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ADULT INTIMATE PARTNER VIOLENCE AND YOUTH DELINQUENCY:  
RELATIONSHIPS AND IMPLICATIONS FOR PREVENTION

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## ABSTRACT

There is a lack of research on the developmental progression of perpetrators of intimate partner violence (IPV). Additionally, there is a lack of research examining the association between adulthood IPV and juvenile delinquency. For instance, why do some delinquent adolescents commit acts of IPV during adulthood while others do not? This literature review attempts to address these gaps by examining the intersection of two bodies of literature: adult IPV and juvenile delinquency. First, I review the theories and extant research that help inform our understanding of adult IPV perpetration and its development followed by a similar review of the theories and research on youth delinquency. An emphasis is placed on theories of causation, subtypes of perpetrators, models of developmental progression, and trajectories of delinquency. After reviewing IPV and juvenile delinquency separately, I suggest ways that the two bodies of literature can be integrated in order to highlight the connections and similarities across the theories and research on IPV and delinquency. Finally, implications for intervention/prevention and directions for future research will be discussed.

This review concludes with several key points. First, research suggests that multiple risk factors for IPV are also risk factors for high levels of delinquency in adolescence. Second, the *chronic* and *late-onset offender trajectories* appear to be the type of offenders who are most likely to commit IPV, while the violent/antisocial perpetrators appear to be the subtype of perpetrators who are most likely to exhibit delinquency outside of the home. Third, intervention/prevention programs should be implemented as early as possible, tailored to a particular group of offenders or subtype of

perpetrators, and target the multiple levels of influence that impact an individual. Future research should not only further distinguish types of offenders and subtypes of perpetrators from one another, but it should conduct studies that address both intimate partner violence and juvenile delinquency.

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## **Introduction**

Problems associated with intimate partner violence (IPV) have reached epidemic proportions. There are more deaths and injuries from IPV than traffic accidents and malaria combined (Alhabib, Jones, & Nur, 2010). Specifically, 1 in 3 women will be victimized in their lifetime (Alhabib, Jones, & Nur, 2010). The abuse can be physical, psychological, emotional, financial, and verbal, and is prevalent among all races, ethnicities, and socioeconomic statuses (Quillian, 1995). 85% of the abuse is perpetrated by men towards women (National Coalition Against Domestic Violence, 2009). Victims of IPV suffer short-term consequences, such as broken bones, as well as long-term consequences, such as chronic pain, sleep/eating disturbances, Post Traumatic Stress Disorder, depression, substance abuse, and psychosomatic complaints (Popa, 2009). Furthermore, victims of IPV face enduring struggles from trying to rebuild familial ties (after being isolated by the abuser), finish their education, re-establish a career, and recover from financial exploitation (Campbell, 1997).

In addition to the harm inflicted upon women, IPV has a detrimental effect on the lives of the children who witness and experience it. 40-70% of children are abused alongside their mothers. However, the children who are not directly abused suffer similar consequences to the children who are directly abused. Comparable to their mothers, victimized children suffer from short-term and long-term consequences in multiple domains, such as physical well-being, mental health, peer relations, academic achievement, and sense of security/safety (Graham-Bermann & Levendosky, 2001). Finally, IPV is an enormous cost to society. The United States spends roughly 6 billion

dollars per year on medical visits, legal processes, and mental health services for IPV victims and their children (Domestic Violence Facts, 2009).

A large body of research has determined the prevalence rates of IPV and the detrimental effects it has on women, children, and society (Quillian, 1995; Campbell, 1997; Graham-Bermann & Levendosky, 2001; Popa, 2009;). However, there is less research on the developmental aspects of male perpetration of IPV and the process leading to IPV. Particularly, there is not a clear understanding about the early risk factors (any variable that increases the likelihood of a particular negative outcome) associated with adulthood perpetration of IPV. It is evident that IPV perpetrators behave in ways that are violent, aggressive, and manipulative during adulthood, but little is known regarding the characteristics and behaviors that they exhibited during childhood and adolescence that may increase risk of later IPV. For instance, did perpetrators demonstrate this aggressive, manipulative, and abusive behavior during childhood, or did these behaviors develop during adulthood? Were perpetrators more delinquent than the average youth, or were they indistinguishable from their peers during childhood and adolescence?

The majority of healthy children with prosocial skills and a supportive environment do not grow up to demonstrate domestically violent/manipulative/aggressive/delinquent behaviors in adulthood. Therefore, it would not be surprising if aggressive, violent, manipulative, and/or delinquent adults displayed some or all of these behaviors (to a lesser degree) during childhood or adolescence. However, certain aspects of development show continuity while others show discontinuity/change. Furthermore, there are multiple developmental paths that individuals can follow to get to a particular



outcome. Therefore, research needs to be conducted to understand the multiple variables that influence behavior over time. Studying the risk factors for childhood and adolescent delinquency, in comparison with the risk factors of adult perpetration of IPV, may shed light on which type of children become perpetrators in adulthood. Finding this link between early delinquency and later perpetration of IPV would help us better understand the development of IPV across time, thus informing ways to effectively intervene.

This literature review will strive to address the following overarching questions: Is there a link between youth delinquency and adulthood perpetration of IPV? If a relationship between delinquency and IPV is found, how can this research inform prevention/intervention efforts? Specifically, can we use delinquency prevention/intervention research to inform the research on IPV intervention/prevention? In order to address these overarching questions, I will first describe the leading theories of adult IPV perpetration, along with the risk factors for perpetrating IPV. I will then describe general theories of delinquency development and the most common trajectories of youth delinquency (the characteristics and risk factors of each trajectory), with a particular focus on the *chronic offenders* trajectory. This section will end with a description of the models of youth delinquency development and how they inform our understanding of delinquency trajectory research. Next, I will investigate the link between youth delinquency development and the perpetration of adult IPV, in order to better understand which delinquent youth are most at risk for adulthood perpetration of IPV. Finally, future directions for research and the implications for prevention and intervention will be discussed.

## **Adult Intimate Partner Violence (IPV)**

In this section, I will begin by defining IPV and clarifying how the term will be used in this literature review. I will describe the theories that posit various reasons and mechanisms by which IPV occurs. The focus will mainly be on contemporary theories, which are comprehensive, empirically supported, and reflective of current viewpoints and frameworks. Finally, I will conclude with an overview of the typologies of IPV perpetrators with an emphasis on how the characteristics, developmental antecedents, and the severity/type of abuse vary across three subgroups: family-only-perpetrators, dysphoric/borderline perpetrators, and the generally violent/antisocial perpetrators. Overall, this section will provide an overview of what IPV is and discuss the theories that describe it.

### **Definition**

For the purposes of this literature review, I define IPV as a pattern of abusive behaviors that are used by one person in a relationship to control the other in that relationship (Quillian, 1995). Although IPV can occur in marital and dating relationships at any age and between partners of any sexual orientation, I will be focusing on IPV that occurs in adult heterosexual relationships. As indicated in the previous section, the abuse can be physical, emotional, mental, financial, and sexual (Quillian, 1995).

## Theories

Traditional theories of IPV include social learning theory, theories of substance abuse, theories of psychopathology, and stress theory (Campbell & Humphreys, 2010; Ursula, 2011). Social learning theory states that abusive behavior is learned through modeling; children learn that violent, coercive, and manipulative behavior can be utilized to attain a desired outcome, without being punished (Baker et al., 1998; Ursula, 2011). Theories of substance abuse specify that alcohol and drugs cause “biochemical disinhibition,” which then causes an individual to temporarily behave in a way that he/she normally would not, while theories of stress explicate that the violence is maintained through the roles, expectations, and feedback mechanisms that regulate and stabilize the family system (Baker et al., 1998, Campbell & Humphreys, 2010). Last, theories of psychopathology focus on cognitive impairment as the root cause of IPV perpetration (Kantor & Straus, 1987; Bell & Naugle, 2008). Although social learning theory, substance abuse, stress, and psychopathology may play a role in the development of IPV, none of these theories alone have been pinpointed as a root cause of IPV perpetration. These theories provide a solid, theoretical foundation from which the newer theories are built upon, but they are often criticized for being incomplete, narrowly focused, and lacking empirical support.

Contemporary theories of IPV include feminist theory, sociocultural theories, and ecological theories (Campbell & Humphreys, 2010; Ursula, 2011). These theories are more comprehensive; they draw from and build upon numerous traditional theories. Contemporary theories more commonly adhere to the notion that IPV is caused by multiple direct and indirect influences.

## **Feminist theory**

Feminist theory identifies patriarchal cultural norms and gender inequality as the origin of abusive behavior (Bancroft, 2003; Domestic Abuse Intervention Programs, 2011). Patriarchal societies are those in which men dominate and women/children are deemed subordinate to men (Domestic Abuse Intervention Programs, 2011). The main premise of this theory is that IPV is perpetrated by males in order to exert power and maintain control. Male socialization begins at birth; it is the direct and indirect messages boys receive that advise them to behave in particular ways (i.e. play football instead of playing with dolls) and adopt particular beliefs (i.e. boys are better than girls at math or women serve men dinner). These teachings, in turn, cause them to feel entitled and superior to women in regards to ability, intellect, power, value, and skill. Male socialization, along with patriarchal societal norms, creates gender inequality and fosters an environment conducive to IPV (Bancroft, 2003). In addition, feminist theory examines the multiple identities that women have and how structural inequalities (i.e. race, gender, ethnicity, class, sexuality) at multiple levels place certain women at an increased likelihood of IPV victimization. For instance, black women with a low socioeconomic status are more likely to have strained marriages and live in high-crime neighborhoods; therefore, they may be placed at an increased likelihood of victimization (Ursula, 2011).

Empirical evidence suggests that a culture's socialization of men, sexist/exploitative cultural norms, and male dominance increase the likelihood of IPV perpetration. A large portion of this research compares and contrasts IPV prevalence and severity among immigrant women and American women. Immigrant women often have

a higher risk of IPV victimization than American women because immigrant women are often from more male-centric societies where violence against women is more normalized (Sugarman & Frankel, 1996; Raj & Silverman, 2002; Herzog, 2007). Also, immigrant women are more likely to have fewer resources, a smaller social network, and less knowledge about social services, which leads to an increased dependency on men to provide for them. In a domestically violent situation, dependency gives perpetrators more power/opportunity to abuse (Raj & Silverman, 2002).

Feminist theory of IPV is frequently used to educate students, the public, and professionals who deal with/will deal with IPV situations (Campbell & Humphreys, 2010). Feminist theory is used more often in these circumstances because it adheres to a non victim-blaming philosophy; therefore, it is the most sensitive and empowering approach for victims. Although there is some empirical evidence that supports feminist theory, this theory is often critiqued because it suggests that IPV originates from the culture surrounding the individuals, without focusing on individual pathology, biology, and other environmental constraints/risk factors (Campbell & Humphreys, 2010).

### **Sociocultural theories**

Sociocultural theories draw from many traditional theories, such as social learning theory, family systems theory, and theories of social and cultural interaction (Campbell & Humphreys, 2010). This group of theories examines IPV within the context of social attitudes and social institutions, such as sexism, cultural norms, patriarchy, and legal constraints (Campbell & Humphreys, 2010). In general, sociocultural theories are founded on the premise that the nuclear family (within a cultural environment that is

sexist, patriarchal, exploitative of women, and lacks laws protecting women from violence) is at an increased risk for violence and conflict. Specifically, it is the combination of culture and emotionally intense/complex bonds between family members that make violence more likely to occur within the family rather than outside of the family. Sociocultural theories take social interactions/bonds and the cultural environment into consideration.

Sexism, cultural norms, and patriarchy are key aspects of sociocultural theories because they are highly influenced by social and cultural variables. Sexism is discrimination against someone based on his/her sex and the belief in traditional gender role stereotypes (Bancroft, 2003). When women do not act in accordance to traditional gender role stereotypes or when women act in ways that threaten their husbands' dominance and power, violence is common (Bancroft, 2003). Cultural norms refer to the ways in which society expects women to behave and how they are portrayed in the media. In addition, rape culture (a society in which rape and sexual violence are prevalent and normalized) and victim blaming (blaming the victim, rather than the perpetrator, for the abuse) are cultural norms that put women at risk for IPV because they normalize violence and place the responsibility of safety on the women, rather than the perpetrators (Bancroft, 2003). Along with sexism and cultural norms, patriarchy also creates an environment where IPV is more likely to occur. A patriarchal society is one that is male dominated and male centered, which creates a sense of entitlement in males, as well as detrimental power imbalances (Bancroft, 2003). Last, legal constraints hinder the eradication of IPV within an environment. For instance, men face harsher consequences for assaulting a stranger than from assaulting their wives. Sociocultural

theories suggest that the lack of stricter laws, the lack of stricter punishments for IPV, and traditional beliefs that IPV is a “private, family matter” prevent the eradication of IPV in society (Bancroft, 2003).

Although more research is needed in the area, there is some evidence to support sociocultural theories (Coleman & Straus, 1986; Gavazzi, Julian, & McKenry, 1996). For example, after interviewing and physically assessing a sample of 102 married men, researchers found that variables in both the biological and social domains had significant, independent effects on male perpetration of IPV (Gavazzi, Julian, & McKenry, 1996). 33% of the men were labeled “violent” and 67% of the men were labeled “nonviolent.” Both groups were similar in regard to demographics, except the violent group had an average income that was significantly less than the nonviolent group. In another study, Coleman and Straus (1986) used nationally representative data of 2,143 couples to examine family structure and its correlation to marital violence. It was found that couples who were egalitarian (rather than male-dominated, female-dominated, or divided), had the lowest amounts of IPV. This dynamic within the family is reflective of family conflict resolution, laws, administrative decisions, and services or cultural norms that empower/encourage women (Coleman & Straus, 1986). Despite some evidence for sociocultural theories, there is one main critique. Like the stress theory of IPV, this group of theories is critiqued for removing the blame from the perpetrator and placing it on the victim as well as the culture in which the family lives (Campbell & Humphreys, 2010).

## **Ecological theory**

The last category of theories that I will discuss are those that follow an ecological framework. Specifically, I will discuss the Ecological Model of Interpersonal Violence (World Health Organization, 2004). This model examines the risk factors at the various levels that influence the individual and his/her likelihood of perpetrating IPV (Bronfenbrenner, 1992; World Health Organization, 2004; Gorman-Smith, Henry, & Tolan, 2006). The main levels that influence the individual include: the individual, relationships (with the family, peers, neighbors, etc.), the community, and society (Bronfenbrenner, 1992; World Health Organization, 2004; Ursula, 2011). The Ecological Model of Interpersonal Violence is depicted in Figure 1-1 (World Health Organization, 2004). The model draws on knowledge from several disciplines, supporting the concept that each level interacts with and influences the other (Bronfenbrenner, 1992; World Health Organization, 2004). A large amount of the current research on IPV utilizes an ecological perspective (Decker et al., 2008). It is important to note that according to ecological theory, risk factors often have an additive effect. The greater number of risk factors an individual is exposed to, the greater the likelihood of IPV; however, this is not to say that a particular number of risk factors or the presence of risk factors lead to the same outcomes in all individuals.

