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Why do some delinquent adolescents grow up to commit aggressive crimes in young adulthood while others do not? Are there risk and protective factors experienced during adolescence that differ between youth who grow up to *persist* in criminal behavior and those who *desist* from such behavior? Similarly, once adolescents reach young adulthood, what characteristics influence their decisions to either persist or desist in criminal activity? To answer these questions, the authors conducted a longitudinal study of 80 juvenile delinquents as they moved from late adolescence to early adulthood. Results of the current study suggest a relationship between highly aggressive crimes committed during adolescence and the persistence of aggressive behavior in young adulthood. Further, compared to young adults who had desisted from criminal activity, persistors reported lower quality relationships with peers and a higher number of lifetime psychiatric diagnoses and symptoms.

The sample in this study ( $N = 80$ ) consisted of youth who were on probation with the Department of Juvenile Justice (DJJ) in Charleston, South Carolina. Youth ranged in age from 12-17, with a mean age of 15.2 years; 60 respondents were male, 41 were African American, and 39 were Caucasian. Youth were randomly assigned to six months of Multisystemic Therapy (MST;  $n = 43$ ) or usual community services ( $n = 37$ ) for the treatment of substance abuse or dependency problems; *Data Trends* #67 reports on the four-year outcomes of that intervention. The current study takes a look at the aggressive offenses committed by these individuals while adolescents and as young adults.

Self-report and/or DJJ records identified those youth who had committed one or more aggressive crimes (e.g., minor assault, felony assault, strong-armed robbery, domestic violence, assault and battery with intent to kill, sexual assault, etc.) during adolescence. Pre- and post- interviews with adolescents and their caretakers were conducted with a variety of instruments and verified with DJJ records. Interviews included questions about the youths' aggressive and property crimes, substance abuse, family and peer relationships, and social and academic competence. Pre-treatment interviews occurred at Time 1, and post-treatment interviews were conducted at the conclusion of the MST intervention, about six months later (Time 2). Follow up interviews occurred again six months after (Time 3), and annually for the next four years (Times 4, 5, 6, and 7). Interviews conducted at Times 5-7, when youth were emerging into young adulthood, also included questions about mental health diagnosis and symptoms, perceived interpersonal supports, occupational and social functioning and physical health. At the time of the last interview (Time 7), participants were an average age of 21.3 years.

Based on interviews conducted at Time 5, participants were classified as being either *persistors* ( $n = 55$ ) or *desistors* ( $n = 25$ ) in aggressive criminal activity. Desistors were defined according to the following criteria: (a) they did not report, nor were they charged with, any felony assaults, minor assaults, or strong-armed robberies between Time 5 and Time 7; and (b) when interviewed, they answered that they did not "get in many fights," or "physically attack people." Thus, desistors may have committed minor crimes, but had refrained from aggressive criminal behavior; 16 desistors committed no crimes, and nine reported minor property offenses. There were no significant differences between each group on outcome measures.

Compared to persistors, respondents who desisted from serious criminal activity reported fewer and less serious aggressive acts and fewer property crimes during young adulthood. In addition to desisting from

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serious criminal behavior, these subjects also reported more emotional bonding with peers, less aggressiveness with peers, more emotional support from significant others, higher quality relationships with friends, greater job satisfaction, and lower numbers of lifetime psychiatric diagnoses. "With few exceptions, these differences remained statistically significant after [controlling] for treatment condition" (p. 319) and demographic variables such as gender, race, parent's educational level, and number of children in the household.

Among those who continued to commit serious crimes, a correlation existed between the commission of more serious crimes during adolescence and the commission of serious offenses as young adults. Compared to desistors, this group also reported less perceived emotional support, lower job satisfaction, and higher numbers of lifetime psychiatric diagnoses and symptoms. Most persistors were African American (89%); in comparison to Caucasians, they reported significantly less emotional bonding with peers at adolescence and in young adulthood.

These results have substantial implications for treatment interventions for adolescents at-risk of serious criminal activity. Because the ability to create and sustain close emotional relationships may be an important protective factor in adolescence and a resiliency factor in young adulthood (see text box), the authors suggest that "interventions designed to promote relationship building skills with pro-social peers may be important components of treatment programs focusing on aggressive juveniles" (p. 320).

Two nonsignificant findings may support the authors' call for pro-social interventions. First, positive measures of mother-adolescent functioning and global family functioning did not mitigate young adult criminal behavior, suggesting that peer groups may be more influential than families in promoting or reducing young adult deviant behaviors. Second, academic and social competencies during adolescence were not related to a reduction of criminal behavior in young adulthood. According to the authors, this latter finding supports the work of Luthar and colleagues (2000). In contrast to middle class youth, for whom academic competence may be a protective factor, "greater academic competence among high-risk youth may result in peer rejection" (p. 320). Thus, pro-social skills may be especially important for high-risk youth who perform well academically. These points support the Surgeon General's (2001) promotion of "ecologically oriented treatments that target multiple dimensions of the youths' social ecology, including the promotion of positive peer relationships, as promising and effective treatments of youth aggression" (p. 320).

In conclusion, a strength of this longitudinal study includes its person-centered methodology, which offers information about the specific persons who persist or desist from aggressive behaviors over time. However, the design can also lead to "backward causation," whereby current behaviors (at young adulthood) are explained with reference to prior behaviors (at adolescence). Sensitive to this problem, the authors conducted a number of analyses to address this concern. Further, it should be kept in mind that this study focused on risk and protective factors affecting aggressive criminal behavior during youth and young adulthood, and not on the range and degree of emotional and behavioral problems among the sample or the effectiveness of the MST intervention. Therefore, scant discussion about the emotional or behavioral problems experienced by the sample appears in this article.

### References:

Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543-562.

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Frequent aggressive interactions with peers may be incompatible with developing close emotional relationships and may predispose youngsters to future aggressive behavior.

In contrast, higher emotional bonding scores may reflect a capacity to mobilize emotional support from significant others, which, in turn, may inhibit future aggressive responses to provocations or stressful events. (p. 319)