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Life-Course and Delinquency

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To see the specific problematic of ADHD in inmates in prisons we have to take into account the embeddedness of the relationship of ADHD and delinquent behaviour in a broader criminological perspective.¹

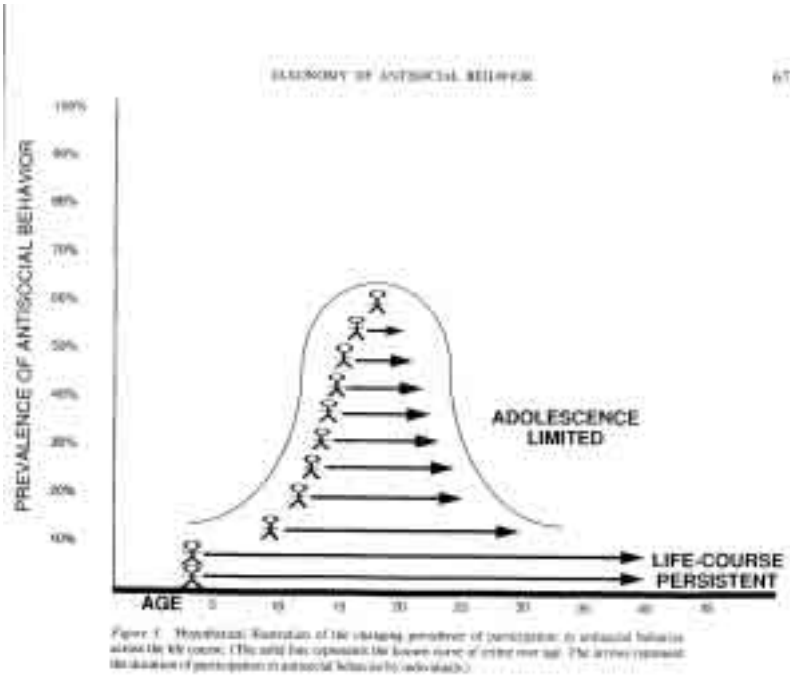
In the last years, there is a strong focus on longitudinal studies in criminological theory and research. These studies focus on the development of delinquent behaviour, starting as early as possible, to find the risk factors for this trajectory. A so called 'life-course perspective' has been developed (cf. Laub, Sampson 2001).

This longitudinal research is based on the assumption, that crime and delinquency starts often before the age of criminal responsibility / liability (like in: Germany: 14 years, Italy: 14 years; Norway: 15 years; Estonia: 15 years) . And of course, the research looks for causes, risk factors and social and personal problems in early life, on problem behaviour and disorders, that will predict delinquent behaviour in later ages, but also, and this has been done in the last years, on the **desistance** of criminal behaviour in the ongoing life-course.

¹ See for the description of ADHD, especially in the context of the prison: Matt 2004.

That means, the focus is not just on the deed, on the single offence, but on the question, how is delinquency based or linked to the life-course of the -later- offender. That way, personal conditions and social circumstances come into play in a longer time perspective.

One starting point of the argumentation is the so called: age-crime curve. It seems that delinquent behaviour is strongly related to age. The amount of delinquent behaviour varies strongly by age group. Terrie Moffitt (1993, p. 677) used to make a theoretical model out of this insight:



In her model Terry Moffitt makes the distinction of **adolescence limited** and **life course persistent** antisocial behaviour. This difference is of most importance because it distinguishes two different groups and types of delinquent behaviour with different pathways: One, the adolescent limited, which has more to do with adolescence, peer orientation, being young, and the transition to adulthood (and this means, it is an episode, it is of brief appearance, one which will end getting older) and the other one, the life-course persistent group, which start often rather early, and, in some cases, will not end with adulthood. (Empirically we have to add that also some persistent offenders are starting their career lately,

sometimes even as an adult (that means, a late onset is of course always possible)). This last group is in the focus of the criminological longitudinal research, sometimes they are also called: chronic offenders, persistent offenders or we talk about criminal careers. And an early onset is a predictor for a relatively long criminal career. This is the more problematic group (and it is this group we find very often in prison).