Within the Ecological Model of Interpersonal Violence, the individual level focuses mainly on demographics, personal history, and biology (World Health Organization, 2004; Gorman-Smith et al., 2006). Empirical evidence suggests that many of the strongest predictors of IPV are at the individual level and include early conduct



problems (i.e. aggression, hyperactivity, and impulsivity), mental health issues (i.e. anxiety and depression), neuropsychological deficits, and personality disorder (Beatty et al., 1993; Cogan et al., 2004; Hawkins et al., 2007; Lussier et al., 2009; Moffitt, 2009). In addition, exposure to violence and/or victimization during childhood is strongly correlated with the perpetration of abuse during adulthood (Beatty et al., 1993; Magdol et al., 1998; Cogan et al., 2004; Hawkins et al., 2007; Herrera et al., 2008). Lastly, high levels of delinquency during early adolescence are predictive of adulthood IPV perpetration (Moffitt & Caspi, 1999; Moffitt, 2009).

The relationship level of the model focuses on the quality of the intimate relationship in which the abuse is occurring/has occurred, along with the familial relationships and friendships of the perpetrator (World Health Organization, 2004). For example, it has been found that IPV is amplified when two at-risk individuals are coupled together (i.e. two people who are conflict-prone, two people who have had exposure to violence during childhood, two people who have antisocial personalities, etc.) (Gorman-Smith et al., 2006). Furthermore, perpetrators are more likely to come from poorly functioning families and to have received poor or negligent parenting during childhood (Magdol et al., 1998; Moffitt & Caspi, 1999, Lussier et al., 2009). Difficulty maintaining relationships and poor interpersonal skills have also been found to be a significant risk factor for IPV perpetration (World Health Organization, 2004; Gorman-Smith et al., 2006).

The community level encompasses the school environment, the neighborhood environment, and the surrounding community (World Health Organization, 2004). Extant research has identified high crime, low socioeconomic status neighborhoods as a

risk factor for IPV perpetration in adulthood (Magdol et al., 1998; Moffitt & Caspi 1999; Lussier et al., 2009). In addition, community norms of drug use, violence, residential mobility, school drop-out, and unemployment are often found to be correlated with IPV perpetration (Moffitt & Caspi, 2009; Ursula, 2011).

The outermost level presented in the Ecological Model of Interpersonal Violence is the societal level. Certain influences at the societal level appear distant and irrelevant, yet according to many researchers, societal influence can have a profound impact upon IPV perpetration (Decker et al., 2008). For instance, the culture of violence that is fostered by a society can be extremely influential (Bancroft, 2003). This level incorporates societal attitudes and institutional influences, such as sexism, patriarchy, and legal constraints, which are also key components of feminist and sociocultural theories (Campbell & Humphreys, 2010).

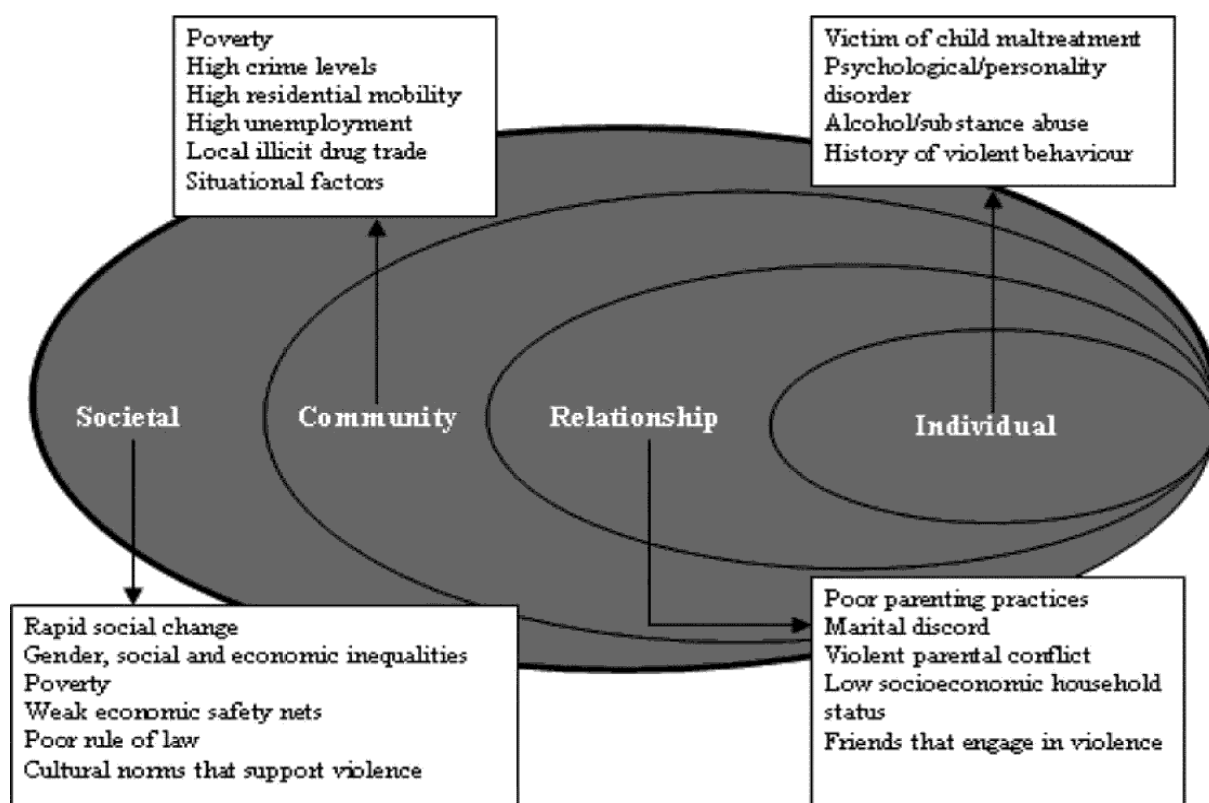


Figure 1-1: Ecological Model of Interpersonal Violence (World Health Organization, 2004)

There is empirical evidence supporting the ecological perspective that multiple variables from multiple levels of influence (individual, relationship, community, societal) affect IPV in adulthood (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001). Current research focuses on the interaction of these variables at different levels rather than pinpointing the causation of IPV at one level or from one particular variable. The Oregon Youth Study (OYS) found results supporting this interaction. The OYS has tracked the antisocial behavior of 205 males, from age 9-10 until age 35. The study reported several findings in regard to the perpetration of IPV during adulthood. At age 9-10, males were

videotaped while interacting with their peers; those who talked about women in a hostile way (with their peers) were more likely to exhibit greater amounts of physical and psychological aggression towards women in a later relationship. However, antisocial behavior was found to mediate this pathway. This finding demonstrates that environmental norms are not solely responsible for the later expression of a behavior, such as aggression. Specifically, a culture of male dominance that normalizes hostile talk about women does not automatically cause men to perpetrate aggressive acts toward women. Rather, genetic predispositions and antisocial behavioral tendencies interact with the peer environment and influence the future aggressive behavior (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001).

Another study from the OYS found that aggressive behavior among parents and unskilled parenting techniques during childhood and adolescence were correlated with later aggression towards a female partner. This effect was mediated by the development of the male's antisocial behavior during adolescence. These findings confirm the influence of environmental factors and genetic predispositions on IPV and indicate that unhealthy relationship behaviors may be intergenerationally transmitted under particular circumstances (Capaldi & Clark, 1998).

These three contemporary theories (feminist, sociocultural, and ecological) address many of the weaknesses of traditional theories and incorporate multiple influences that increase the likelihood of IPV perpetration. Another strategy that researchers have used to understand IPV is the subtyping of perpetrators. Research on the typologies of perpetrators incorporates knowledge of IPV theories and direct, empirical research on perpetrators. Although there is this link between typologies and the

previously discussed IPV theories, typologies take a different perspective. Specifically, each subgroup alludes to multiple theories in its description of the characteristics, tendencies, and features of the perpetrators that are characterized within the subgroups. Below I describe the three subgroups of perpetrators and discuss the severity of abuse that a perpetrator is most likely to commit, where the abuse is most likely to take place, and what type of childhood, personality, and behavioral risk factors are common within each subgroup (Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998; Fowler & Westen, 2011).

### **Typologies of Perpetrators**

Researchers have determined three subgroups of perpetrators: family-only perpetrators, dysphoric/borderline perpetrators, and generally violent/antisocial perpetrators. These three typologies are among the most commonly referred-to subgroups in current IPV research (Saunders, 1992; Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998). These typologies have been identified by clinical observation and/or statistical analyses of perpetrators' standardized test scores in largely western cultures (i.e. personality tests, mental health tests, self-reports of violence) (Holtzworth-Munroe & Stuart, 1994). Given the influence cultural norms and societal structures can have on the perpetration of IPV, it is important to note this distinction because these typologies may look very different in non-western populations where IPV may be more culturally accepted. Therefore, the information presented below should not be generalized beyond the populations under consideration in the cited studies.

The family-only perpetrators constitute approximately 50% of perpetrators. They engage in the least severe type of IPV, and they are the least likely to employ psychologically or sexually abusive tactics (Holtzworth-Munroe & Stuart, 1994). These men rarely commit violence/abuse outside of the home or have a criminal history. Family-only perpetrators score low on scales of jealousy, depression, and anger (Saunders, 1992). In comparison to the other two subgroups, family-only perpetrators have the most liberal views regarding sex roles, and they are the least likely to have been abused or witness family violence during childhood. Although this group has the highest marital satisfaction, their abusive actions are solely targeted towards their wives within the home environment (Saunders, 1992). Psychopathology or personality disorder is not found among these men, and a majority of them feel remorse after a violent incident. In addition, the majority of family-only perpetrators do not have substance abuse issues or a history of substance abuse. Past research has referred to these perpetrators as: hitters (as opposed to perpetrators), infrequent perpetrators, sporadic typical perpetrators, stable/affectionate perpetrators, non-exposed altruists, and perpetrators with no clinical elevations on the Minnesota Multiphasic Personality Inventory (MMPI scales) (Holtzworth-Munroe & Stuart, 1994).

The second subgroup of perpetrators is the dysphoric/borderline perpetrators. This subgroup constitutes approximately 25% of perpetrators and engages in moderate to severe IPV. They often employ psychological and sexual abuse tactics against their partners. These men are typically characterized as jealous, suspicious, impulsive, hypersensitive, psychologically distressed, and emotionally volatile (Saunders, 1992; Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998; Fowler & Westen, 2011).

This group is primarily abusive towards the family (wife and/or kids); however, some commit a low number of criminal offenses in their lifetime. If a dysphoric/borderline perpetrator has prior convictions, they are less severe crimes and his criminal career most likely started in middle to late adolescence. Dysphoric/borderline perpetrators have the least satisfying relationships and often blame their spouse for the abuse (Button & Tweed, 1998). These men have highly conservative sex-roles. Past research has referred to these men as perpetrators, frequently violent men, over controlled hostile perpetrators, dependent/suspicious perpetrators, chronic typical perpetrators, hostile pursuers perpetrators with high elevations on every MMPI scale, and schizoid/borderline perpetrators (Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998).

The final subgroup of perpetrators, the generally violent/antisocial perpetrators, also engages in moderate to severe levels of abuse and constitutes approximately 25% of perpetrators (Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998). The majority of generally violent/antisocial perpetrators has been severely abused as children or has witnessed violence in the home during childhood (Saunders, 1992). During adolescence, they were the most likely subgroup to join a gang, drop out of school, run away from home, and abuse drugs/alcohol. Subsequently, interpersonal conflict, criminal offending, and substance abuse continue into adulthood (Saunders, 1992; Button & Tweed, 1998). It is these men who have an extensive criminal history and engage in high levels of violence outside of the home. Furthermore, they are the most likely to have antisocial personality disorder or psychopathy and view their wives as objects for them to control and meet their needs (Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998; Fowler & Westen, 2011). In comparison to the other two subgroups, generally

violent/antisocial men are the most remorseless, and they refuse to take responsibility for the violence. These men are often described as having delinquent relatives and having been abused during childhood (Saunders, 1992; Button & Tweed, 1998). Past research has referred to these men as frequently violent men, dominating and violent/bullying perpetrators, narcissistic/antisocial subgroup, perpetrators with high MMPI scores, generally violent perpetrators, and hostile disengaged perpetrators (Holtzworth-Munroe & Stuart, 1994).

### **Conclusion**

The traditional theories of IPV (i.e., social learning theory, theories of substance abuse, theories of psychopathology, and stress theory) provide useful perspectives on the causation of IPV. However, these theories are often critiqued for having a narrow, singular, and outdated view. Contrastingly, the contemporary theories of IPV (i.e., feminist, sociocultural, and ecological theory) incorporate multiple aspects from the traditional theories and provide a more holistic, multilevel understanding of IPV causation (Campbell & Humphreys, 2010; Ursula, 2011). Therefore, it is these theories that will inform the rest of this literature review. Moreover, the three subgroups of perpetrators, family-only, dysphoric/borderline, and generally violent/antisocial, provide a complimentary perspective to understanding the history and characteristics common among specific subgroups of perpetrators. This approach is highly useful to include in research because it provides information that is not distinguished in theory alone. Typologies of perpetrators describe the severity of abuse that a perpetrator is most likely to commit, where the abuse is most likely to take place, and what type of childhood,



personality, and behavioral risk factors are/were present in the perpetrator's life (Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998; Fowler & Westen, 2011). A limitation of this work is that the research is primarily based on western populations. In all, these theories/typologies of IPV provide us with multiple perspectives on what influences the development of IPV and which risk factors should be addressed to understand/later prevent the issue. During the remainder of this literature review, I will emphasize the typologies of batterers as they are a more modern approach to understanding perpetrators, and they provide important information on the possible links between IPV and youth delinquency which is the focus of this thesis.

In the next section, I will present the theories of delinquency development and the various trajectories of delinquency. As discussed in the previous section, certain typologies of perpetrators are more likely to exhibit delinquent behavior during youth and/or a criminal career outside of the home environment (Holtzworth-Munroe & Stuart, 1994). Studying the risk factors, origins, and trajectories of delinquency may provide unique insight into the current research on IPV. If a link is found between certain types of youth delinquency and adulthood IP, researchers will gain a better understanding of what perpetrators were like during childhood and adolescence (i.e., familial, psychological, behavioral, and environmental risk factors).

## Youth Delinquency

A large portion of research is dedicated to juvenile delinquency because of its enormous cost to society. The United States spends approximately 5.7 billion dollars per year on its juvenile justice system (Flores, 2003). In addition, billions of dollars are spent annually on medical costs and lost or damaged property for the victims of juvenile crime. Aside from the monetary costs, delinquency is physically, emotionally, and mentally taxing on the offenders and those in their surroundings (Lynam, 1998). Also, delinquent adolescents are more likely to become adults with medical illnesses, erratic unemployment, drug/alcohol addictions, and interpersonal problems (DeBaryshe, Patterson, & Ramsey, 1989). A scientific understanding of juvenile delinquency is necessary in order to improve the growth and development of our youth and of our society.

I will begin this section by briefly reviewing the history of delinquency theories, followed by a more in-depth discussion of the leading theories of delinquency development, the positive school theories and the developmental/life-course theories. Next, I will expand upon a developmental perspective by describing and discussing the most common trajectories or pathways of delinquency. I will then elaborate on the *chronic offender trajectory* because although only 5-6% of the population are *chronic offenders*, they are responsible for 50-60% of known crime (Lynam, 1998). Overall, the purpose of this section is to provide insight into the development of youth delinquent behavior, the trajectories in which delinquent behavior evolves/ manifests, and the most extreme form of delinquent behavior-- the *chronic offender*.

