



**Developmental Trajectories of Antisocial Personality Disorder During Childhood and
Adolescence**
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Abstract

Antisocial Personality Disorder (ASPD) is a serious public health concern due to its increased risk for violent criminal behavior. It is crucial to properly understand the developmental trajectory of ASPD so that more preventative measures are able to be put in place to mitigate the effects the disorder has on quality of life for those afflicted. The purpose of this paper is to elucidate modifiable, socioenvironmental risk and protective factors of ASPD and to educate the public on its early intervention among youth with CD. Findings from quantitative and qualitative studies from the United States were reviewed in this paper. Study findings reported parenting styles, social isolation, and negative peer affiliation as risk factors for CD. Parenting classes and classroom interventions were found to be protective factors for CD. Given the significance of adult intervention in child development, it is crucial to continue research in areas surrounding the betterment of the mental welfare of children, especially in view of the consequential impact adults have in shaping the personality development of the children they interact with.

Prevalence of ASPD

Antisocial Personality Disorder (ASPD) is a personality disorder characterized by behaviors such as a disregard for and violation of others' rights, failure to obey laws, deceitfulness, impulsiveness, physical aggression, and a lack of remorse. Between 3.9% and 5.8% of males and 0.5% to 1.9% of females in the US population meet the criteria for ASPD (Black et al., 2010, p. 2).

ASPD is a serious public health concern due to its increased risk for violent criminal behavior. In the past, surveys have shown up to 80% of male and 60% of female incarcerated offenders meeting the criteria for ASPD (Moran, 1999). More recently, one study shows a lowered percentage of 37% of male and 26% of female incarcerated offenders meeting the criteria. However, prevalence estimates vary due to the varying populations in prisons and the methods in which the studies used to gather their data (Rotter et al., 2002). Studies have shown that adolescents may exhibit risk factors for the development of ASPD, such as impulsivity and juvenile delinquency, which may also predict premature mortality among incarcerated adolescents (Maurer et al., 2024). Given the significance of ASPD, it is crucial to understand potential risk and protective factors of ASPD during childhood and adolescence.

Developmental Course of ASPD

Candidates for ASPD diagnosis must be 18 years of age or older with a diagnosis of conduct disorder (CD) in childhood or adolescence. The American Psychology Association defines CD as "a persistent pattern of behavior that involves violating the basic rights of others and ignoring age-appropriate social standards" (*APA Dictionary of Psychology*, 2023). Some of the criteria that fall under this definition include aggressiveness towards people or animals, destruction of property, deceitfulness or theft, and serious violations of rules. A CD diagnosis can be made when these behaviors cause clinical detriment to the social, academic, or occupational functioning in children aged 15 or younger. CD has two subtypes: childhood onset,

for children diagnosed before the age of 10, and adolescent onset, for children diagnosed between the ages of 10 and 15. Studies have shown that people who had childhood onset CD as opposed to adolescent onset CD were more likely to exhibit lifelong aggressive behaviors. Additionally, childhood onset CD increases one's risk of drug dependence and generalized anxiety disorder, as well as paranoid, schizoid, and avoidant personality disorders (Goldstein et al., 2006). Up to 50% of youth diagnosed with CD will meet the criteria for ASPD in adulthood (National Institute of Clinical Excellence, 2013).

The purpose of this paper is to elucidate modifiable, socioenvironmental risk and protective factors of ASPD to educate the public on its early intervention among youth with CD.

Methods

The criteria used for finding sources in this paper was as follows: the source must be a U.S sample written in English, published between 2000-2024, an empirical quantitative study, published in a peer reviewed journal, and must be related to one of the three major pathways being studied by this paper: the developmental course of ASPD, the risk factors, and the protective factors involved with ASPD.

Search terms used to find sources were: ASPD and/or mental health disorders, childhood CD, incarcerated offenders with ASPD, parenting styles, parenting, child abuse, CD to ASPD, teaching methods, cycle of abuse, socialization, risk factors, peer interactions.

Results

Risk Factors

The Effects of Parenting Styles

Parenting is an individualistic practice, with methods that vary across different cultural and socioeconomic backgrounds. Many of these more well known methods have been studied for their effects on the development of children. Diana Baumrind's four parenting styles: Permissive, Authoritarian, Authoritative, and Neglectful are some of the most recognized categorizations of parenting methods, but as more studies have been built around this topic, these definitions have altered with our general understanding. "Permissive" parenting is characterized as high levels of responsiveness coupled with low levels of control. There are very few boundaries set between the child and the parent, and the child is given most of the control in regards to their actions with little interference or punishment. Conversely, "authoritarian" parenting is characterized as high levels of control and low levels of responsiveness. Parents who follow authoritarian methods value discipline and have strict rules that limit the child's autonomy, and are not known to be warm towards their children. "Authoritative" parenting combines characteristics of the two previous styles, where parents have high levels of responsiveness and control. These parents are able to set limits and rules for their children, while still holding warmth and understanding towards them (Kawabata et al., 2011). A parenting style that was more recently added is "neglectful" parenting, where a parent has both low levels of control and responsiveness. These parents are unavailable in the lives of their children whether physically or emotionally (Howenstein et al., 2015).

ASPD has been known to have connections to "adverse childhood experiences" such as abuse and neglect (DeLisi et al., 2019). Physical child abuses' effect on the rates in which children develop ASPD has been supported by studies showing a significant increase. The families of children who develop ASPD are often characterized as having disciplinary tactics that are harsh and inconsistent, as well as generally being uninvolved in the child's life in a positive way, or in the supervision of the child (Patterson et al., 1993). These descriptions generally fall

under a combination of authoritarian and neglectful parenting styles according to Baumrind's parenting styles.