In longitudinal research it is tried to do the first research (the first wave) as early as possible (8 or 9 years in one, 3 years in another research, but some, especially psychological one would even start before birth - and then go on to come back to them in a one year or two year distance, just to see their development). Doing this kind of prospective research means trying to find out, if and how different developmental pathways and disorders can explain the (later) onset of delinquent behaviour. Research has found a list of many factors, and, of course, there are different lists, depending of the kind of research.

Factors for delinquency:

conduct behaviour in early life,
traumatic experiences,
broken home,
bad family situations,
life conditions
etc..

Or:

Predictors of Delinquency

- impulsivity
- attention problems
- low school attainment
- poor parental supervision
- parental conflict
- an antisocial parent
- a young mother
- large family size
- low family income
- broken family

(Farrington 2002³, p. 659)

These factors focus more on social and on personal problematic situations.

Especially the accumulation of negative experiences, of having more than one burden, is something that leads to the onset and persistence of delinquency and crime.

A number of risk factors has been found: Also we can distinguish between individual risk factors, family risk factors, but of course also school risk factors and others.

Family risk factors

- criminal and antisocial parents;
- large family size;
- child-rearing methods (poor supervision, poor discipline, coldness and rejection, low parental involvement with the child);
- abuse (physical or sexual) or neglect; and
- parental conflict and disrupted families.

(Farrington 2002³, p. 670)

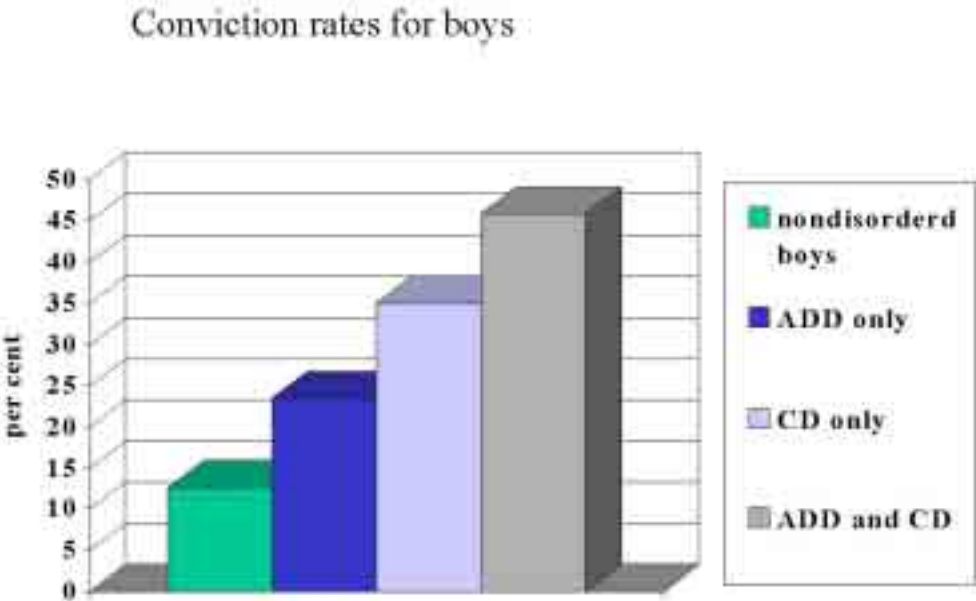
Individual risk factors:

- ◆ personality,
- ◆ temperament,
- ◆ empathy,
- ◆ impulsiveness:
 - hyperactivity,
 - restlessness,
 - clumsiness,
 - not considering consequences before acting,
 - a poor ability to plan ahead,
 - short time horizons,
 - low self-control,
 - sensation-seeking,
 - risk-taking,
 - and a poor ability to delay gratification.

(Farrington 2002³, p. 666)

In this list, Farrington shows that impulsiveness is one of the most important individual factors that predict offending. And we see most of the symptoms related to ADHD. In some longitudinal research there has been some focus on ADHD, because it is of importance for the development of delinquency.