### **Definition**

For the purposes of this literature review, I define Juvenile delinquency as "a violation of the law committed by a juvenile and not punishable by death or life imprisonment." Juvenile delinquency also refers to conduct by a juvenile that is "characterized by antisocial behavior that is beyond parental control and therefore, subject to legal action" (Merriam-Webster, 2012).

### **Theories**

Dating back to the 1700s, theories of delinquency were created to justify the punishment of criminals and to place full blame on the individual who committed the crime (Henry & Lanier, 2008). These theories are referred to today as classical school theories of delinquency. Generally, these theories see individual choice and free will as the explanation for delinquent behavior (Henry & Lanier, 2008). The prominent theories that fall under the classical school category include rational choice theory and routine activities theory. Rational choice theory presumes that criminals are rational beings who commit crimes for utilitarian purposes. The majority of crime is committed after carefully weighing the costs (familial disapproval, pain, arrest, etc.) and benefits of the situation (pleasure, monetary gain, status, etc.) (Pearson & Weiner, 1973). Routine activities theory focuses on the temporal and spatial circumstances under which a crime is committed. The theory posits that crime rates will increase in situations that involve a motivated offender, a suitable target, and the absence of authority/supervision (Cohen & Felson, 1979). Classical theories are critiqued for lacking empirical support, having a narrow focus, and being outdated. The underlying themes of rationale and situational

context date these theories and fail to address alternative motivation as well as the biological, psychological, and societal influences (i.e. poverty, racism) that impact criminal behavior. (Cohen & Felson, 1979; Agnew & Cullen, 2002). Therefore, I will focus on the modern theories of delinquency development in this literature review.

### **Positive school theories of delinquency**

Positive school theories highlight the forces that are beyond an individual's control. Rather than focusing on the individual crime, these theories focus on the individual who committed the crime (Etchison, 2005). Positive school theories emphasize the biological, psychological, and sociological factors that influence an individual's criminal behavior. Empirical studies are utilized to discern which factors influence an individual and to what degree. Moreover, empirical research is used to examine the interaction among the multiple factors that influence criminal behavior (Henry & Lanier, 2008).

### ***Positive school biological theories of delinquency***

Biological theories that fall under the positive school include genetics, neurological impairments, and hormonal imbalances (Raine, 2002). Biological theories were initially discredited because theorists were unable to prove a direct causal relationship between a biological factor and delinquent behavior. In addition, it is extremely difficult to isolate biological components from cultural and environmental experiences (Fishbein, 1990). As biological research evolved over the 20th century, theorists began to recognize the notion that biology plays a crucial role within the process

of delinquency development (Pearson & Weiner, 1973). If not studied alone, biology should be studied in tandem with other disciplines because biology enhances other theories and interacts with other micro and macro-level variables to produce behavior (Pearson & Weiner, 1973; Fishbein, 1990). Importantly, biological theorists do not claim that individuals are born inherently criminal. Rather, they propose that certain individuals possess heritable or biological features that predispose them to aggressive, antisocial, and/or criminal behavior under certain conditions (Henry & Lanier, 2008).

Twin, adoption, hormone, and neurological studies have found some evidence that biological factors impact the expression of delinquent behavior (Binder, 1988; Raine, 2002). Twin studies examine the concordance rates of antisocial and criminal behavior in identical twins vs. fraternal twins. These studies include twins who are reared apart in order to examine the biological link to delinquency (Binder, 1988; Raine, 2002). Raine (2002) reviewed 13 studies of twin concordance that were conducted before 1993; each study found results supporting the hypothesis that concordance rates of antisocial and/or criminal behavior were higher among identical twins than in fraternal twins (Raine, 2002). Specifically, two identical twins were more likely to display antisocial, aggressive, and/or criminal tendencies than fraternal twins. Evidence of a biological link to delinquent behavior has also been illustrated by adoption studies (Binder, 1988; Raine, 2002). Mednick and colleagues classic study of 14,427 adoptees in Denmark found that adoptees who became criminals were more likely to have criminal biological parents rather than criminal adoptive parents (Gabielli, Hutchings, & Mednick, 1984). 14 out of the 15 studies on this topic found results supporting this biological linkage (Raine, 2002). Finally, studies have also found that certain hormonal imbalances and

structural/functional neurological deficits are more prevalent in criminals than in non-criminals (Pearson & Weiner, 1973; Binder, 1988; Raine, 2002; Kumar et al., 2005).

### ***Positive school psychological theories***

Personality subtypes and behavioral theory/social learning theory are the primary positive school psychological theories of delinquency. Personality not only influences how an individual will respond to the environment, but also the type of responses that are evoked from the environment. Furthermore, some argue that certain personality traits and early temperament have biological origins; therefore, certain psychological theories coincide with biological theories/research (Ahadi, Evans, & Rothbard, 2000). Different personality traits have been associated with differences in employment, education, lifestyle, and relationships (Caspi, Moffitt, Silva, & Stouthamer-Loeber, 1995). Consequently, individuals who possess certain personality traits (i.e. high levels of aggression, novelty seeking, impulsivity, neuroticism, psychoticism, or extroversion) are more likely to exhibit delinquent behavior. These correlations were demonstrated in the Dunedin Longitudinal Study, which followed a representative cohort of 1,037 New Zealand children from birth (in 1973) into adulthood (Caspi et al., 1995). The study determined that delinquent individuals were more likely to have negative emotionality, act impulsively, be danger-seeking, and reject conventional values. Negative emotionality is the increased tendency to experience negative emotions such as rage, apprehension, and irritability, which may lead individuals to have biased perceptions of reality and hasty reactions (Caspi et al., 1995).

As opposed to personality theories which suggest a link between hereditary predispositions and delinquency, learning theory is rooted in behavioral psychology, which hypothesizes that behavior is learned and reinforced by experiencing or observing consequences and rewards (Akers, 2009). Behavioral psychologists believe that conditioning methods and modeling not only create/reinforce a problematic behavior, but they can also be utilized to eliminate a problematic behavior. In addition, learning theory of crime proposes that delinquent behavior is learned by the same mechanisms in which conforming behavior is learned (Henry & Lanier, 2008; Akers, 2009). Specifically, individuals model what they observe in the home and surrounding environments and what they observe/are told from peers, the media, literature, and society. Observing positive outcomes from delinquent behavior causes individuals to engage in that delinquent behavior themselves because they do not expect a negative outcome (Akers, 2009). Although observing violence can lead to the later perpetration of violence, only 1/3 of children who witness IPV grow up to perpetrate it (National Coalition Against Domestic Violence, 2009). A major limitation of this theory is pinpointing why some who witness the violence go on to perpetrate it, while others do not.

### ***Positive school sociological theories of delinquency***

The main sociological theories that are classified under the positive school of delinquency are social disorganization theory, strain theory, and labeling theory. (Groves & Sampson, 1989; Agnew & White, 1992; Henry & Lanier, 2008). Social disorganization theory hypothesizes that ethnic heterogeneity, low socioeconomic status, and high residential mobility prevent community social organization. Social

disorganization within the community then breeds crime (Groves & Sampson, 1989). Researchers Groves and Sampson (1989) were among the first to directly test social disorganization theory. Using data from the first British Crime Survey (a nation-wide survey conducted in England and Wales to analyze community functioning and crime rates), it was found that low socioeconomic status, ethnic heterogeneity, and lack of child supervision impacted community participation, family unity, and peer group formation. Specifically, certain communities that lack community participation, family unity, resources, and positive peer networks have an increased likelihood of crime (Groves & Sampson, 1989). Although social disorganization theory was supported in Groves' and Sampson's study, the results were modest and only a select list of community variables were analyzed.

Strain theory posits that individuals feel strain and pressure when they cannot achieve their goals of success, such as academic achievement or occupational achievement. Under conditions in which positive stimuli is threatened or removed and negative stimuli are presented, individuals respond to this strain and pressure with delinquent behavior (Agnew & Cullen, 2002). Furthermore, strains that are perceived to be large in magnitude, unjust, and beyond one's control (i.e. racial discrimination, neglect, victimization) are more likely to lead to delinquency than strains that are perceived to be more manageable, just, and within one's own control (Blurton, McCluskey, & Moon, 2008). Multiple studies have found evidence that the presence of certain types of strain is associated with higher levels of delinquency (Moon, 2008). For example, surveys of 16 stressful life events (i.e. death of a close friend, chronic illness, unemployed parent, assault, theft) and 12 bothersome life conditions (i.e. being



disrespected, not being well-liked, poor relationships with parents) were administered to 1,036 adolescents in New Jersey (Agnew & White, 1992). Results from the surveys indicated that, on average, the adolescents who experienced more strain were also more delinquent. In addition, adolescents who had more negative stimuli in their lives (i.e. access to drugs, a delinquent peer group), were more affected by strain than adolescents with positive day-to-day stimuli in their lives (Agnew & White, 1992). However, it is unclear whether strain causes delinquency or whether these two variables merely co-occur. Strain may accompany other variables to influence delinquency. For instance, an adolescent may become delinquent after the death of a parent. This does not indicate that the stress of losing a parent caused the delinquency; rather, the parent who died may have been the only support/guidance in the adolescent's life or the parent may have been the only one who forced the adolescent to do their homework/go to school (losing support, guidance, and dropping out of high school are significant predictors of later delinquency).

Labeling theory concentrates on the influence that "society's agents of social change" have on creating criminality (Henry & Lanier, 2008). Agents of social change include teachers, police officers, social workers, etc. This theory hypothesizes that after people become labeled delinquent or criminal (for whatever reason), they become stigmatized, excluded, expelled, and/or imprisoned. Inevitably, individuals who become labeled have little choice but to develop a criminal identity (Agnew & Cullen, 2002). There is little empirical evidence supporting this theory, mainly due to its intangible nature. Criminals are often met with stigma and prejudice, to a certain degree, but whether or not stigma and prejudice create crime is not directly proven. Some studies have suggested that the labels of criminal or delinquent may lead individuals to associate

with other delinquent peers and develop negative attitudes towards institutions, such as the police (Braithwaite, 1989). In turn, the delinquent peer association and the rejection of societal institutions may lead to more delinquent attitudes and behaviors (Braithwaite, 1989).

### **Developmental and life-course theories of delinquency**

Developmental and life-course theories of delinquency are similar to positive school theories in that they focus on the individual and utilize biological, psychological, and sociological approaches, but differ from positive school theories in that they view delinquency as a developmental process that starts before birth and continues throughout the life-course. This area of research began in the late 1980s and posits a more holistic and integrative perspective, focusing on the entire criminal career and the multiple micro and macro-level factors that influence behavior (Piquero, 2008). Also, this perspective seeks to understand the onset of criminality and to determine the length and characteristics of each individual's criminal career (Agnew & Cullen, 2002).

Developmental and life-course theorists view childhood, adolescence, and adulthood as a process consisting of continuity and change (Agnew & Cullen, 2002). Understanding this continuity and change is a central aspect of this research. Changes in the individual and his/her environment occur within the context and constraints of one's life-course. Changes may be fluid or more drastic; the more drastic changes that reflect a substantial shift in behavior, lifestyle, or direction are referred to as transitions. The individual, his/her environment, and the transitions that he/she undergoes are subject to influence by multiple variables at the micro (the individual and one's immediate

environment/close relationships) and macro (societal) level. With regards to delinquency research specifically, developmental and life course theorists organize their research by viewing each individual or a group of individuals as belonging to a particular trajectory, described as a course of behavior over time (Piquero, 2008). These trajectories encompass behavioral continuities, life transitions, and micro and macro level influences. Within the past few decades, researchers have examined trajectories of delinquency in order to identify the variables that influence delinquent behavior and to distinguish the characteristics correlated with the youth that commit the most crime. This perspective helps researchers gain unique insight into the different pathways of delinquency and may help establish more effective means to ameliorate the problem.

### **Trajectories of delinquency**

Delinquency trajectories are primarily characterized by the level and timing of offending that is committed across the life-course. In addition, there are specific micro and macro-level risk factors that predict which path an individual is likely to follow. There is a large amount of variation in the research on developmental trajectories of delinquency. It is extremely difficult to discern how many trajectories exist because different sample demographics and statistical techniques across studies result in different conclusions (Piquero, 2008). The location that the sample is taken from (i.e. rural, inner city, a school, juvenile delinquent facilities, etc.), the sample participants' status of delinquency (offender versus non-offender), age, race, and culture influence the number and type of trajectories that can be derived from the sample. In addition, statistical

techniques and the measures/scales of delinquency that are utilized can influence the resulting trajectories (Piquero, 2008).

Regardless of this variation, there are several commonalities among the extant research. Earlier work emphasized only two trajectories, while newer research posits that there are approximately four to six trajectories of delinquency. First, I will begin by discussing the perspective of Terrie Moffitt. Moffitt is one of the first and leading researchers in the study of trajectories of delinquency. Current researchers in this field frequently refer to Moffitt's perspective or incorporate her contributions into the foundation of their work. Then, I will summarize a series of more recent studies that share some common themes with Moffitt's research and expand upon this perspective. In conclusion, I will highlight some similarities across the studies. These similarities, as well as the key findings from each study, are displayed in Table 1-1.

### **Moffitt's trajectories of delinquency**

Moffitt's research focuses on two trajectories: the *adolescence-limited trajectory* (approximately 32% of the population) and the *life-course persistent trajectory* (5-6% of the population) (Moffitt, 1993). Although Moffitt's more recent research examines the existence of multiple trajectories, the *adolescence-limited* and *life-course persistent trajectories* form the foundation of this work (see row 1 of Table 1-1). According to Moffitt, individuals following the *adolescence-limited trajectory* demonstrate a peak in delinquency between the ages of 7 and 17 (Moffitt, 1993). This trajectory is viewed as normative because it is in part a result of adolescents experiencing the gap between biological maturity and social maturity. Specifically, Moffitt posits that although

adolescents are biologically mature, they lack social and financial independence from their parents and their school. This incongruence then causes adolescents to act out in delinquent ways in an attempt to prove that they are not longer children (Moffitt, 1993). *Adolescence-limited offenders* begin by mimicking delinquent behavior that is present in the environment; the delinquent behavior is sustained or stopped, depending on the reinforcement that is received from family members, peers, and authority figures. The most common types of delinquent behavior that *adolescence-limited offenders* engage in are vandalism, theft, and running away.

*Adolescent limited offenders* show little continuity in their antisocial behaviors over time, and they often display prosocial behavior in certain contexts (i.e. school, in the home environment) and antisocial behavior in others (Moffitt, 1993). Delinquent behavior is not prompted by psychopathology, deficient rearing environments, or cognitive/emotional deficits, and it subsides in late adolescence or in the early 20's for a variety of reasons, including weighing costs and benefits, moving (to another residential location), marriage, military involvement, career changes, and college acceptance. Some adolescents avoid this normative peak in delinquency for a variety of reasons, such as late pubertal onset, an early onset of adult-like roles, culture/religion, and lack of exposure to offenders to mimic (Moffitt, 1993).

