Adolescence and antisocial behaviour

Introduction – Antisocial Behaviour

Taking risks, testing limits and pushing boundaries are often part of adolescent life. Sometimes this can involve antisocial behaviour. If we take a very broad definition, virtually everyone does something that could be described as antisocial at some point in their lives, and this point is often within the second decade between the ages of 10 and 20 years.

However for some young people antisocial behaviour is more than age specific ‘acting out’, and it can have very negative long-term effects on their life chances. It can also cause distress to families, friends and communities. In these cases intervening is crucial; everyone can benefit.

Knowing how to intervene is important to anyone working in front-line practice with difficult and demanding young people, where antisocial behaviour may be part of the problem.

Describing the problem – Antisocial Behaviour

The term ‘antisocial behaviour’ covers a range of different things, from theft to burglary, from physical violence to binge drinking and drug misuse or abuse. There is enormous variation in what people actually do when they are antisocial. Sometimes the behaviour is obviously intended to impact negatively on others; in other cases it is just behaviour running out of control.

By the time they are in the 30s or 40s one third of adult men have a criminal record for something. If we ask them, between 50-90% of young men and around a third of young men claim to have broken the law in some way; clearly not all are caught. Figures from the 2003 Crime and Justice Survey (nationally representative self-report offending survey including around 4,300 young people aged 11-25 years) reported that one third of young men and one fifth of young women had committed acts of antisocial behaviour (including nuisance behaviours as well as more serious crimes) in the last 12 months. This went up to about 40% of the 14-16 year olds.

Self-reported antisocial behaviour is common in adolescence, particularly around age 14-16 years. It mostly involves theft and nuisance behaviours rather than violence.

Public perception

Despite the picture painted in the popular press, most other indicators that we have (government statistics, surveys) show a fall in most types of antisocial behaviour by young people over the last decade. These downward trends do not always hold for violence, although it is important to keep this in context as it forms the minority of juvenile crime (around 12 per cent of official statistics). There were rises in violent crimes by young people in most European countries and in the US in the 1980s and 1990s, and in some locations the role of drugs, guns and weapons are likely to have been important in these trends.
Individual factors
At the individual level, extreme hyperactivity shows a robust association with antisocial behaviour, and the link seems to be through poor social functioning, rather than as a direct cause of later offending behaviour. Temperamental factors such as high levels of impulsivity and sensation seeking are important in setting up a predisposition, as is cognitive impairment (especially verbal and planning skills) and distorted styles of social information processing, such as the tendency to misinterpret social interactions and to focus on other people's aggressive behaviours. Delayed language development and low attachment to caregivers have also been used as early predictors. These types of individual characteristics are likely to have some biological origins, though a variety of different genes, for example. But they can only ever operate in a probabilistic fashion by setting up a liability that is brought out, in some cases (and not in others), by some feature of the young person's environment.

Parental & familial factors
Parenting can present these kinds of environmental risks. Coercive and hostile parenting, abuse and neglect, and ineffectual parenting are all associated with development of antisocial behaviour. The more negative the features, the worse the outcome for the child. The mechanism may either be through the maladaptive development of social relationships, or though the learning of inappropriate and coercive behaviour patterns. Researchers have described negative spirals of effect, with poor parenting leading to worse behaviour, which then further challenges the parents who do not respond well leading to even worse behaviour.

Social, environmental & peer factors
Beyond parenting key risk factors also include mixing with delinquent peer groups and going to schools that do not operate effectively as institutions. Area and neighbourhood differences have also been implicated although the data here are less certain (partly because it is so difficult to research these types of factors and draw conclusions about causality with any certainty). Similarly doing research on all the forms of new media that young people are exposed to has proved challenging. A primary causal role for violent and aggressive forms of media (including violent video games) seems unlikely, but in operation with other factors it may be important for some very vulnerable young people.

Finally, availability of guns, weapons and drugs are important in different ways. Sustained and long-term increases in drug use by young people since the Second World War play a part at some level; drug use may lead to stealing to sustain a habit, or it may lead to other types of crime such as dealing and organised forms of violence. However the picture is not entirely straightforward as the peak for drug use comes after the usual peak for antisocial behaviour, by about 2 years (around 17 years versus 15 years for young men).

What do we know about how antisocial behaviour develops?
Because antisocial behaviour is such a mixed bag, the causes will vary from case to case. There is however considerable agreement in the research literature about the main causes for the development of extreme problems. These include individual level factors, psychosocial features and environmental factors.
Coalescence of factors
The crucial thing about the development of antisocial behaviour might be a number of different pressures coming to bear at a unique time point, just when young people are moving out of the control of the family. No one particular thing may be solely responsible, but the juxtapositioning of a number of risks bearing down on a potentially vulnerable young person being enough to add up to serious problems.