Many studies show that hyperactivity predicts later offending. Just one example:



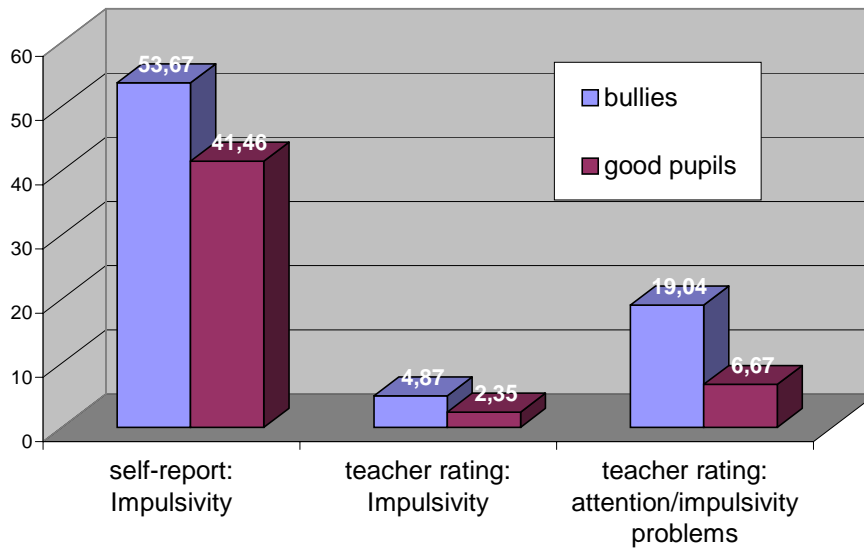
Farrington et al., cited in Moffitt 1990, p. 895

“Whereas 12,6% of nondisordered boys were convicted, conviction rates for boys with ADD only, CD only, and both CD and ADD were, respectively, 23,5%, 35% and 45,8%” Moffitt 1990, p. 895.

In Germany, we do not find studies relating ADHD to delinquency. The situation here is, that the discussion just starts.

But, of course, we find some indications that it is of relevance.

Means or ratings of lack of impulse control



Lösel, Bliesener 2003, p. 126

In their study about school bullying Lösel and Bliesener (2003) asked school pupils and teachers to rate the dimensions. Bullying as a kind of aggression is seen as an important misbehaviour, leading also to delinquency. So it is this special group focussed on in school research. But as we see, also attention problems play a role in the group of the 'bullies'.

But I must add that as in most studies they did not use ADHD on the basis of a **clinical diagnosis**, but they only used some dimensions, some rating scales to distinguish the groups, focussing on some symptoms of ADHD. The relevant dimensions are of course, impulsivity and attention deficit disorders.

And of course, they found statistically significant differences in this groups.

It is important in this perspective to see the development from the first personal disorders to a negative career and later, to incarceration. This can be conceptualised as an interaction of personal and social inadequate behaviour and the social reactions on it. Missing social support, inadequate help (systems), difficult familial and social situation and, in the further development, the forms of punishment by court, can increase the process.

The problem is to find an adequate conceptualisation and description of this process, because most factors are just risk factors, that means, they increase the risk that delinquency occurs, but they do not determine this development. So we find different models to describe the pathways.

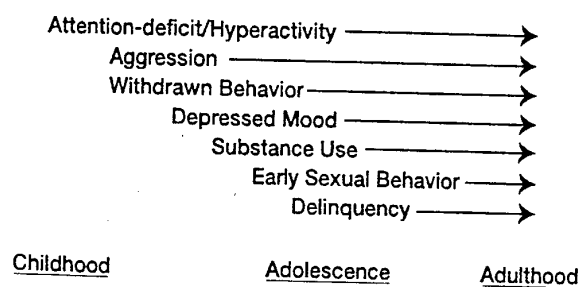
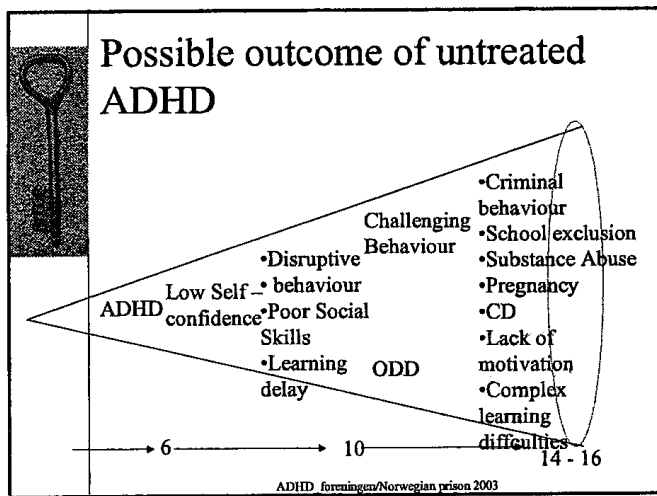


FIG. 1.1. A schematic representation of the developmental sequence of mental health problems, substance use, and delinquency from childhood to adulthood.