*Life-course persistent offenders* are characterized by life-long antisocial problems and continuity in offending over time. *Life-course persistent offenders* begin their delinquent behavior early, often before adolescence (Moffitt, 1993). The motivation to engage in criminal behavior stems from early antisocial behavior and neuropsychological deficits. According to Moffitt (1993), most *life-course persistent offenders* are born with

neurological impairment, which then leads to cognitive and emotional deficits that worsen across time. These deficits develop because *life-course persistent offenders* are often born (with neuropsychological impairments) into disadvantaged, maladaptive families that lack the resources/responsiveness to promote healthy development (Moffitt, 1993). Consequently, this leads to poor mother-infant bonding, lack of school readiness, and lack of peer acceptance, which ultimately creates new cognitive and emotional deficits and worsens existing deficits. Lack of attachment to family, school, and prosocial peers often propels kids into a life of delinquency (Moffitt, 1993).

In adolescence, *life-course persistent offenders* commit more serious and fraudulent crimes than the *adolescence-limited offenders* in addition to the less serious crimes that are committed by the *adolescence-limited offenders*. In adulthood, these individuals often engage in drug abuse, reckless driving, spouse and child abuse/neglect, and they often suffer from psychiatric illnesses. Furthermore, *life-course persistent offenders* often commit violent assaults and suffer from homelessness in adulthood (Moffitt, 1993). Unlike the *adolescence-limited offenders*, *life-course persistent offenders* have difficulty changing their behavior because they do not have a repertoire of prosocial skills to draw from, and they lack crucial prosocial past experiences and relationships (Moffitt, 1993).

### **Further differentiation of trajectories of delinquency**

In a more recent study, Farrington, Moffitt, and Nagin (2006) investigated offending characteristics and risk factors associated with each of the following trajectories of delinquency: *non-convicted* (38%), *adolescence-limited* (17%), *high-level*

*chronic* (12%), and *low-level chronic* (33%) (Nagin & Land, 1993; Farrington, Moffitt, & Nagin, 2006). The theory for the *adolescence-limited trajectory* and the *chronic trajectories* (this term will be used for the remainder of this paper and can be compared to Moffitt's *life-course persistent trajectory*) were based on Moffitt's research (1993). The *chronic* or *life-course persistent offenders* were split into two groups, where the *high-level chronics* demonstrated higher rates of offending than the *low-level chronics*, but otherwise had similar characteristics and patterns of offending (see Table 1-1).

Results indicated that the *high-level chronics* had the highest conviction rates among the four groups. Interestingly, during adolescence, the *high-level chronics* and the *adolescence-limited* group exhibited similar behaviors and rates of delinquency. For instance, violent behavior, drug use, and sexual activity were most prevalent in the *high-level chronic* and *adolescence-limited* group from age 14 to 18 (Farrington et al., 2006). However, the *high-level chronics* and the *low-level chronics* exhibited more similarities in the areas of delinquency within the family, IQ, impulsivity, ADD, hyperactivity, school drop-out, poor childrearing, and low socioeconomic status during adolescence. Unlike the *adolescence-limited* group who displayed delinquency only during adolescence, the *high-level chronics* and *low-level chronics* displayed an increase in delinquent behavior around the age of 10, and the rate of these behaviors remained fairly stable across time into adulthood. In addition, the individuals in the *chronic* groups became labeled as "social failures" in adulthood, showing the highest levels of substance abuse, convictions, spousal/child abuse, financial instability, and unemployment (Farrington et al., 2006). Similar to the studies by Moffitt (1993), this study found evidence that the *chronic* group's offending continues into middle adulthood and possibly

across the life-span (see Table 1-1). Although research has indicated that *chronic offenders* often have lasting cognitive/emotional deficits, labeling this group as "social failures" and "life-long criminals" may further perpetuate delinquent behaviors and attitudes (Moffitt, 1993). Specifically, this added harm/perpetuation of antisocial behavior may stem from the fact that our agents of social change (i.e., teachers, police officers, social workers, etc.) tend to directly and/or indirectly stigmatize, exclude, expel, and/or imprison *chronic offenders*, without efficiently addressing/rehabilitating the delinquent individual's problems (this is the main premise of labeling theory) (Henry & Lanier, 2008).

Farrington and colleagues (2006) also compared the *adolescence-limited* group to the *non-convicted* or *non-delinquent* group. The *adolescence-limited* group had higher rates of divorce, aggression, and drug/alcohol abuse than the *non-convicted* group, despite the fact that rates of delinquency for the *adolescence-limited* group subsided in adulthood (Farrington et al., 2006). Some of the individuals in the *adolescence-limited* group faced convictions in adulthood, but the crimes that were committed were less severe and less frequent than the *chronic* group. It appears that the *adolescence-limited* group became more selective in the types of antisocial behavior they engaged in during adulthood. They acted in ways that did not jeopardize their familial bonds and employment status. Contrastingly, the *high-level* and *low-level chronic* groups lacked bonds to family, friends, and the work place, as well as the prosocial skills to create these bonds. Moreover, in regards to the desistance of all types offending, Sampson and Laub argue that individuals who are delinquent will only desist if they "have the good fortune" to face a positive and influential life event such as marrying a prosocial partner or joining



the military (Laub & Sampson, 2005). On the other hand, Moffitt would argue that the *chronic* groups lack the ability to desist from delinquent activity because early neuropsychological impairment, intensified by poor parent-infant bonding and a negative childrearing environment, lead to antisocial behavior and cognitive/emotional deficits which leave a lasting impact (Moffitt, 2005) .

Similar to Farrington and colleagues (2006) and other more recent research on trajectories of delinquency, Blokland and colleagues (2008) found five trajectories that described delinquency. The Pittsburgh Youth Study followed 3 cohorts of children over time (grades 1, 4, and 7); Blokland and colleagues (2008) utilized data from the youngest cohort, which was comprised of approximately 500 individuals from inner city Pittsburgh (Blokland et al., 2008). The *non-delinquent trajectory* ( 27.2%) demonstrated none to a few delinquent acts. A *minor persisting trajectory* (27.6%) demonstrated low levels of non-serious delinquency. A *moderate desisting trajectory* (6.8%) showed more serious types of delinquency during early adolescence that subsided by the end of adolescence. The *serious persisting trajectory* (24.2%) displayed serious types of delinquency that remained stable over time. Finally, the *serious desisting trajectory* (14.3%) was comprised of individuals who engaged in serious delinquency during mid-adolescence, but desisted from criminal behavior by age 20 (Blokland et al., 2008). The *moderate desisting* and *serious desisting trajectories* are similar to Moffitt's *adolescence-limited* group; the two groups refer to levels of offending that peaked during adolescence and declined by adulthood. The *serious persisting trajectory* is similar to the *chronic or life-course persistent trajectory* (see Table 1-1).

Blokland and colleagues explained that delinquency was associated with family functioning and attachment and that parenting style was found to be correlated with certain trajectories. For example, neglectful parenting (uninvolved, detached, dismissive) was associated with the *moderate desisting trajectory* and the *serious persisting trajectory*, while authoritarian parenting (strict, demanding, low warmth) was associated with the *serious desisting trajectory* (Blokland et al., 2008). These micro-level correlations were also found in other more recent studies. According to Coid and colleagues (2009), their study also illustrated that anti-establishment attitudes (which may have been learned/promoted in the home), poor family bonding, and low supervision were correlated with delinquency. Similarly, in a study by Boers and colleagues (2010), poor socialization, poor family bonding, and non-conformist attitudes were found to be correlated with delinquency (see Table 1-1). A lack of prosocial bonds in the home often lead to the development of violent peer relationships, academic failure, and the rejection of traditional paths to success, which further increase the likelihood that delinquency will occur.

### ***Chronic offenders***

The majority of the research on delinquency identifies risk factors that are associated with delinquency in general and to a lesser degree how risk factors are associated with greater likelihood of membership in a particular trajectory on average (as discussed above). Less is known about which risk factors or combination of risk factors, in particular, distinguish one trajectory of delinquency from another. Although this is a limitation to the research, a growing body of evidence suggests that *chronic offenders*

have a higher frequency and severity of the risk factors associated with delinquency in general (Coid et al., 2009), and they also possess a distinct set of risk factors that distinguish them from other offending trajectories (Conduct Problems Prevention Research Group, 1992; Patterson, Forgatch, Yoerger, & Stoolmiller, 1998; Bates et al., 2003). These distinct risk factors include the age at first arrest, early aggression, hyperactivity-impulsivity-inattention (HIA), conduct problems (CP), and/or conduct disorder (CD). CP refers to behaviors that are dishonest, disruptive, defiant, delinquent, and antisocial, while CD is a diagnosed psychological disorder marked by repetitive antisocial behavior, such as noncompliance, stealing, lying, running away, violence, cruelty, sexually coercive behavior, and constant conflict with others. CD often develops in 4-10% of children who display aggression, irritability, discipline problems, and HIA at the preschool age (Conduct Problems Prevention Research Group, 1992). Interestingly, the percentage of children who are diagnosed with CD (4-10%) is remarkably similar to the percentage of the population who are labeled *chronic offenders* (5-6%).

Longitudinal studies of adolescent delinquency have determined that an early age of first arrest is one of the strongest predictors of which individuals will become a chronic offender (DeBaryshe et al., 1989; Patterson et al., 1998; Bates et al., 2003). Researchers define “early arrest” differently, but the term can be broadly defined as an arrest around the age of 10. This characteristic of the *chronic offender* is illustrated in Debrah Capaldi’s Oregon Youth Study, which found a clear linkage among early antisocial behavior, early arrest, and chronic offending in a sample of 206, 9 and 10-year-old boys. Those who were highly antisocial at ages 9 and 10 were 13 times more likely to have an early arrest, and those who had an early arrest during pre-adolescence were 39

times more likely to become a *chronic offender* (Patterson et al., 1998). Contrastingly, *adolescence-limited offenders* had their first arrest in mid-late adolescence and desisted offending by age 20 (DeBaryshe et al., 1989; Moffitt, 1993).

In addition to the age at first arrest, persistent, high levels of aggression, HIA, and CP are the prevailing characteristics found among individuals who follow the *chronic trajectory*. These antisocial behaviors (i.e., aggression, HIA, CP, CD) can be found in children as young as 2-3, and there is evidence that they remain relatively stable across the lifespan. The stability and early presence of antisocial behavior was demonstrated in the Dunedin Longitudinal Study of 1,037 New Zealand children. Assessments at ages 2, 5, 6, 11, and 12 found that 5% of boys were rated highly antisocial by parent and teacher reports at each age (Moffitt, 1993). These results were congruent with the percentage of the population that Moffitt labels "*life-course persistent offenders*" due to constant antisocial behavior, cognitive/emotional deficits, and offending that persists across time. Therefore, Moffitt argued that it is most likely the same individuals comprising the 5% who were rated "highly antisocial" at each age of assessment (Moffitt, 1993). This study illustrates how a small percentage of highly antisocial youth can be identified early and tracked over time.

The stability and early presence of antisocial behavior were also found in a study by Bates and colleagues (2003). A cross-national, six-site, longitudinal study collected data from families in Canada, New Zealand, and the United States in order to examine the development of aggression and CP in childhood and adolescence. At age 5, kids were placed on one of 4 trajectories: *never violent* (14%), *chronically aggressive* (5%), *high aggression in adolescence only* (53%, *adolescence-limited*), and *low levels of aggression*

*in adolescence only* (28%). Results from this large-scale study found that aggression and CP in kindergarten were independently linked to violent and non-violent delinquency in adolescence (Bates et al., 2003). Additionally, results indicated that high levels of aggression/disruptive behavior in early childhood was one of the strongest predictors of criminality in adolescence and adulthood. Across all six sites, the chronically aggressive demonstrated stable levels of physical aggression over time, and they remained on the *chronically aggressive trajectory* (Bates et al., 2003). Those who were labeled *chronically aggressive* displayed their highest level of physical aggression in kindergarten, providing evidence that these at-risk individuals can be identified early for intervention.

Along with aggression and conduct problems, extant research has included HIA as a risk factor for future delinquency (Farrington et al., 2006). Furthermore, higher levels of HIA, in combination with aggression, often lead to CD. According to Lynam (1998) and Coid and colleagues (2009), a diagnosis of CD in early childhood may distinguish who will be *chronic offenders* from individuals who will become *adolescence-limited offenders*. This finding is supported in Moffitt's research on *life-course persistent* and *adolescence-limited offenders*. One key distinction that Moffitt made between these two groups was that the *life-course persistent (chronic offenders)* had more severe neuropsychological deficits. The Dunedin Longitudinal Study revealed that neuropsychological deficits are linked to antisocial behavior, which remain stable over time and act as a fundamental cause of CD (Moffitt, 1993). The boys who exhibited both conduct problems (i.e., aggression) and HIA exhibited neuropsychological deficits, did worse on tests of verbal and executive functioning, and had more persistent

behavioral problems in comparison to the New Zealand boys with HIA alone or the boys with aggression alone (Moffitt, 1993). A study by Magnusson and colleagues (1998) found similar results in their study that followed over 1,000 Swedish boys and girls from ages 10-26. It was found that 58% of the HIA and CP group committed a criminal offense in comparison to 28% of the individuals who only suffered from CP and 16% of individuals in the comparison group (Lynam, 1998). This combination of CP, HIA, and a diagnosis of CD places individuals at the highest risk because of an additive effect (when the total effect is the sum of the individual effects). Children with more severe, frequent, and varied antisocial behavior commit delinquent acts in multiple settings, have an earlier age of onset, and are more likely to develop psychopathy in adulthood – which are all strong predictors of chronic offending (Lynam, 1998).

### ***Late-onset offenders***

Not only has more recent research uncovered additional delinquency trajectories, it has also highlighted a *late-onset offender* group that bears certain similarities to the *chronic offender* group but is unique in that they do not begin their offending until early adulthood. For example, the Crime in Modern City Study followed 3,411 7th graders from an industrial city in west Germany from 2002 until 2009 and found evidence of a *late-onset* group of offenders (Boers, Mariotti, Reinecke, & Seddig, 2010). *Late-onset offenders* (5%) began their criminal careers at age 16, and then their delinquent behavior increased into adulthood. (see Table 1-1).

Evidence of a *late-starter* (or late-start offender group) was also found in a study of 4,470 10-17-year-olds that were convicted at least once from Queensland, Australia

(Allard, Livingston, Ogilvie, & Steward, 2008). The *late-starters* or *late-onset moderate offenders* accounted for two thirds of this population; they were characterized by offending that began in late adolescence and careers that increased into early adulthood (Allard et al., 2008). Unfortunately, this study did not follow its participants into adulthood, and therefore, little is known about adult offending (see Table 1-1).

In order to further analyze trajectories of delinquency and investigate the distinction between the *chronic offenders* and *late-onset offenders*, the Cambridge Study of Delinquent Development followed 411 south London boys from age 8 to age 48 (Coid, Farrington, & Ttofi, 2009). This study identified four trajectories: *non-offenders*, *adolescence-limited offenders* (convicted only at ages 10-20), *persistent offenders* (convicted at both ages 10-20 and 21-50, comparable to *chronic offenders/life-course persistent offenders*), and *late-onset offenders* (convicted only at ages 21-50) (Coid et al., 2009). During childhood and mid-adolescence, the *non-offenders'* delinquent activity is similar to the *late-onset offenders'*. However, the *late-onset offenders* tend to be more nervous and less social, and they are more likely to have less success with academics and employment across the life-span. During late-adolescence and adulthood, *late-onset* and *persistent offenders'* delinquent activity is similar (Coid et al., 2009).

