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# Development and risk factors of juvenile antisocial behavior and delinquency

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### Abstract

The prevalence of antisocial and delinquent behavior in juveniles has increased dramatically over the past decades, along with the prevalence of other health-endangering behaviors, such as substance use and suicide. These trends have been accompanied by increased levels of psychiatric admissions and special classroom placements in schools. It is posed that these changes reflect decreased levels of impulse control by children living in the U.S. This paper focuses on impulse control as it relates to antisocial and delinquent behavior in juveniles. It traces the development of these behaviors through their age-specific manifestations, and summarizes known social and biological risk factors. The paper examines how different risk factors impinge on the development of antisocial behavior at different points in the life cycle. Developmental sequences are reviewed leading to serious antisocial behavior or to assistance of the behavior. The interaction between developmental tasks and the emergence of antisocial

behavior is considered. Critical, "sensitive" periods in development often intersect with the increased prevalence of risk factors at certain age periods of children, leading to the emergence or aggravation of antisocial behavior. The use of empirical developmental knowledge for screening of population of youngsters is highlighted. The paper closes by reviewing how treatment and preventive studies are affected by pre-existing risk factors, and then lists priority areas for future survey and process studies, and for improved intervention efforts.



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The paper was presented at the workshop on "The Prevention of Antisocial Behavior" at Nemaquin, PA, in November 1986, under the auspices of the Violent and Antisocial Behavior Branch of the National Institute of Mental Health. The author is indebted to the participants of the workshop for their comments and contributions at the meeting. He is particularly grateful to Dr. J. Breiling of the Violent and Antisocial Behavior Branch of the National Institute of Mental Health for encouraging him to write the present paper. Dr. Elizabeth Costello's, Dr. H. Needleman's, Dr. Richard Tremblay's and Stephanie Green's comments on an earlier draft of the paper are especially acknowledged.

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