Loeber et al. 1998, p. 4

In this model, the focus is on ongoing activity or disorder. This means of course, too, that there must **not** be an involvement in the other pathways, the other problem behaviour. Of course, there must be no co-morbidity.² But this means to neglect the interdependencies or interactions between the disorders.

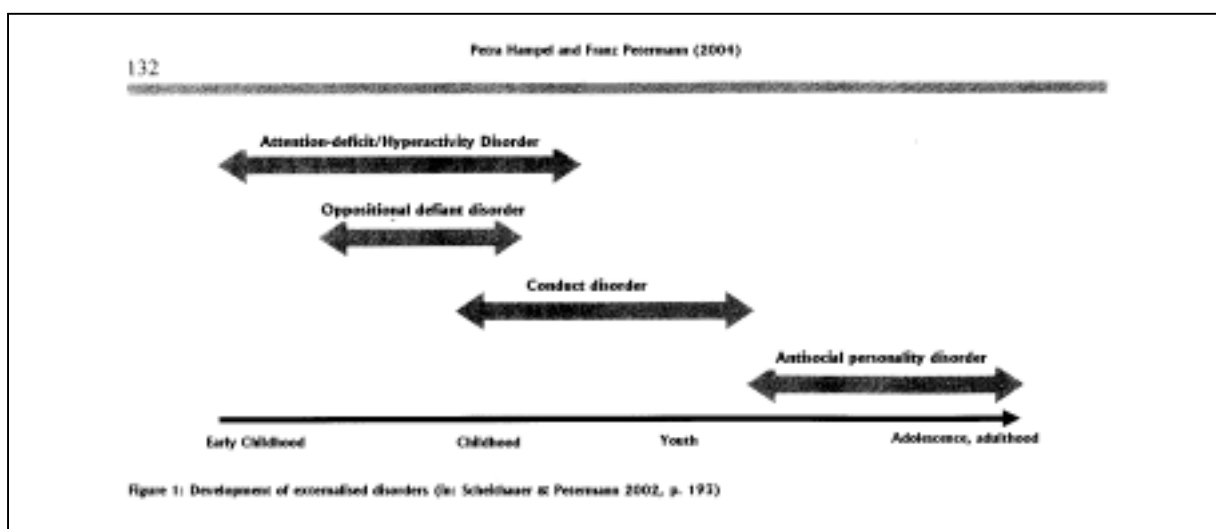
² This is also a reminder, that ADHD must not in all cases have negative consequences. Some authors like to say that even some very famous person in history have been diagnosed post mortem as having ADHD like: Hans Christian Andersen, Ludwig von Beethoven, Winston Churchill, Walt Disney, Thomas Edison, Albert Einstein, Benjamin Franklin et al..



Bronder 2003

In this model Bronder, shown at the ADHD meeting in Hønefoss in 2003, the development of the disorders and the possible interaction with other disorders (which can occur, but must not) is better conceptualised.

Another way of describing the development is described by Hampel and Petermann (2004):



In this model, the focus is more on co-morbidity. That means, there can be some changes in the symptoms over the life-course, being dominant in different stages of development in the life-course.

Maybe, this model explains better why we rarely find a clear symptomatic of ADHD in later life (in inmates in the prisons). Due to this model, there are these changes in symptoms. So the basic 'cause' of the difficult behaviour of the inmate has been once ADHD, but now it shows itself as maybe antisocial behaviour.

In the last 20 years there has been the discussion that ADHD does not end with adulthood. Now, in the German discussion it is said that about 50% of young adults show some further symptoms, that means with impairments of daily activities. And, if we take the last model into account, it will not be easy to diagnose them.

So we have different pathways of the role of ADHD in the life-course.