Coid and colleagues (2009) found that *persistent offenders'* and *late-onset offenders'* adult delinquency was correlated with substance abuse during adolescence, hyperactivity during childhood, low peer acceptance, and harsh, inconsistent parenting (see Table 1-1). What seems to distinguish these two groups in adulthood is that *persistent offenders* were more violent/aggressive during their youth, lead the most unsuccessful lives during adulthood, and had more risk factors present in their lives (Coid

et al., 2009). For instance, *persistent offenders* had high levels of family disruption, the lowest IQs, lowest levels of school achievement, and higher levels of hyperactivity, lying, and impulsivity. Importantly, these risk factors are the same risk factors associated with the *late-onset delinquents'* offending. However, these risk factors (if present) were present to a lesser degree in the lives of the *late-onset* group (Coid et al., 2009). Boers and colleagues (2010) also emphasize the importance of positive bonds to family, peers, and school. Their study showed that delinquency was correlated with a lack of these prosocial bonds. This may be due to the fact that prosocial bonds play a large role in socialization, provide supervision, and have the potential to promote traditional values. Similarly, Blokland and colleagues (2008) found evidence for the correlation between family dysfunction, poor attachment, and negligent or authoritarian parenting and delinquency (see Table 1-1).

Coid and colleagues (2009) hypothesize that nervousness, withdrawn personality, neuroticism, and some peer/familial relationships prevented *late-onset offenders* from high levels of delinquency during early and mid-adolescence. Accumulating academic and employment failure, along with neurotic, nervous personality, may have caused *late-onset offenders* to begin their delinquency in early adulthood (Coid et al., 2009). However, more research is needed on the characteristics that distinguish the late-onset offenders from the other trajectories of offending. This study showed that the number, severity, and type of risk factors were significant predictors of which path an individual is likely to follow.



Researchers	Trajectories	Key Findings	Risk Factors
Moffitt (1993)	<p><i>Adolescence-limited</i></p> <p><i>Life-course persistent</i></p>	<p>There are no <i>late-onset offenders</i>.</p> <p>Delinquency displayed by <i>adolescence-limited offenders</i> is normative among adolescents.</p> <p><i>Life-course persistent (chronic offenders)</i> display antisocial behavior and adjustment problems during toddlerhood and throughout the life-span.</p>	<p><i>Life-course persistent offenders (chronic offenders)</i> lack the ability to desist from crime because early neurological impairment, intensified by poor parent-infant bonding and negative child-rearing environments, creates life-long cognitive and emotional deficits.</p>
Farrington, Moffitt, & Nagin (2006)	<p><i>Non-convicted</i></p> <p><i>Adolescence-limited</i></p> <p><i>Low-level chronic</i></p> <p><i>High-level chronic</i></p>	<p>Evidence was found for <i>adolescence-limited</i> and <i>chronic offenders</i> (similar to Moffitt's <i>life-course persistent offenders</i>).</p> <p><i>Adolescence-limited offenders</i> showed some adjustment and mental health issues into adulthood.</p> <p>This study split the <i>chronic</i> group into two subgroups, according to offending rates.</p> <p>Similar to the studies by Moffitt (1993) and Coid and colleagues (2008), this study found that the <i>chronic</i> group's offending continues into middle adulthood and possibly across the life-span.</p>	Not Examined

<p>Blokland, Dubas, Gerris, Hoeve, Loeber, &amp; van der Laan (2008)</p>	<p><i>Non-delinquent</i> <i>Minor persisting</i> <i>Moderate desisting</i> <i>Serious persisting</i> <i>Serious desisting</i></p>	<p>The <i>moderate desisting</i> and <i>serious desisting trajectories</i> are similar to Moffitt's <i>adolescence-limited</i> group; the two groups refer to levels of offending that peaked during adolescence and declined by adulthood.</p> <p>The <i>serious persisting trajectory</i> is similar to the <i>chronic</i> or <i>life-course persistent trajectory</i>.</p>	<p>This study showed that delinquency was correlated to family functioning, parenting style and attachment.</p> <p>These correlations were among those found in the studies by Coid and colleagues (2009) and Boers and colleagues (2010).</p>
<p>Boers, Mariotti, Reinecke, &amp; Seddig (2010)</p>	<p><i>Non-offenders</i> <i>Low-level</i> <i>Adolescence-limited</i> <i>Early declining offenders</i> <i>Persistent offenders</i> <i>Late-onset</i></p>	<p>The <i>late-onset</i> group in this study demonstrated delinquent behavior that began around age 16, and increased steadily into adulthood</p> <p>This finding, regarding the <i>late-onset</i> group, is similar to the results presented in the studies by Allard and colleagues (2008) and Coid and colleagues (2009).</p> <p>The persistent offenders are similar to Moffitt's <i>life-course persistent offenders</i>.</p> <p>The <i>early declining offenders</i> are similar to <i>adolescence-limited offenders</i>, except they exhibited their peak in delinquency at an earlier age (13).</p>	<p>Researchers indicate that delinquency is correlated with hedonistic values, nonconformist attitudes, low socialization, low supervision, delinquent peers/family members, poor family bonding, and low school attachment.</p> <p>Some of these risk factors were also found in the studies by Coid and colleagues (2009) and Blokland and colleagues (2008).</p>

<p>Allard, Livingston, Ogilvie, &amp; Steward (2008)</p>	<p><i>Early peaking moderate Chronic Late-onset moderate</i></p>	<p>The <i>early peaking moderate offenders</i> can be compared to Moffitt's <i>adolescence-limited offender group</i> (1993).</p> <p><i>Similar</i> to the studies conducted by Coid and colleagues (2009) and Boers and colleagues (2010), this study found evidence for a <i>late-onset</i> offender group.</p> <p>This study did not follow its participants into adulthood. Therefore, little is known about adult offending.</p>	<p>Not Examined</p>
<p>Coid, Farrington, &amp; Ttofi (2009)</p>	<p><i>Non-offenders Adolescence-limited Persistent Late-Onset</i></p>	<p>This study was unique in that it followed its participants to age 48.</p> <p>This broader perspective showed that offending continued into mid-adulthood for <i>persistent (chronic)</i> and <i>late-onset offenders</i>.</p>	<p><i>Persistent</i> and <i>late-onset offenders'</i> adulthood delinquency was correlated with substance abuse during adolescence, hyperactivity during childhood, peer rejection, and harsh, inconsistent parenting.</p> <p>This study showed that the <i>chronics</i> lead the most unsuccessful lives during adulthood; and that this group's offending was characterized by higher levels of violence/ aggression, hyperactivity, lying, and family disorganization, as well as lower IQs and</p>

			<p>levels of academic success.</p> <p>Poor socialization, family disorganization, familial bonding and academic success were also found to be correlates in the study by Boers and colleagues (2010).</p> <p>Family functioning and attachment were found to be correlated with delinquency in research by Blokland and colleagues (2008).</p>
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Table 1-1: Summary of Research on Trajectories of Delinquency

## Conclusion

Current research on the trajectories of delinquency identifies 4-6 trajectories (Farrington et al., 2006; Allard et al., 2008; Blokland et al., 2008; Coid et al., 2009; Boers et al., 2010). Overall, researchers indicate that there is a *low rate* or *non-offending* group, a *moderate but declining* or *adolescence-limited* group, a *high rate* or *chronic* group, and a *late-onset* group. The *low rate* or *non-offending* group displays few to no acts of delinquency throughout the life-span. The *moderate but declining* group is similar to Moffitt's (1993) *adolescence-limited* trajectory, and the *high rate* or *chronic* group is similar to Moffitt's *life-course persistent* trajectory. The *moderate but declining* or *adolescence-limited* group and the *high rate (chronic)* group, along with the more recently incorporated *late-onset* group, are found in almost all of the research on

trajectories of delinquency. Variation in the research lies in the remaining trajectories that are identified in a particular sample. For instance, Farrington, Moffitt, & Nagin (2006) found the *chronic* group could be split into two groups based on the rates of offending (i.e., low and high), while Blokland and colleagues (2008) found that the *adolescence-limited* group could be split into two groups based on the age in which delinquency peaked during adolescence. Similar to the Blokland study (2008), Boers and colleagues (2010) found an early declining group along with an *adolescence-limited* group, where the *early decliners* peak in the beginning of adolescence rather than the middle of adolescence (like the *adolescence-limited offenders*).

Variation also lies in the risk factors associated with each level of offending and how the risk factors interact to lead to delinquent behavior. Despite this variation, researchers have consistently identified the following risk factors associated with delinquency in general: poor family functioning/delinquency (Blokland et al., 2008; Coid et al., 2009; Boers et al., 2010), neglectful or abusive parenting, harsh and inconsistent discipline (Blokland et al., 2008; Coid et al., 2009), poor attachment (Blokland et al., 2008), hedonistic values, nonconformist attitudes, low socialization, low supervision, and low school attachment (Coid et al., 2009; Boers et al., 2010), hyperactivity during childhood, substance abuse during adolescence, and peer rejection (Allard et al., 2008; Coid et al., 2009). The study by Coid and colleagues (2009) found that the *chronic offenders* had a higher frequency and severity of risk factors (i.e., hyperactivity, academic failure, poor attachment, family disorganization) than other offending groups, which may explain why they lead the most unsuccessful lives and committed the highest rates of offending (Coid et al., 2009). In addition, the *chronic offenders* are more likely to exhibit

HIA, CP, and/or CD during the preschool years and have their first arrest around the age of 10 (Patterson et al., 1998; Bates et al., 2003).

Along with the identification of risk factors, it is important to understand the concepts of multifinality and equifinality. Multifinality explains that one particular risk factor can lead to multiple outcomes, while equifinality explains that multiple risk factors can lead to one particular outcome. For example, according to multifinality, a child with severe hyperactivity and impulsivity can lead of life free of delinquency while another child with severe hyperactivity and impulsivity could spiral into a life of persistent delinquent behavior. According to equifinality, one individual may have a neurological impairment while another may have severe conduct problems, yet both could become *chronic offenders*. To further understand the interaction of risk factors and the developmental process which may result in multifinality and equifinality, the next section of this literature review will address two leading models of delinquency development.

### **Models of delinquency development**

In this section, I will discuss two models of delinquency development. These models do not specify the processes that keep an individual on one trajectory versus another. Rather, they provide insight into the process of how risk factors interact and cascade across time, resulting in delinquent behavior. First, Patterson and colleagues' (1989) developmental model of antisocial behavior will be discussed. This model acts as a theoretical foundation for other researchers' models of delinquency, as well as the basis for leading intervention and delinquency prevention programs (Conduct Problems Prevention Research Group, 1992; Reid, 1993). The developmental model of antisocial

behavior suggests that the developmental pathway to chronic delinquency is fairly predictable; antisocial behaviors at one stage of development evoke negative reactions from the child's environment, which in turn reinforce the child's behaviors at the next stage in development. Moreover, the consequences of antisocial behavior at one stage in development carry over into subsequent stages of development, resulting in problems that cascade across childhood and into adulthood (DeBaryshe et al., 1989).

The second model that will be described is the Social Development Model (SDM) that was posited by Hawkins and Catalano. The SDM seeks to explicate the development of antisocial and criminal behavior (Catalano & Hawkins, 1996). The model theorizes that all types of behavior develop from the same processes of learning and socialization. The premise of the SDM is that past behavior affects future attitudes and patterns of behavior. Behavioral outcomes arise from an interaction between social, biological, and psychological factors. Delinquent behavior, therefore, arises from an interaction between social, biological, and psychological risk factors that are located in the environment (the family, the school, the community, etc.). Contrastingly, prosocial behavior is more likely to occur when there are protective factors (things that buffer the negative influence of risk factors) present in the individual's environment (Catalano & Hawkins, 1996).

### **Developmental model of antisocial behavior**

Patterson and colleagues' (1989) developmental model of antisocial behavior focuses on the development and maintenance of conduct problems as the pathway to delinquency. The model posits that risk factors (for delinquency) have a stronger impact on those who are predisposed to antisocial behavior. Those who are predisposed to

antisocial behavior include those who are born with difficult temperaments (i.e., irritable, emotional, and fussy with irregular sleeping and eating patterns) and/or cognitive deficits (DeBaryshe et al., 1989; Moffitt, 1993). Although aggression, hyperactivity-impulsivity-inattention (HIA), conduct problems (CP), and conduct disorder (CD) are commonly identified risk factors for the highest levels of delinquency, not all youth with these risk factors develop delinquent behavior. Rather, it is the interaction of these behaviors with a particular set of risk factors that increases the likelihood of delinquency (DeBaryshe et al., 1989). Such risk factors include: poor attachment to parents, low parental supervision, harsh and inconsistent punishment, exposure to violence, disruptive family functioning, low socioeconomic status, poor/high-crime neighborhoods, deviant peer groups, and poor school achievement (DeBaryshe et al., 1989; Coid et al., 2009; Boers et al., 2010).

The preschool years act as the basis for Patterson and colleagues' (1989) developmental model of antisocial behavior. Individuals who demonstrate antisocial behavior during this early period in the life-span are often from families that are characterized by high stress, social/economic disadvantage, instability, and antisocial or abusive parents. Stressful, disadvantaged conditions in the child's home environment may lead parents to demonstrate poor parenting skills. Children with difficult temperaments, in particular, increase the amount of stress in the home because they make parenting/disciplining more difficult. Unskilled parents dealing with stressful living conditions resort to punishment that is harsh and inconsistent, and they often begin to provide less supervision. Consequently, poor parenting skills reinforce the child's negative behaviors and promote the expression of antisocial predispositions (DeBaryshe



et al., 1989). The effect of environmental conditions on antisocial behavior is mediated through poor parenting, low supervision, and harsh, inconsistent punishment (DeBaryshe et al., 1989). The association between exposure to violence, disruptive family functioning, low socioeconomic status, poor/high-crime neighborhoods, deviant peer groups, and poor school achievement and antisocial behavior can be explained by poor parenting, low supervision, and harsh, inconsistent punishment.

Not only does poor parenting reinforce antisocial behaviors, it inhibits the growth of self-regulation, socio-emotional skills, prosocial skills, and intellection stimulation. The growth of these skills is crucial to "academic survival" (i.e., attendance, focus, participation, etc.) and the development of one's first prosocial relationships in preschool and kindergarten (DeBaryshe et al., 1989). Specifically, aggressive children, who lack self-regulation, prosocial skills, and school readiness, are frequently rejected by their peers early on and have difficulty learning/complying with school rules. In turn, the consequences of peer and school rejection begin to accumulate as the child gets older. This often leads to school failure, decreased attachment from his/her parents, peer rejection, and resentment of the rules, goals, and values of institutions (DeBaryshe et al., 1989; Conduct Problems Prevention Research Group, 1992). Internally, the child develops a negative self-concept and becomes on track for school dropout. Furthermore, high-risk kids often attend schools with higher concentrations of high-risk kids and lower concentrations of resources. High-risk kids form peer groups amongst themselves, promoting an environment conducive to conduct problems and delinquency. In time, teachers begin to respond in ways similar to the child's parents and peers, causing the

school environment to further alienate the child and reinforce antisocial behavior (DeBaryshe et al., 1989; Reid, 1993).

