Abstract

The Development of Antisocial Behaviour in Adolescence:
Child, Family, Peer And School Influences

Diana Smart
Research Fellow
Australian Institute of Family Studies

This paper focuses on pathways to antisocial behaviour in adolescence, as well as resilience against antisocial behaviour, with particular attention being given to family influences on these pathways. Findings are presented from an ongoing, 23-year longitudinal study that has followed a large sample of Australian children from infancy to early adulthood thus far. Some of the important messages emerging from the three large reports completed between 2002 and 2005 are discussed, including: there is not one single pathway to antisocial behaviour, rather there are multiple pathways that can begin in childhood, adolescence, or early adulthood; many children seem to embark on problematic pathways early in life, but there is considerable change at key transition points; the detection of sensitive periods of change can provide opportunities to intervene to help children move off problematic pathways; many at-risk children are resilient to the development of antisocial behaviour and we can learn from them what supports are needed; and finally, particular parenting styles can ameliorate or amplify the influence of child characteristics on antisocial behaviour.
FAMILY SCHOLARS COLLOQUIUM

"PROTECTING AND STRENGTHENING THE FAMILY: CHALLENGES AND OPPORTUNITIES"

DAY TWO: PLENARY SESSION 3

PAPER 7

THE DEVELOPMENT OF ANTISOCIAL BEHAVIOUR IN ADOLESCENCE; CHILD, FAMILY, PEER AND SCHOOL INFLUENCES

BY

MS. DIANA SMART

7 - 8 AUGUST 2006
KUALA LUMPUR, MALAYSIA
The development of antisocial behaviour in adolescence: child, family, peer and school influences

Diana Smart

Family Scholars Colloquium,
Kuala Lumpur, August 7-8, 2006

Presentation plan

• Brief overview of research
• Description of the Australian Temperament Project
• Child, family, peer and school risk factors for antisocial behaviour
• Factors promoting resilience
• Some conclusions and implications
Definition of antisocial behaviour

- Type of behaviours included

- Culturally and socially determined

- Definition adopted here: "behaviour that contravenes the norms of society"
  (Rutter, 1997, pp. 115)

Influential theoretical models of adolescent antisocial behaviour

- Coercive cycles (Patterson et al., 1992)

- Social development model (Catalano & Hawkins, 1997)

- Social disadvantage (Weatherburn & Lind, 1998)
Australian Temperament Project
1983 - 2006+

A longitudinal study of a large representative sample of children and families from the state of Victoria, Australia

Ann Sanson
Margot Prior
Frank Oberklaid
Diana Smart
John Toubourou


Study methodology

- Representative sample = 2443 children & families from urban and rural areas of Victoria, Australia
- 70% participating in the survey waves reported here
- 13 data collection waves since 1983
- 1-2 yearly intervals
- mail surveys (most recent in 2002, 18-20 years; next in 2006)
- Response rates 80% at each survey wave of those still enrolled
- Parents, MCH nurses, teachers, child informants
Major domains assessed

- Temperament style
- Childhood externalising and internalising problems
- Adolescent/ adult substance use, antisocial behaviour, depression, risky driving
- School adjustment and achievement
- Social competence and civic engagement
- Peer relationships
- Parent-child relationships, parenting style and family climate
- Family socio-demographic characteristics (structure, SES, urban/regional/rural location)

Measurement of antisocial behaviour at 13-14, 15-16 and 17-18 years

THREE or more of the following on one or more occasions during the past 12 months:

- been in physical fights with others
- damaged something in a public place on purpose
- stolen something (from a person or a house)
- driven a car without permission
- been suspended or expelled from school
- graffiti drawing in public places
- carried a weapon (for example, gun, knife)
- shoplifted
- run away from home and stayed away overnight or longer
- sold illegal drugs
- attacked someone with the idea of seriously harming them
- used marijuana (within the past month)
- used 'hard drugs' e.g. amphetamines, cocaine, designer drugs or opiates (within the past month)
How many adolescents were highly involved in antisocial behaviour?

