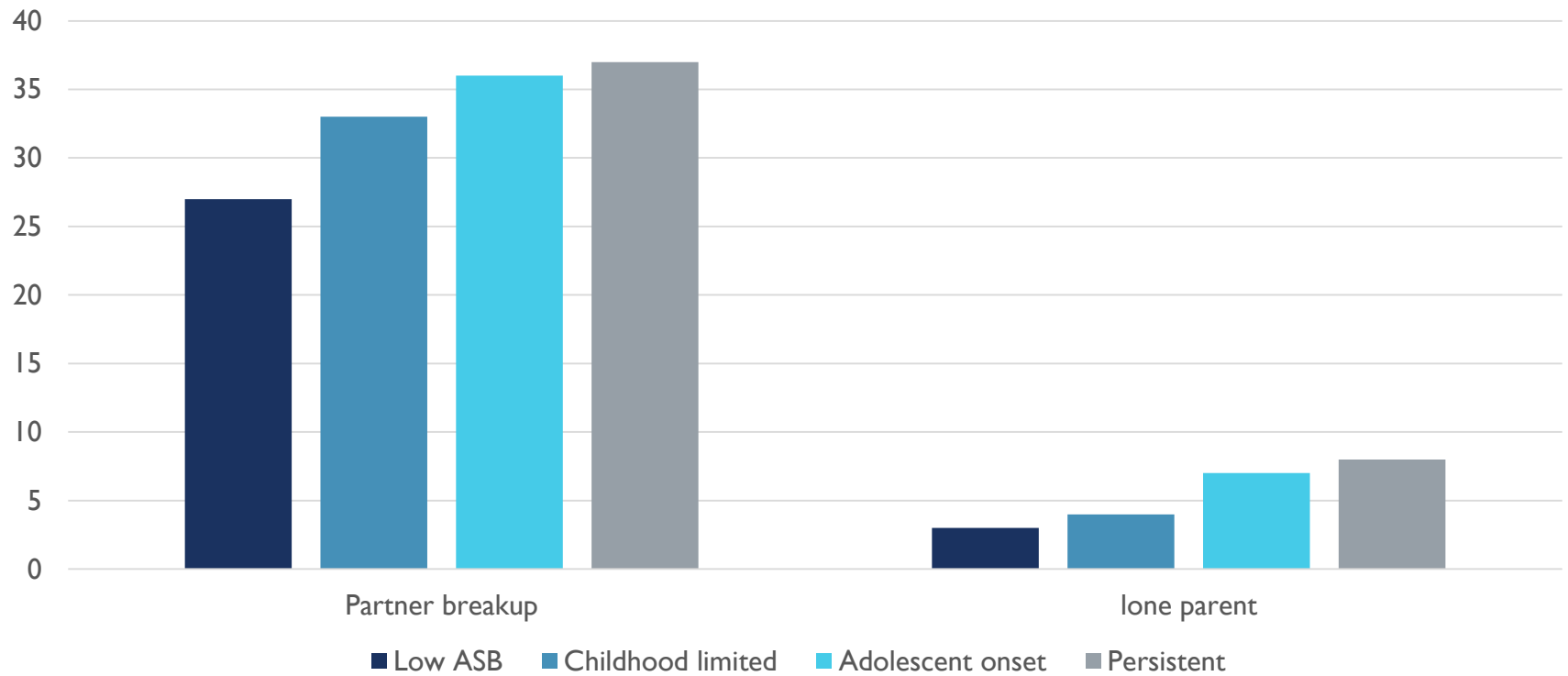
# MENTAL HEALTH (AGE 29)



# SES OUTCOMES (AGE 29)



# RELATIONSHIP PROBLEMS



# CONCLUSIONS

- Antisocial behaviour during childhood/adolescence associated with negative consequences across a range of domains
  - Independent from covariates
- Dividing by trajectory provides additional predictive information
  - Childhood limited and Adolescent onset still have problems in adulthood
  - Persistent antisocial behaviour at young ages particularly pathological

---

# CHILD AND ADOLESCENT ANTISOCIAL TRAJECTORIES AND ADULT OUTCOMES: THE ROLE OF ONSET, OFFSET AND PERSISTENCE

RICHARD ROWE & BARBARA MAUGHAN