During early adolescence, the criminal career of high-risk youth begins. This period of added freedom, access to drugs/alcohol, and increased deviant opportunity leads to more frequent criminal offending, substance abuse, and early arrests. These events alienate chronic offenders from the mainstream culture and institutions, such as, school, mental health facilities, and government agencies. Lack of appropriate attention at school and in the home, along with an extensive history of school failure and peer/parental rejection further maintains this problematic behavior (DeBaryshe et al., 1989; Conduct Problems Prevention Research Group, 1992).

### **Social development model**

As introduced earlier, Hawkins' and Catalano's Social Development Model (SDM) model posits that children's behaviors are determined by the way they were socialized. Socialization promotes certain patterns of behavior, which then influence future behavior. Specifically, children are socialized by socializing agents (family members, school teachers, peers, religion, etc.) to either be prosocial or antisocial. Socialization is a set of learning processes that involve four constructs: 1) one's perception of available activities and interactions, 2) the extent of one's involvement in the activities or interactions, 3) the cognitive and behavioral skills to successfully participate in these activities and interactions, and 4) the type of reinforcement that is perceived from one's performance in each of these activities and interactions (Catalano & Hawkins, 1996).

When there is consistency among the four previously mentioned constructs, a bond develops between the individual and that particular socializing agent. More specifically, a bond develops when an individual consistently recognizes a particular activity or interaction, has an extensive involvement in the activity or interaction, has the skills necessary to participate in the activity or interaction, and receives positive feedback from his/her participation. This bond becomes strong enough to influence future behavior because the individual internalized that social agent's norms, values, and patterns of thought/behavior (Catalano & Hawkins, 1996). Therefore, if an individual becomes bonded to antisocial family members, peers, or institutions, he/she is likely to act antisocially in the future because those behaviors are most congruent with his/her internal norms and perceived opportunity/rewards. In addition, the individual develops (emotionally, socially, cognitively, and behaviorally) in ways that maintain the orientation he/she was socialized into. Sometimes, individuals experience prosocial and antisocial bonds. When prosocial bonds outnumber antisocial bonds, a prosocial orientation develops, but when antisocial bonds outnumber prosocial bonds, an antisocial orientation develops (Catalano & Hawkins, 1996).

The SDM encompasses the four main periods of development (preschool, elementary school, middle school, and high school) because each period poses distinct socializing contexts, interactions, and agents. The individual's position within social structures, physiology, and external constraints also influence each period of development (Catalano & Hawkins, 1996). In order to illustrate how risk factors, protective factors, and socializing agents interact during a particular period of development, I will briefly describe the process that occurs during the preschool years. I

chose to discuss the preschool years because this time period sets the foundation for future cognitive/emotional growth, academic success, peer interaction, and behavioral tendencies. Furthermore, as discussed previously, aggression and the presence of certain risk factors, such as HIA, CP, and CD, become pronounced at this age and are highly predictive of delinquency during adolescence (Patterson et al., 1998).

During the preschool years, a child's gender, his/her parents' educational level, socioeconomic status, and race influence his/her positioning within social structures. If the child's parents have poor interpersonal skills and lack educational/financial resources, the child's cognitive development may suffer. Subsequently, poor cognitive development increases the likelihood of academic failure and future psychopathology. This likelihood is amplified if the child encounters certain exposures (i.e., smoke, drugs, toxins, alcohol, etc.) prenatally, was born prematurely, was genetically predisposed to certain mental illnesses, or has a negative temperament. Each of these factors has the potential to affect skill development and social interactions (Catalano & Hawkins, 1996).

The preschool-aged child's opportunity for involvement and growth is primarily influenced by the number of caregivers and siblings, as well as the supervision and attention the child is provided. The nature and extent of interaction with prosocial caregivers determines what type of skills the child will learn and how he/she will develop cognitively, emotionally, and socially (Catalano & Hawkins, 1996). These interactions also affect the opportunities that are perceived by the child. Furthermore, perceived opportunities are impacted by the type of reinforcement that is given for a particular behavior. If the child seeks a particular opportunity and is reinforced, he/she is likely to develop the skills and internal norms that maintain those behaviors. For instance, if a

young child hits his/her sibling for the purpose of taking the sibling's toy, the young child must receive consequences for the inappropriate behavior. If the parent or caregiver does not punish the child for his/her inappropriate behavior, the child will not practice or learn prosocial behaviors (e.g., empathy, sharing, self-regulation). Instead, the child will learn that aggression, impulsivity, and selfishness are acceptable and lead to skewed perceptions of reward. Preschool-aged children need clarity, consistency, and monitoring/reinforcement to learn that rewards do not come from bad behavior.

When preschool-aged children do not master basic prosocial behavior and self-regulation, they enter the next period of development (elementary school) with below average cognitive and emotional skills, and possibly the early symptoms of CD, HIA, and learning disorders. It will be more difficult for these children to learn and enjoy school, make prosocial friendships, and maintain positive familial bonds. In addition, these children (who have not mastered prosocial behavior and self-regulation) may find it more difficult to perceive prosocial interactions/activities, build a repertoire of prosocial experiences, develop the skills to participate in positive interactions/activities, and consistently receive positive reinforcement during the elementary school and subsequent period of development. Ultimately, bonding to antisocial socializing agents (rather than prosocial socializing agents) is more likely to occur, resulting in a higher probability of delinquent behavior during adolescence (Catalano & Hawkins, 1996).

### **Commonalities among the models of delinquency**

Patterson and colleagues' (1989) developmental model of antisocial behavior focuses on the early development of antisocial behavior, and how that behavior is

maintained (across time) in the home, school environment, and peer network. The model emphasizes the lasting impact that past events/behaviors have on future events/behaviors. Shifting focus slightly, the SDM focuses on the process of socialization and how an individual is socialized to behave in specific ways that are often maintained across time (Catalano & Hawkins, 1996).

Although each model has its own distinct features, they both share common elements. Both models take a holistic, developmental perspective that incorporates biological, psychological, and environmental variables. Moreover, both models integrate risk factors from multiple levels of the environment including the individual, family, peers, school, and neighborhood. These risk factors interact and build off each other across time, creating a cascading effect (as elaborated on in the description of the developmental model of antisocial behavior). Finally, the importance of early prosocial socialization, parental skill/supervision, and prosocial bonds is emphasized as key components to healthy development (Conduct Problems Prevention Research Group, 1992; Catalano & Hawkins, 1996). An understanding of how/when delinquency develops and what deters it or perpetuates it over time, as is presented in these two models, is crucial in order to develop and implement effective interventions

## **Conclusion**

Over the past century, theories of causation have evolved from classical theories, such as routine activities and rational choice, to positive theories of delinquency and developmental and life-course theories of development. Positive theories emphasize the biological, psychological, and sociological factors that influence an individual's criminal

behavior, while developmental and life-course theories frame development as a process that is influenced by multiple variables, beginning at birth and continuing throughout the life-span (Agnew & Cullen, 2002; Etchison, 2005; Henry & Lanier, 2008). A complimentary perspective on delinquency development emphasizes the identification of distinct trajectories of delinquency across the life-span.

These trajectories of delinquency identify patterns of offending, as well as risk factors associated with particular types of offending. However, the trajectories do not explain the processes by which delinquency develops. Rather, these processes are explained by models such as Patterson and colleague's (1989) developmental model of antisocial behavior and Hawkins and Catalano's Social Development Model (1996). Examining the theories of delinquency causation, the trajectories of offending, and the models of delinquency development provides a more complete perspective of juvenile delinquency, rather than focusing only on one aspect of delinquency.

## **Relationships Between Youth Delinquency and Intimate Partner Violence**

One of the main goals of this literature review was to investigate the connection between IPV and delinquency. Finding a connection between these two bodies of research provides useful knowledge because it helps distinguish the type of children who are likely to become IPV perpetrators in adulthood. Furthermore, finding a connection may help researchers understand whether the children with an increased likelihood of becoming an IPV perpetrator are also at risk for becoming delinquent adults. With this knowledge, interventions could be implemented to target at-risk individuals and possibly lower IPV and delinquency prevalence rates simultaneously. I will begin by discussing the similarities across the youth delinquency and IPV theories of causation. Next, specific trajectories of offending (the *chronic offenders* and the *late-onset offenders*) will be connected with particular risk factors for adult IPV perpetration. Finally, I will describe which trajectories of offending resemble which particular subtype of perpetrators.

### **Theory**

After reviewing the main theories of IPV and delinquency causation, several commonalities have become evident. IPV and delinquency appear to have similar biological, psychological, ecological, and cultural theories of causation. First, biological theories indicated that domestically abusive and delinquent behavior may be explained by



genetics/heredity and/or neurological/cognitive impairment. These impairments may directly cause aggression and inappropriate behavior or they may impede the development of prosocial behavior and cognitive/emotional skills (Baker et al., 1998; Binder, 1988; Raine, 2002). Second, personality disorders, psychopathy, and social learning theory are psychological theories that help explain both IPV and delinquency. These psychological theories emphasize the correlation between certain types of personality or psychopathic behavior and antisocial behaviors, such as the perpetration of IPV or delinquency. In addition, social learning theory posits that processes of normalization and positive reinforcement may cause and maintain problematic behavior (Caspi et al., 1995; Bell & Naugle, 2008; Henry & Lanier, 2008; Akers, 2009). Third, certain theorists of IPV and delinquency emphasize the type of culture in which the behavior is most likely to occur. Feminist theories of IPV explain that violence against women is more frequent and accepted in patriarchal nations (Bancroft, 2003; Domestic Abuse Intervention Programs, 2011), while social disorganization of crime posit that the culture within a community can lead to delinquency. Specifically, characteristics such as ethnic heterogeneity, low socioeconomic status, and high residential mobility prevent community social organization, leading to disorganization and an environment conducive to crime (Groves & Sampson, 1989). Finally, ecological/developmental theories are the main focus of current research on IPV and delinquency; the holistic perspective of these theories strives to incorporate multiple levels of influence (i.e., the individual, relationships, the community, society), as well as the micro and macro-level risk factors that impact behavior (Bronfenbrenner, 1992; Agnew & Cullen, 2002; World Health Organization, 2004).

The similarities found between these two bodies of literature (IPV and delinquency) suggest that the same origins, processes, and risk factors may lead to the development of domestically violent behavior and delinquent behavior. Therefore, the two bodies of research may be more similar than assumed. Studying the causes of juvenile delinquency may provide new insight and enhance the research on IPV (and vice versa). This piece of information is crucial because interventions that target these particular origins (i.e., biological, psychological, ecological, cultural), processes (e.g., social learning theory), and risk factors may ameliorate certain aspects of juvenile delinquency and IPV simultaneously.

### ***Chronic offenders, late-onset offenders, and IPV***

Not only are there similarities among the theories that help explain the development of delinquency and IPV, but extant research suggests that there is a connection between the *chronic offender trajectory* and the perpetration of IPV. Furthermore, there may be a relationship between the *late-onset trajectory* and the perpetration of IPV. Developmental studies of delinquency trajectories suggest that the offenders of these two trajectories are most likely to report abusing their wives during adulthood (Brown et al., 2003; Farrington et al., 2006; Hawkins et al., 2007). For instance, Hawkins and colleagues (2007) conducted a study on delinquency using data from the Seattle Social Development Project and found that 27% of the *chronic offenders* and 26% of the *late-onset offenders* went on to perpetrate IPV during adulthood. Consistent with Patterson and colleague's developmental model of antisocial behavior (1989) and Hawkins and Catalano's Social Development Model (1996), the study

demonstrated that the most salient predictor of later delinquency was an early history of youth violence and aggression. This finding emphasizes the importance of intervening early and targeting high-risk groups, such as those who exhibit patterns of behavior in line with the *chronic offenders* and the *late-onset trajectories*. This finding also highlights the need to conduct more research on the *late-onset offender trajectory* (because they are more difficult to identify early), which is characterized by little offending throughout childhood and adolescence and high, and consistent levels of offending during late adolescence and into adulthood. This trajectory has been identified by more recent research on delinquency and is beginning to be studied in conjunction with IPV (Hawkins et al., 2007; Allard et al., 2008).

Using data from the Cambridge Study of Delinquency Development, Farrington and colleagues (2006) similarly found that the majority of *high-level* and *low-level chronic offenders* reported hitting their wives and having marriages that were marked by high levels of conflict (Farrington et al., 2006). Contrastingly, the *adolescent-limited offenders* who continued to engage in a few delinquent activities during adulthood did not commit acts that jeopardized their relationships with family, friends, and employers (Farrington et al., 2006).

Not only is there evidence that *chronic offenders* and *late-onset offenders* are more likely to engage in IPV than other types of offenders, but research also suggests that multiple risk factors associated with high levels of delinquency have been found to be common risk factors of IPV perpetration (Moffitt, 1993; Catalano & Hawkins, 1996; Brown et al., 2003; Farrington et al., 2006; Hawkins et al., 2007). For example, Moffitt (1993) explained that *life-course persistent offenders* display antisocial behavior

throughout the life-span, which often manifests into adulthood problems such as IPV, as well as child abuse/neglect, homelessness, drug abuse, recklessness, and unemployment. Temperament, poor cognitive/emotional skills, delinquency within the family, poor family bonding, low socioeconomic status, harsh/inconsistent parenting, psychopathy, and personality disorders were found to be most significant predictors of the *life-course persistent offenders*. Correspondingly, these risk factors are also common risk factors for IPV perpetration (Beatty et al., 1993; Cogan et al., 2004; Hawkins et al., 2007; Lussier et al., 2009; Moffitt, 2009).

Using data from the Children in the Community Study (a longitudinal study that followed 821 kids from upstate New York for 20 years), Brown and colleagues also found supporting evidence for the link between delinquency and IPV risk factors. Results suggested that individuals with CD were seven times more likely to perpetrate IPV during adulthood. As discussed previously, CD often develops in children with difficult temperaments, early neuropsychological deficits, hyperactivity, impulsivity, and/or aggression, and is an important predictor of *chronic offenders* (Lynam, 1998). Coinciding with Moffitt (1993), the study also found that low socioeconomic status, exposure to IPV during childhood, familial bonding, and harsh, inconsistent punishment were associated with the perpetration of IPV (Brown et al., 2003).

### **Typologies of perpetrators and trajectories of delinquency**

As I previously discussed, there is a great deal of evidence linking the risk factors for high levels of delinquency with the risk factors for IPV; however, it is unclear why

some perpetrators of IPV have no history of delinquent behavior or aggression and appear to have few to no risk factors for becoming an abuser. It is also uncertain why some highly delinquent individuals do not perpetrate IPV. The previously discussed concepts of equifinality/multifinality may explain these variations in developmental starting points and behavioral outcomes. These ambiguities emphasize the importance of examining the IPV literature in conjunction with the delinquency literature. In particular, the research on the typologies of perpetrators may provide some insight into what type of perpetrators are/were delinquent and which type of offenders are likely to batter women. However, because much of the IPV typology research is based on western populations, one must keep in mind that perpetrators from western populations may display different levels of offending and different characteristics due to cultural differences (i.e., differences in laws, norms, religion, etc.). Therefore, the links between IPV typologies and delinquency trajectories discussed below should be interpreted with caution and should not be generalized to non-western populations.