- Using the criterion of involvement in 3 or more differing types of antisocial activities in the past 12 months:
  - 12% were 'highly antisocial' at 13-14 years
  - 20% were 'highly antisocial' at 15-16 years
  - 20% were 'highly antisocial' at 17-18 years

Across-time patterns of antisocial behaviour

3 main groups identified:

- Low/non antisocial 'i.e. never 'highly antisocial' at the three time points (n = 844, 41% male)
- Experimental 'i.e. highly antisocial' only once during early or mid adolescence and then desisting (n = 88, 43% male)
- Persistent 'i.e. highly antisocial' at two or more time points, including 17-18 years of age (n = 131, 65% male)
Pathways of persistent and experimental antisocial groups over time

Nature of differences between adolescents with and without antisocial behaviour

- **Individual factors:**
  - temperament style (negativity, volatility and low persistence)
  - externalising behaviour problems (aggression, hyperactivity)
  - lower social competence (e.g. self control, cooperation)

- **Family factors:**
  - parent-child relationship, attachment to parents, supervision/monitoring, harsh discipline
  - few differences in family background/structure

- **Peer and school factors:**
  - associations with antisocial peers
  - school attachment during adolescence, but not earlier

- **Individual and peer/school factors were stronger predictors than family factors**
Resilience: at-risk children who avoid developing antisocial behaviour

- Risk defined by individual-level risk factors at 11-12 years – 'at risk' = 3+ factors

- Two at-risk groups –
  - persistently antisocial across adolescence N=78 (av 6 risks)
  - resilient (never highly antisocial) N=100 (av 6 risks)

- These groups were compared to a Low-risk comparison group – remainder of sample N=1108 (av 1 risk)

Questions investigated

- *Developmental pathways*: how did the two at risk groups change over their lifespan?

- What *protective factors* can be identified to explain the changes in the resilient group?
Developmental pathways

- Over multiple measures in *childhood*:
  - resilient group very similar to antisocial group
  - both had more problems than comparison group
- From early *adolescence* onwards:
  - resilient group improved
  - by 18 years, similar to comparison group

Developmental pathways of two at-risk groups Example 1: Aggression

[Graphs showing developmental pathways for two at-risk groups (resilient and antisocial) over age, with Aggression levels for different groups and age ranges (e.g., 1950-1951, 1954, 1955, 1956, 1957, 1958).]
Developmental pathways of two at-risk groups Example 2: Temperament style

The role of family factors in resilience

- Some family-related factors changed at the same time as the resilient group improved (perhaps facilitated change?)

- Some were always higher in resilient group (i.e. were protective)
The role of family factors in resilience:
Example 1 of change - parent-child relationship

Difficulties in parent-child relationship (parent)

Mean Z-score

- Resilient
- At-risk
- Comparison

Age

The role of family factors in resilience:
Example 2 of change - parenting style

Parent-reported warmth

Parent-reported harsh discipline

Age

Australian Government
Australian Institute of Family Studies
The role of family factors in resilience: Example of continued protection - supervision

Peer relationships as protective factors: Association with antisocial peers
The role of school factors in resilience: School adjustment and achievement

Some conclusions and implications

- Multiple pathways to antisocial behaviour – often early origins, but many possibilities for change
- Entry into elementary and secondary school particularly important periods in a child's life
- Complexity of influences
- Families matter, even in adolescence
  - Direct influences (e.g. through warmth, harsh discipline, supervision/monitoring), and
  - Indirect influences (e.g. through school selection, influencing peer and school relationships)
**Implications for parents, services and policy**

- Parents can make a difference, but need support
- It is *never too early, never too late* for intervention
- Interventions need to be ‘early in life, and/or early in pathways’
- Brooks-Gunn “Do you believe in magic?”
- Universal and targeted approaches needed