Different ways of development:

- Desistance before adulthood
- Persistence of the disease in full-blown state or in residual state with decreasing hyperactivity and persisting attention-deficit
- Persistence of ADHD together with psychiatric disorders, delinquency and addictions (comorbidity)

(Sobanski, Alm 2004, p. 697)

The last group is of most relevance for the discussion of delinquency and ADHD in a prison population.

But there are also some difficulties in diagnosis ADHD in adult persons:

Criteria of anamnesis for adults:

- drug abuse
- personality disorder
- affective disorder
- anxiety disorder
- tic – disorder
- learning disorder
- sleeping disorder

(Sobanski, Alm 2004, p. 705)

It is well known that **comorbidity** plays an important role in ADHD. About 2/3 of the diagnosed cases show some form of comorbidity. About half of them show aggressive and antisocial behaviour. Other problems are drug abuse, learning disturbances, bad schooling.

The drug topic seems of importance, especially the common appearance of drug use and ADHD (in adults).

Wilms et al (2003) showed in a meta-analysis of studies that the risk for drug abuse can be reduced by a rate of 50%, if the ADHD-person is treated early.

The topic of **addicted adult persons** (drug abuse) and ADHD as an underlying cause, a comorbid condition, is also a new discussion in Germany. Some researcher talk about a rate of 50% of ADHD of the drug users, other studies found an abuse of alcohol (1/3) and drugs (1/5). The

discussion is in progress, so we do not have a good diagnostic procedure or an adequate therapy.

And we do not know much about the topic of self-medication with drugs done by the ADHD persons. But this seems to be a real phenomena.

So there is a high risk for drug abuse for ADHD patients without treatment.

Another point in longitudinal studies is the question of **desistance**. Not only what are the reasons to go into delinquency, but even more those factors leading to come out, to get straight. Taking into account the question of comorbidity in ADHD, maybe also this factor is of importance. In this strand of research we find some factors:

Factors of Desistance

- Life events, that influence the life course
- getting married
- getting a permanent/satisfying job
- becoming separated
- moving home
- moving to a better area
- joining the military
- getting convicted

- experience of success
- motivation / interest in learning

The longitudinal studies also show that we should not only look at risk factors, but we should also look at protective factors. And these are also the factors, that make desistance more probable. (Here it is of utmost importance. **the quality of social ties**, be it in the family, in school, at

work, with friends; also important is a good integration into the workplace, but also school qualification, motivation to learn, vocational qualification play a role.)

Only when we take into account this interaction between risk factors and protective factors we are able to understand, why even in case of comparable bad living situations and risk factors only a part of these people will become delinquent.

Studies suggest that new social bonds or changing live conditions or situations can generate turning points in the life-course. They can do so, but the must not do it. This depends heavily on the quality of these changes, that would mean, only a good marriage or a good job will change life, but also some changes of the self-conception, of some changes in viewing oneself, changes in values are necessary (Maruna 2000, Moffitt et al. 2002).

There has to be some self-reform, initiated by themselves, by others, by new experiences in school work or partnership. For persons with ADHD it may be important to find the diagnosis, to get help in coping with the symptoms, to get special training so that they will be enabled to have and to experience success. This is to start motivation to change the life course, to start to get straight. This can and will be a very long process, depending on how long the person has been involved in his deviant life style, his criminal career, his history of disorder. Giving this new experiences is an utmost important task to fulfil. The results, the change of life-course, will not be seen at once, but mostly in later times. But small results can often be seen.

So when the young persons come into prison, mostly they will have many problems:

Problems of inmates:

- conduct behaviour
- drug problems
- ADHD
- learning disorders,
- bad schooling,
- bad vocational qualification

It is important to know about the ways they became the person they are now, about their development, to find a good and adequate reaction to the person, just to see what could be done with them.

Not to change this pathways, they will go on and on and on. It is of utmost importance to look more closely on this type/group of inmates, the chronic offenders, the life persistent group, just to make a change in their development possible. And to do this in prison, the only way to do this is to make some experiences of success possible for them. This is not much, but it is something that is possible.