As discussed previously, the three typologies of perpetrators most commonly found in western populations include: family-only perpetrators (50%), dysphoric/borderline perpetrators (25%), and the violent/antisocial perpetrators (25%). The family-only perpetrators commit acts of IPV within the home environment. They often have no history of delinquency, and they have few familial and psychological risk factors for IPV perpetration (Holtzworth-Munroe & Stuart, 1994). This subgroup of offenders appears to be most like the *non-offending trajectories* because they demonstrate almost no delinquent behavior and have few to no familial and psychological risk factors for delinquency development or IPV perpetration. Therefore, the behavior of these

offenders may be better explained by feminist and cultural theories of causation. The dysphoric/borderline perpetrators engage in more severe types of IPV than the family-only perpetrators (i.e., psychological and sexually abusive tactics). These men commit some acts of delinquency outside of the home, and they display certain personality/psychological risk factors for IPV perpetration (i.e., suspiciousness, impulsivity, hypersensitivity, emotionally volatile, etc.). Also, these men have more conservative attitudes regarding sex-roles. These personality characteristics and patterns of offending bear similarity to the *late-onset offender trajectory* because this group of offenders is most likely to begin delinquent/antisocial behavior in adulthood, and they are most likely to display psychological risk factors (i.e., nervousness and neuroticism, and difficulty with peer/familial relationships) (Coid et al., 2009). The third subgroup of offenders is the violent/antisocial perpetrators, who also engage in moderate to severe types of abuse. These men have the most childhood risk factors, an extensive criminal history, and engage in high levels of violence outside of the home as well. In addition, this group is the most likely to suffer from personality disorder and psychopathology (Holtzworth-Munroe & Stuart, 1994; Button & Tweed, 1998; Fowler & Westen, 2011). The history of offending, childhood/environmental risk factors, and cognitive characteristics of the violent/antisocial perpetrators resemble those of the *chronic offenders*.

The correlation between personality disorders and IPV was examined further in a study conducted by Cohen and colleagues (2006). Results suggested that perpetrators with Cluster A personality disorders (mistrust of others, suspiciousness, distortions in cognition, hostility, hyper vigilance, combative, controlling) had an increased likelihood

of perpetrating IPV during adulthood. These perpetrators not only scored high on measures of these symptoms during adulthood, but they also demonstrated elevated scores ten years earlier (Cohen, Ehrensaft, & Johnson, 2006). Cluster B personality disorders include symptoms such as lack of self-regulation, antisocial behavior, and aggression. These personality disorders were associated with the most severe types of IPV. This finding is consistent with the correlation between antisocial/violent perpetrators and the *chronic offenders*, who are most likely to suffer from Cluster B personality disorders (Brown et al., 2003; Cohen et al., 2006). Cluster C personality disorders include self-critical tendencies, avoidance, and anxiety. Cohen and colleagues (2006) found that an increase in these symptoms during late adolescence/early adulthood may prevent IPV perpetration. In their sample, violent men displayed low levels of these symptoms across time (Cohen et al., 2006). This finding is relevant to research conducted by Coid and colleagues (2009) on the *late-onset offenders*. In their study, the *late-onset offenders* were characterized by neurotic and nervous personalities; researchers hypothesized that this personality type may have postponed their criminal careers until early adulthood (Coid et al., 2009). Therefore, this hypothesis is related to the finding that Cluster C personality disorders have a preventative effect on IPV (Cohen et al., 2006).

In conclusion, the literature on adult IPV perpetration and youth delinquency are related in multiple ways. The theories of causation and the risk factors for high risk behavior are similar (in particular ways) in both bodies of literature. Specifically, the *chronic offenders* and the *late-onset offenders* are the trajectories of offending that are most likely to perpetrate IPV during adulthood. In addition, each trajectory of offending

appears to resemble a particular subtype of perpetrators. This information is crucial because we can use the literature on youth delinquency to further learn about the motives and developmental progression of adult IPV perpetrators. This information is also useful to guide future research and provide implications for prevention, which will be addressed in the next sections.



## Future Direction for Research

A great deal can be learned by identifying the points of intersection between the fields of delinquency and IPV, but future work is needed to advance our understanding of delinquency development and the process leading to IPV perpetration. Because it is unknown why some IPV perpetrators show signs of mental illness, delinquency, adjustment problems or antisocial behavior (aside from the abuse), while others do not, future research should focus on the typologies of perpetrators and the risk factors specific to each typology. Is it that cultural norms of patriarchy or violence against women affect these men more? Do these men have certain protective factors in their lives that prevent them from engaging in other types of delinquency? Using a developmental and life-course perspective may be useful in this area of research because it would provide a broader view of development, incorporating information about risk factors, transitions, and trajectories across the life-span.

Just as there are multiple types of IPV batterers, there are multiple types of offenders/trajectories of delinquency. Future research on delinquency should further investigate what distinguishes the *late-onset offenders* versus the *chronic offenders*. The *late-onset offenders* are a relatively new trajectory and less is known about this group of offenders. Studies should examine why *late-onset offenders* do not display delinquent behavior earlier in the life-span, during childhood and early adolescence. Why do the *late-onset offenders* fail to demonstrate high levels of aggression or HIA during the preschool years? Is it something about their environment or cognitive/physical/emotional

abilities that postpones their delinquency until early adulthood? Due to the late onset of delinquent behavior, should it be easier to prevent delinquent behavior in *late-onset offenders* than compared to the *chronic offenders*? In regard to IPV and delinquency, future research should conduct more studies that address both behavioral problems. Specifically, why do some delinquent individuals (i.e., *chronic offenders* and *late-onset offenders*) perpetrate IPV while others do not?

## Implications for Prevention

Although it is unclear why some offenders perpetrate IPV and others do not and why some perpetrators are delinquent while others are not, it is clear that there are different types of perpetrators and different pathways to delinquency. This literature review showed how each type of perpetrator displayed different familial and psychological risk factors, perpetrated different kinds of IPV (varied frequency and severity), and engaged in diverse patterns of delinquency (Holtzworth-Munroe & Stuart, 1994). In addition, this literature review showed that there are approximately 4-6 trajectories of delinquency that vary in frequency and severity of offending (Farrington et al., 2006; Allard et al., 2008; Blokland et al., 2008; Coid et al., 2009; Boers et al., 2010). The variation in IPV perpetrators and delinquency trajectories suggests that successful intervention and prevention programs cannot be all encompassing or "one size fits all".

With regards to delinquency, prevention and intervention programs should use the identified characteristics and risk factors to target high-risk youth, the *chronic offenders* and the *late-onset offenders*. Youth from these two trajectories of offending have been found to display the most environmental, familial, biological, and psychological risk factors for delinquency (i.e., personality disorder, neurological impairment, low socioeconomic status, harsh/inconsistent parenting, delinquency within the family, poor family bonding) (Lynam, 1998; Brown et al., 2003; Coid et al., 2009). As discussed previously, the *chronic offenders* constitute approximately 5-6% of the population, but they commit approximately 50-60% of all crime (Lynam, 1998). As described earlier in

Hawkins and Catalano's (1996) Social Development Model and Patterson and colleagues' (1989) developmental model of antisocial behavior, these risk factors interact and cascade across time, resulting in cognitive/emotional deficits that worsen, school failure, affiliation with antisocial peer groups, and a lack of prosocial skills/experiences (Patterson et al., 1989; Catalano & Hawkins, 1996).

Aside from targeting high-risk children, prevention and intervention programs should be implemented as early as possible due to the multitude of risk factors and the amplifying and cascading effect of these risk factors. Furthermore, the *chronic offenders* have been found to portray extremely high levels of aggression and other conduct problems (i.e. hyperactivity impulsivity inattention) early in the life-span, which are highly predictive of the development of CD during childhood/adolescence and an early age of first arrest (Lynam, 1998; Brown et al., 2003; Moffitt, 1993; Farrington et al., 2006); this is yet another reason why programs should be implemented as early as possible. It is crucial to break the chain of antisocial behavior early, so that CD and an early first arrest can be prevented and children can stay on track academically and developmentally.

An example of a successful delinquency intervention/prevention program that targets the afore-mentioned risks for high levels of delinquency is Fast Track (Conduct Problems Prevention Research Group, 2011). Fast Track aims to provide high-risk youth with the academic and prosocial skills necessary to succeed in life through a multi-component, multicurriculum-based program that encompasses the individual, his/her family, his/her school, and community organizations. During grades 1-5, the program provides socio-emotional training, parent training, home visits, tutoring, and prosocial

friendship promotion. During grades 6-10, the program provides activities for families to learn and engage in, support groups for youth and parents, and services that target family, school, and community (Conduct Problems Prevention Research Group, 2011).

A 12-year evaluation of the Fast Track program showed that it was successful in preventing CD in children with the highest risk for developing an externalizing disorder (initial screening occurred during 1991-1993) (Conduct Problems Prevention Research Group, 2011). Along with the prevention of CD and other externalizing disorders, a recent 3-year study found evidence that the socio-emotional learning curriculum was proven to be affective. Particularly, children who received the socio-emotional learning curriculum displayed lower levels of aggression, high levels of social intelligence, and higher levels of school engagement than the children in the control group. The effects were more significant for youth who began the program with higher levels of aggression and individuals in higher-risk school environments (Conduct Problems Prevention Research group, 2010). As discussed earlier, the *chronic offenders* and the violent/antisocial perpetrators are most likely to demonstrate high levels of aggression and grow up in high-risk environments; therefore, evidence from Fast Track program suggests that these two high-risk groups may benefit most from an intervention like Fast Track. In addition, Fast Track has been proven to lower rates of self-reported delinquency and court-recorded arrests in children who were given the 10 year intervention program, compared to the children in the control group who were not given the intervention program (Conduct Problems Prevention Research group, 2010).

Evaluations of the Fast Track prevention/intervention program demonstrate that preventative interventions can be successful at reducing future youth delinquency.

Success of the program may be due to the fact that the intervention targets high-risk youth, is implemented early (and continues into adolescence), encompasses the individual, peer groups, family, school, and community services, and includes socio-emotional learning, family communication, school engagement, and individualized youth/parent training (Conduct Problems Prevention Research Group, 2011). The strategy of the program compliments the research on delinquency and IPV in that it targets the multiple levels in which risk factors manifest and cascade across time (Agnew & Cullen, 2002 ; World Health Organization, 2004). Although this program was successful at reducing aggression, CD, and delinquency in childhood and adolescence, the effect of this program on the perpetration of IPV during adulthood is unspecified. Research suggests that targeting early delinquency may lower the rates of IPV to a certain degree because 25% of batterers are found to have issues with aggression, mental illness, and delinquency, but more research needs to be conducted in this area.

In regard to IPV, intervention and prevention programs should be tailored to fit each type of perpetrator, due to diverse needs and differing types of abuse. The type of IPV intervention and prevention programs that are utilized today include arrest, protection/restraining orders, court interventions, prosecution, and perpetrator intervention programs (National Institute of Justice, 2007). Few of these strategies have been proven effective at reducing IPV, and perpetrator intervention programs (psychoeducational education, group practice, rehabilitative counseling, and assessment of individual needs) are the only type of program that attempts to rehabilitate the abuser, are often found to be ineffective (National Institute of Justice, 2007). This may be due to the fact that once abusers are fully developed (i.e. physically, socially, emotionally) and

become set in their ways during adulthood, it is extremely difficult to change their behaviors and teach/re-teach prosocial skills and conflict resolution. This concept is similar to the models proposed by Hawkins and Catalano (1996) and Patterson and colleagues (1989) because they highlight the interactional and amplifying effect of risk factors over time. As risk factors develop across time and domains, they worsen. Therefore, it may be more helpful to prevent the problem by targeting individuals earlier in the lifespan, rather than trying to treat them after perpetration occurs. This approach has been widely successful in delinquency prevention programs and has a great chance of making IPV prevention programs more efficient and successful.

Although adult batter intervention programs are found to have little success, there is evidence that intervention/prevention programs for teen dating violence, which has been shown to be associated with IPV during adulthood (Gomez, 2010), are more successful (Arriaga et al., 1998). Wolfe and Jaffe (1999) explain that early and mid-adolescence are critical time periods to teach adolescents about relationship violence because it is during this period that they are learning about and experimenting with dating. Research suggests that adolescents engage in healthier relationships when they are taught warning signs of violence, conflict-management skills, appropriate boundary-setting, and myths about relationship violence. It is crucial to portray the information in an active, blame-free, and empowering manner (i.e., theater groups, speeches from survivors) (Jaffe & Wolfe, 1999). Therefore, dating violence intervention/prevention programs, such as Safe Dates, may be an effective way to reduce the rates of IPV during adulthood. The goal of Safe Dates is to eliminate the existing dating violence among teens (primary prevention) and prevent future violence (secondary prevention) by

changing societal norms of IPV, changing beliefs about gender stereotypes, and teaching effective conflict management (Arriaga et al., 1998). Safe Dates is comprised of several school and community components. The school components include a poster contest, peer-run theater production, and a 10-session curriculum, while the community components include training services and direct services to victims of IPV (i.e., crisis hotline, support groups, IPV information for parents) (Arriaga et al., 1998).

The effectiveness of Safe Dates was evaluated in a study by Arriaga and colleagues (1998), where the program was administered to 3,500 8th and 9th graders from 14 randomly selected schools in North Carolina. Results showed that treatment groups displayed less psychological abuse, sexual abuse, and acts of violence than the control groups. Researchers hypothesize that the program's positive effects can be explained by altered norms of IPV, less gender stereotyping, and an increased awareness of services for victims (Arriaga et al., 1998). In addition to these short-term effects, four years later, individuals reported significantly less IPV than those who did not receive the treatment. Furthermore, the study proved that booster sessions were not necessary. The individuals who were given a booster session two years after the initial treatment did not report more IPV than those who were not given a booster session. These results demonstrate the lasting effects that a safe dating intervention can have on adolescents and young adults (Bauman et al., 2004).

One might hypothesize that Safe Dates is more effective than adult perpetrator intervention programs because it targets individuals earlier in the lifespan, while they are still developing and impressionable. In addition, incorporating the individual's peers, school, and community provides the necessary exposure, support, and positive



reinforcement for prosocial behavior. Perpetrator intervention programs, on the other hand, do not have the same ability to influence the perpetrator's ingrained norms, patterns of behavior, peer group, and community. Safe Dates takes an approach that is comparable to the delinquency prevention program, Fast Track. Safe Dates and Fast Track aim to unite peers, the school, and the community to change behavior, exposure, and norms. These programs use interactive learning, training programs, and curricula that explicitly states what is appropriate behavior and what is not (while the child is still growing and easily influenced), and provides services in multiple domains of the individuals' lives (Arriaga et al., 1998; Conduct Problems Prevention Research Group, 2011). In general, as in other areas of prevention, a multi-context, multi-level approach, implemented relatively early in development, is likely the most effective and efficient approach to the prevention of delinquency and IPV (Bumbarger, Domitrovich, & Greenberg, 2001).