What helps?
Some children turn out to be very resilient. Within any one family, the children will often respond differently to the same patterning of problems. It is important to bear this in mind, and also to consider ways of bolstering resilience in the more vulnerable. Having some kind of ‘turning point’ in their lives may also protect some children, if it interrupts the flow of the perfect storm. Leaving the neighbourhood, changing school, or something else that stops the chain reaction may help.

Limits of interventions
Interventions can have an effect, but we need to be realistic about the limitations. Generally speaking, social interventions across the board only tend to reduce antisocial behaviour (or reoffending) by around 10-12 per cent; there are few if any cure-alls on the market. But reductions of this magnitude are actually very important, and worth investing in. They also mask considerable variation; with some interventions being very good for some people in certain situations at particular times in their lives. There is still a long way to go before we are clear about the answer to the question not just what works, but what works, with whom, and in what circumstances.

Family based interventions
Examples being tried currently include Multisystemic Therapy (MST) and Treatment foster care. These are based on the work of Scott Henggeler in the US, Stephen Scott in the UK, and Patricia Chamberlain in the US. Evaluations of Treatment Foster Care have shown that at 12 months after the intervention, young people spent 60% fewer days incarcerated, had fewer arrests, ran away three times less often and used fewer hard drugs. Caregivers are paid a salary, and are trained to deliver encouragement and to follow a behaviour management programme with clear rewards and sanctions. There are weekly family therapy sessions.

The main message in MST is that it will not be possible to tackle the problem by looking at one risk factor in isolation, and also that a great deal of ongoing support is needed to make the placements work. Systematic reviews of the implementation of MST have recently shown mixed results, but the basic principles seem to fit the literature so it is difficult to know whether difficulties are ones central to the model, or just related to implementation in practice.

Parental interventions
The evidence on intervening with the parents of adolescents in order to change their child’s behaviour is mixed. Based on evidence with younger children it would seem intuitive that we could change parenting to improve child outcomes with the older age group too. However, parenting adolescents requires different skills compared to those required when parenting primary school aged children or younger. Theories of adolescence would suggest that parents become less significant as the influence of the wider world (peer groups etc) becomes more important. To some extent the work of parents is done; the children will have internalised models of how to relate to other people, how to control their own behaviour, and how to cope in times of stress, and will now be applying these models in their new relationships as they move beyond their families into the wider world of emerging adulthood.

However parenting programmes are very popular within the youth justice system currently, and are being rolled out widely in different arena. Some evaluations suggest some limited successes; the chances are that these programmes work best for some of the middle groups of parents where poor behaviour is not yet deeply entrenched, or where it starts later, but that the families with a pile-up of multiple factors who are harder to reach will need a more multi-dimensional intervention than just parenting programmes.

Predictative factors
In addition, the earlier this happens, the poorer the outcome; going to court before the age of 13 means that young offenders are more likely to become chronic offenders than those who come to court later. It is important to note, however, that there is little specificity in any of the particular risk factors; they predict to all sorts of poor outcomes, not just antisocial behaviour. Children with a pile up of risk factors will need a multi-pronged type of service provision.
Conclusions

Key messages for practice

1. Antisocial behaviour is a very mixed bag.
   Understanding exactly what sort of problem any one child has is likely to be crucial; making assumptions on the basis of groups or averages will mask the individual pattern of needs.

2. Antisocial behaviour is often only part of the picture.
   Family breakdown, school exclusion, bullying, addiction and other health difficulties, and housing crises, are all likely to be part of the issue for seriously antisocial young people. Just tackling the behaviour is unlikely to lead to long-term change without also intervening in some of these other areas too. Multiagency responses will be necessary.

3. Interventions have to be multimodal and long-lasting, and well resourced.
   For seriously entrenched behaviour, there are unlikely to be any quick-fixes. Options with the best chance of success are inevitably expensive and resource-hungry. But the long-term savings can mean that expensive interventions may still be cost-effective.

4. Some things do work,
   and the right place to be investing is in prevention, before problems become too interwoven. At the early stages the needs are likely to be for social care and parenting support. There are ways to change behaviour and we should remain positive about this.

Further information

This is just a snapshot of some of the things available, but there are now many other good web based resources to draw on that will provide further links and readings to follow up.


Home Office (www.homeoffice.gov.uk): useful route to relevant statistics and to Home Office research studies and other publications.

NACRO (National Association for the Care and Rehabilitation of Offenders): selection of useful briefing papers available on their website at www.nacro.org.uk


Trust for the Study of Adolescence (www.tsa.uk.com); various publications and training packs available for professionals and parents.

Key contacts

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