Literature:

- Bronder, Knut Halvard: Living with ADHD. Vortrag. Hønefoss 2003
- Farrington, David: Developmental criminology and risk-focused prevention. In: M. Maquiere et al. (Hrsg.): Oxford Handbook of Criminology. Oxford 2002³, S. 657-701
- Hampel, Petra; Franz Petermann: Aufmerksamkeits-/Hyperaktivitätsstörungen. In: Kindheit und Entwicklung 13, 2004, S. 131-136
- Laub, John, H.; Robert J. Sampson: Understanding desistance from crime. In: Crime and Justice 28, 2001, S. 1-69
- Loeber, Rolf; David Farrington; Magda Stouthamer-Loeber; Welmoet B. Van Kammen: Antisocial Behavior and Mental Health Problems. Explanatory Factors in Childhood and Adolescence. Mahwah 1998
- Lösel, Friedrich; Thomas Bliesener: Aggression und Delinquenz unter Jugendlichen. Untersuchungen von kognitiven und sozialen Bedingungen. Neuwied 2003
- Maruna, Shadd: Making Good. How Ex-Convicts reform and rebuild their Lives. Washington 2000
- Matt, Eduard: Zappelphilipp im Gefängnis. Zum Umgang mit einer schwierigen Klientel. In: Zeitschrift für Strafvollzug und Straffälligenhilfe 53, 2004, S. 76-81 (engl. translation: Fidget Philipp in jail. <http://www.fengsel.ringerike.net/ADHD.asp>)
- Moffitt, Terrie E.: Juvenile Delinquency and Attention Deficit Disorder: Boys' developmental trajectories from age 3 to age 15. In: Child Development 61, 1990, S. 893-910
- Moffitt, Terrie E.: Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. In: Psychological Review 100, 1993, S. 674-701
- Moffitt, Terrie E.; Avshalom Caspi; Honalee Harrington; Barry J. Milne: Males on the life-course-persistent and adolescence-limited antisocial pathways: Follow-up at age 26 years. In: Development and Psychopathology 14, 2002, S. 179-207
- Sobanski, E.; B. Alm: Aufmerksamkeitsdefizit-/Hyperaktivitätsstörung (ADHS) bei Erwachsenen. Ein Überblick. In: Der Nervenarzt 2004, S. 697-715
- Wilems, Timothy E. et al.: A controlled clinical trial of Bupropion for Attention Deficit Hyperactivity Disorder in adults. In: American Journal of Psychiatry 158, 2001, S. 282-288

Appendix:

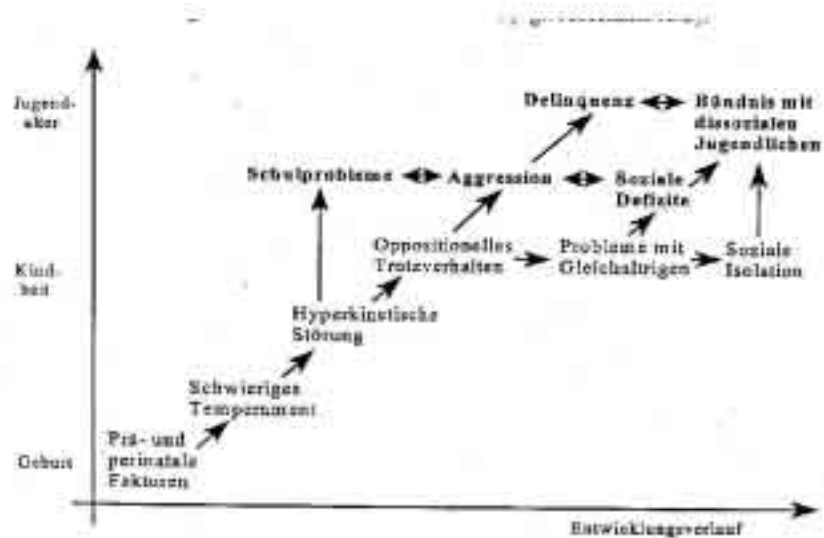


Abbildung 13.2: Entwicklungsmodell antisozialen Verhaltens (Loeber, 1990; modifizierte Version).

Franz Petermann et al.; Entwicklungspsychopathologie. Weinheim 1998, S. 267

In this model, Petermann et al. start from birth, going on with possible problems, until it leads in young adulthood in delinquency. But one has to remind, that every step can have another way out, taking into account possible protective factors. And it also shows that it is a long development with many steps in between, until the stage of (a life-long persistent) delinquency is reached.