## Conclusion

After reviewing the multiple theories of causation and classifications of offender/perpetrators, it can be concluded that the literature on IPV and the literature on juvenile delinquency not only share multiple similarities, but shed light on and help inform one another. Specifically, IPV and juvenile delinquency were found to share multiple theories of causation and risk factors. Also, the research on perpetrator subtypes aligned with the research on trajectories of offending, emphasizing the necessity and importance of studying these relatively new perspectives separately and simultaneously. With regards to intervention and prevention of IPV and delinquency, this research suggests that programs cannot take a "one size fits all" approach. Programs must be tailored to address the diverse needs of each type of offender or each subtype of perpetrator. The basic intervention research on the prevention of delinquency and IPV shows that prevention programs should be implemented as early as possible and target the multiple levels of influence that impact an individual. Overall, this review found that the intersection of the research and theory from these two bodies of literature are complimentary and have important implications for understanding IPV and youth delinquency, creating/modifying current prevention/intervention programs and conducting future research.

## REFERENCES

- Agnew, R., & Cullen, F. T. (2002). *Criminological theory: Past to present (essential readings)*. Los Angeles, CA: Roxbury.
- Agnew, R. & White, H. R. (1992). An empirical test of general strain theory. *Criminology*, *30*(4), 475-500.
- Ahadi, S. A., Evans, D. E., & Rothbart, M. K. (2000). Temperament and personality: Origins and outcomes. *Journal of Personality and Social Psychology*, *78*(1), 122-135.
- Akers, R. L. (2009). *Social learning and social structure: A general theory of crime and deviance*. New Jersey: Transaction Publishers.
- Alhabib, S., Jones, R., & Nur, U. (2009). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, *25*(4), 369-383.
- Allard, T., Livingston, M., Ogilvie, J., & Stewart, A. (2008). Understanding juvenile offending trajectories. *The Australian and New Zealand Journal of Criminology*, *41*(3), 345-363.
- Arriaga, X. B., Bauman, K. E., Foshee, V. A., Helms, R. W., Koch, G. G., Linder, G. F. (1998). An evaluation of safe dates, an adolescent dating violence prevention program. *American Journal of Public Health*, *88*(1), 45-50.
- Baker, L., Cunningham, A., Dick, T., Jaffe, P. G., Malla, S., Mazaheri, N., & Poisson, S. (1998). Theory-derived explanations of male violence against female partners:

Literature update and related implications for the treatment and evaluation.

Ontario: London Family Court Clinic.

Bancroft, L. (2003). *Why does he do that?* New York: Berkley Trade.

Bartholomew, K., Henderson, A. J. Z., Kwong, M. J., & Trinke, S. J. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology, 17*(3), 288-301.

Bauman, K. E., Benefield, T., Ennett, S. T., Foshee, V. A., Linder, G. F., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health, 94*(4), 619-624.

Bell, K. M., & Naugle, A. E. (2008). Intimate partner violence theoretical considerations: Moving towards a contextual framework. *Clinical Psychology Review, 28*(7), 1096-1107.

Beatty, W. W., Christie, D. W., Else, L. T., Straton, R. D., Wonderlich, S. A. (1993). Personality characteristics of men who physically abuse women. *Hospital and Community Psychiatry, 44*(1), 54-80.

Binder, A. (1988). Juvenile delinquency. *Annual Review of Psychology, 39*(1), 253-282.

Blokland, A., Dubas, J. S., Gerris, J. R. M., Hoeve, M., Loeber, R., & van der Laan, P. H. (2008). Trajectories of delinquency and parenting styles. *Journal of Abnormal Child Psychology, 36*, 223-235.

Blurton, D., McCluskey, J. D., & Moon, B. (2008). General strain theory and delinquency. *Crime & Delinquency, 54*(4), 582-613.

- Boers, K., Mariotti, L., Seddig, D., & Reinecke, J. (2010). Explaining the development of adolescent violent delinquency. *European Journal of Criminology*, 7(6), 499-520.
- Braithwaite, J. (1989). *Crime, shame, and reintegration*. United Kingdom: Cambridge University Press.
- Bronfenbrenner, U. (1992). Ecological systems theory. In Vasta, R. (Ed.) *Six theories of child development: Revised formulations and current issues* (187-249). London, England: Jessica Kingsley Publishers.
- Brown, J., Chen, H., Cohen, P., Ehrensaft, M., K., Johnson, J. G., & Smailes, E. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, 71(4), 741-753.
- Bumbarger, B., Domitrovich, C., & Greenberg, M. T. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention & Treatment*, 4(1), 193-221.
- Button, D. G., & Tweed, R. G. (1998). A comparison of impulsive and instrumental subgroups of perpetrators. *Violence and Victims*, 13(3), 217-230.
- Campbell, J. C. (1997). Mental and physical health effects of intimate partner violence on women and children. *The Psychiatric Clinics of North America*, 20(2), 353-368.
- Campbell, J. C., & Humphreys, J. (2010). *Family violence and nursing practice*. New York: Springer Publishing Company.

- Capaldi, D. M., Dishion, T. J., Stoolmiller, M., & Yoerger, K. (2001). Aggression toward female partners by at-risk young men: The contribution of male adolescent friendships. *Developmental Psychology, 37*(1), 61-73.
- Capaldi, D. M., & Clark, S. (1998). Prospective family predictors of aggression toward female partners for at-risk young men. *Developmental Psychology, 34*(6), 1175-1188.
- Caspi, A., Loeber, R., Lynam, D., Moffitt, T. E., Raine, A., & Stouthamer-Loeber, M., (2005). Neurocognitive impairments in boys on the life-course persistent antisocial path. *Journal of Abnormal Psychology, 11*(1), 38-49.
- Caspi, A., Moffitt, T. E., Silva, P. A., & Stouthamer-Loeber, M. (1995). Individual differences in personality and intelligence are linked to crime: Cross-context evidence from nations, neighborhoods, genders, races, and age-cohorts. *Current Perspectives on Aging and the Life Cycle, 4*, 1-34.
- Catalano, R., & Hawkins, D. J. (1996). *Delinquency and crime: Current theories*. New York: Cambridge University Press.
- Clarke, R. V. G., & Cornish, D. B. (1986). *The reasoning criminal: Rational choice perspectives on offending*. Germany: Springer.
- Cogan, R., Hibbard, S., & Porcerelli, J. H. (2004). Personality characteristics of partner violent men: A q-sort approach. *Journal of Personality Disorders, 18*(2), 151-162.
- Cohen, P., Ehrensaft, M. K., & Johnson, J. G. (2006). Development of personality disorder symptoms and risk for Partner Violence. *Journal of Abnormal Psychology, 115*(3), 474-483.

- Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review, 44*(1), 588-608.
- Coleman, D. H. & Straus, M. A. (1986). Marital power, conflict, and violence in a nationally representative sample of American couples. *Victims and Violence, 1*(2), 141-157.
- Conduct Problems Prevention Research Group. (2011) Fast Track Overview. Retrieved from <http://www.fasttrackproject.org/overview.php>
- Conduct Problems Prevention Research Group. (2011). The effects of the Fast Track preventive intervention on the development of conduct disorder across childhood. *Child Development, 82*(1), 331-345.
- Conduct Problems Prevention Research Group. (2010). Fast Track intervention effects on youth arrests and delinquency. *Journal of Experimental Criminology, 6*, 131-157.
- Conduct Problems Prevention Research Group. (2010). The effects of a multi-year universal social-emotional learning program: The role of student and school characteristics. *Journal of Consulting and Clinical Psychology, 78*(2), 156-168.
- Conduct Problems Prevention Research Group. (1992). A developmental and clinical model for the prevention of conduct disorder: The FAST track program. *Development and Psychopathology, 4*(4), 509-527.
- DeBaryshe, B. D., Patterson, G. R., Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist, 44*(2), 329-335.
- Decker, M., Gottlieb, B. R., Miller, E., Molnar, B. E., Raj, A., Reed, E., Rothman, E. F., & Silverman, J. G. (2008). Social and Environmental Contexts of Adolescent and

- Young Adult Male Perpetrators of Intimate Partner Violence: A Qualitative Study. *American Journal of Men's Health*, 2(3), 260-271.
- Domestic Abuse Intervention Programs. (2011). What is the Duluth Model? Retrieved from <http://www.theduluthmodel.org/about/index.html>
- Elwyn, L., Ireland, T. O., Park, A., Smith, C. A., & Thornberry, T. P. (2011). Intergenerational continuities and discontinuities in intimate partner violence: A two-generational prospective study. *Journal of Interpersonal Violence*, 26(18), 3720-3752.
- Etchison, J. C. (2005). Theories of crime causation. *Policy Studies Journal*, 3(1), 8-12.
- Fishbein, D. (1990). Biological perspectives in criminology. *Criminology*, 28(1), 27-72.
- Farrington, D. P. (1989). Early predictors of adolescent aggression and adult violence. *Violence and Victims*, 4(2), 79-100.
- Flores, J. R. (2003). Juvenile arrests 2003. The U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/209735.pdf>
- Forgatch, M. S., Patterson, G. R., Stoolmiller, M., & Yoerger, K. L. (1998). Variables that initiate and maintain an early-onset trajectory for juvenile offending. *Development and Psychopathology*, (10), 531-546.
- Fowler, K. A., & Westen, D. (2011). Subtyping male perpetrators of intimate partner violence. *Journal of Interpersonal Violence*, 26(4), 607-639.
- Frankel, S. L., & Sugarman, D. B. (1996). Patriarchal ideology and wife-assault: A meta-analytic review. *Journal of Family Violence*, 11(1), 13-40.



- Freud, A. (1966). *Normality and pathology in childhood*. Connecticut: International Universities Press.
- Gabrielli, W. F., Hutchings, B., & Mednick, S. A. (1984). Genetic influences in criminal convictions: evidence from an adoption cohort. *Science*, 224(4651), 891-894.
- Gavazzi, S. M., Julian, T. W., & McKenry, P. C. (1996). Toward a Biopsychosocial Model of Domestic Violence. *Journal of Marriage and Family*, 57(2), 307-320.
- Graham-Bermann, S. A., & Levendosky, A. A. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence*, 16(2), 171-192.
- Groves, B., & Sampson, R. J. (1989). Community structure and crime: Testing social-disorganization theory. *American Journal of Sociology*, 94(4), 774-802.
- Chapter 2 Gomez, A. M. (2010). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youths & Society*, 43(1). 171-192.
- Gorman-Smith, D., Henry, D. & Tolan, P. (2006). Family Violence. *Annual Review of Psychology*, 57, 557-583.
- Hawkins, J. D., Herrenkohl, T. I., Kosterman, R., & Mason, A. W. (2007). Youth violence trajectories and proximal characteristics of intimate partner violence. *Violence and Victims*, 22(3), 259-274.
- Henry, S., & Lanier, M. M. (2009). *Essential criminology*: Third edition. Colorado: Westview Press.

- Herrera, V. M., Harrington Cleveland, H., & Wiersma, J. D. (2008). The influence of individual and partner characteristics on the perpetration of intimate partner violence in young adult relationships. *Journal of Youth and Adolescence*, 37, 284-296.
- Herzog, S. (2007). An empirical test of feminist theory and research. *Criminology*, 2(3), 223-244.
- Hirschel, D. (2008). Domestic violence cases: What research shows about arrests and dual arrests. Retrieved from <http://www.nij.gov/nij/publications/welcome.htm#finding>
- Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male perpetrators: Three subtypes and the differences among them. *Psychological Bulletin*, 116(3), 476-497.
- Jaffe, P. G. & Wolfe, D. A. (1999). Emerging strategies in the prevention of domestic violence. *Domestic Violence and Children*, 9(3), 133-144.
- Kantor, G. F., & Straus, M. A. (1987). The “drunken bum theory” of wife beating. *Social Problems*, 34(3), 213-230.
- Kumar, A. M., Kumar, M., Lahey, B. B., Loeber, R., McBurnett, K., Raine, A., & Stouthamer-Loeber, M. (2005). Mood and hormone responses to psychological challenge in adolescent males with conduct problems. *Biological Psychiatry*, 57, 1109-1116.
- Land, K. C. & Nagin, D. S. (1993). Age, criminal careers, and population heterogeneity: Specification and estimation of a nonparametric mixed poisson model. *Criminology*, 31(3), 327-362.

- Laub, J. H., & Sampson, R. J. (2005). A life-course view of the development of crime. *The ANNALS of the American Academy of Political and Social Science*, 602(12), 12-44.
- Lussier, P., Farrington, D. P., & Moffitt, T. E. (2009). Is the antisocial child father of the abusive man? A 40-year prospective longitudinal study on the developmental antecedents of intimate partner violence. *Criminology*, 47(3), 741-781.
- Lynam, D. R. (1998). Early identification of chronic offenders: Who is the fledgling psychopath? *Psychological Bulletin*, 120(2), 209-234.
- Magdol, L., Moffitt, T. E., & Silva, P. A. (1998). Developmental antecedents of partner abuse: A prospective-longitudinal study. *Journal of Abnormal Psychology*, 107(3), 375-389.
- Merriam-Webster. (2012). Juvenile delinquency. <http://www.merriam-webster.com/medical/juvenile%20delinquency>
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: a developmental taxonomy. *Psychological Review*, 100, 674-701.
- National Coalition Against Domestic Violence. (2009). Domestic violence facts. Retrieved from <http://www.ncadv.org/files/DomesticViolenceFactSheet%28National%29.pdf>
- National Institute of Justice. (2007). Intimate partner violence: Interventions. Retrieved from <http://www.nij.gov/topics/crime/intimate-partner-violence/interventions/intervention.htm>

- Pearson, F. S., & Weiner, N. A. (1973). Toward an integration of criminological theories. *The Journal of Criminal Law and Criminology*, 76(1), 116-156.
- Piquero, A. R. (2008). Taking stock of developmental trajectories of criminal activity over the life course. In A. M. Liberman (Ed.), *The long view of crime: A synthesis of longitudinal research*. NY: Springer.
- Popa, Mirela-Simona. (2009). Domestic violence and its consequence on health. *Management in Health*, 10(3), 11-14.
- Quillian, J. P. (1995). Domestic violence. *Journal of the American Academy of Nurse Practitioners*, 7(7), 351-356.
- Raine, A. (2002). The biological basis of crime. In J.Q. Wilson & J. Petersilia (Eds.), *Crime: Public policies for crime control* (43-74). Oakland, California: ICS Press.
- Reid, J. B. (1993). Prevention of conduct disorder before and after school entry: Relating interventions to developmental findings. *Development and Psychopathology*, 5(1-2), 243-262.
- Saunders, D. G. (1992). A typology of men who batter: Three types derived from cluster analysis. *American Journal of Orthopsychiatry*, 63(2), 264-275.
- Sheridan, M. (2000). A proposed intergenerational model of substance abuse, family functioning, and abuse/neglect. *Child Abuse and Neglect*, 19(5), 519-530.
- Silverman, J. & Raj, A. (2002). Violence against immigrant women: The roles of culture, context, and legal immigrant status on intimate partner violence. *Violence Against Women*, 8(3), 367-398.

Ursula, K. (2011). Theories of Intimate Partner Violence: From Blaming the Victim to Acting Against Injustice: Intersectionality as an Analytic Framework. *Advances in Nursing Science*, 34(3), E29-E51.

World Health Organization. (2004). Preventing violence: a guide to implementing the recommendations of the world report on violence and health. Geneva

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