A specific parenting practice that has been heavily researched in the past is the practice of coercion. Coercion specifically occurs when a child acts in a manner that is unpleasant or undesirable to the parental figure, and the parent's response uses that instance of behavior to control the child (Smith et al., 2014). To elaborate, it develops into a positive feedback loop between parent and child aggression. Studies have shown that children who already exemplify some symptoms of CD such as callousness, when combined with negative parenting practices, have an increased risk for becoming more antisocial in the future (Kochanska et al., 2013). As children become more callous and antisocial, parents will often increase their disciplinary measures, becoming more harsh. This cycle repeats itself until either party, though most commonly the parent, concedes "defeat" (Dishion & Snyder, 2016).

Additionally, parents who themselves have had difficulties regarding their conduct in their adolescence and childhood have been studied to be more likely to have children with similar traits. This is presumed to be due to the behaviors of the parent leading to impeded parenting practices that in turn exacerbate the potential of their children developing CD, or something similar (Raudino et al., 2013).

Social Isolation

There are many potential risk factors for ASPD and its severity. A lack of early socialization; that is, opportunities to have positive familial and peer relations, is a prominent risk factor. One example of this is ostracization from peers in childhood, which could potentially exacerbate the antisocial personality of a child (Holmes et al., 2001). The ability to self-regulate is an important developmental skill that affects a child's peer interactions (Calkins & Keane, 2009). Studies have shown that children with more aggressively prevalent CD are more likely to have difficulties with emotional regulation when compared to peers without or with less aggressive CD (Northover et al., 2015). Additionally, children with CD are known to be less likely to recognize the emotional state of their peers at a given moment (Martin-Key et al., 2018). If children are unable to gain experience in regulating their own emotions or in understanding and reacting accordingly to the emotions of their peers, their interactions moving forward will likely be more negative, as the child could be seen as troublesome or "weird." This creates another feedback loop that furthers the isolation of the child through their adolescent years.

Negative Peer Affiliations

The isolation of children from their peers in their developmental stages can lead to them either joining groups of similarly antisocial children or excluding themselves from socializing altogether (Holmes et al., 2001). The manner in which a child is socialized can drastically affect the way in which they interact with the world. This is due to the fact that a large percentage of human behaviors are learned such as the fear of consequences (Waller et al., 2021). Socialization generally stems from the people a child spends their time with (Merriam-Webster, n.d.). This coupled with the idea that isolated children tend to bond with similarly isolated children can deepen how antisocial all children involved are. If these children are spending the majority of their school day with other children displaying CD behaviors, the likelihood of them developing more CD related tendencies from each other is high.

Protective Factors

A child's home environment affects many other areas in their life, which is why it is crucial to have stability at home. Parenting classes are one of the many ways parents can be involved in making a positive environment for their children. Studies show that often abuse is a cycle,

going from one generation to the next, and that victims of child abuse are 40% more likely to become abusers themselves (Herzberger, 1990). One study discovered that a leading barrier for a parent with a history of child abuse preventing them from becoming a child abuser is dissociation (Narang & Contreras, 2005). Relying on the potential of dissociation is not a sustainable practice, nor is it a factor that can be controlled. Because of this, it is important for parents to find other preventative ways to end a cycle of abuse. Parenting classes are a great measure that can be taken to avoid continuing that cycle onto the next generation. Studies have shown that parenting classes such as Early Head Start can positively affect not only the language and methods parents use when communicating with their children, but they can also increase the cognitive stimulation in their children long term (Chang et al., 2009)

There are various approaches that potentially could lessen the possibility of CD developing into ASPD, many of which can happen within a child's immediate environment. One of these protective measures can occur in a child's school environment. School is one of the first places in which a child will interact with their peers, and teachers play a vital role in facilitating those early on interactions. As previously mentioned, these social interactions help to shape a child's understanding of the world around them, the expectations set for them by others, and even themselves (Grusec & Hastings, 2015). Schools are not only built with academics in mind as a function, but rather they help to socialize children to understand how society works. However, this process only truly works when teachers are all invested in the wellbeing of every one of their students.

Discussion

Goal of paper

The goal of this paper is to better inform the public of the risk and protective factors involved with the development of ASPD specifically in childhood and adolescence.

Results/Findings

This paper has uncovered the relevance of early childhood socialization in the development of CD, as well as ASPD. The people a child spends their developmental years watching are some of the most important people in that child's life, this includes parents, teachers, and peers. Social isolation severely diminishes the options the child has for socializing and, often because of this, isolated children tend to interact solely with other isolated children, causing the entire group to further isolate themselves from the rest of their peers. Without a variety of peers to interact with, these children will likely begin to exhibit the habits of the other children they interact with, habits that were likely the origins of the peer isolation, furthering the idea in their peers' minds that this child is "weird" or "mean" (Holmes et al., 2001).

Additionally, the methods parents use to interact with and discipline their children have a major effect on the development of that child. For children already experiencing CD symptoms, parenting methods that involve more aggression and control such as authoritarianism can lead to more push-back from the child and continue a cycle in which the parent has to compete with the child in some manner.

Trends

The studies discussed in this paper share many similarities regarding their findings. Something that is important to recognize from these findings is the significant role adults play in the developmental stages of a child's life, both in their home and school environments. **Case examples. Stability and chaos in a home environment.**

Interventions

Intervention methods for CD have been studied and should be recognized for their significance. One review paper has discussed in depth the method of therapy in a familial setting with the participation of the entire family (Woolfenden et al., 2001). This is a viable extension of what this paper discussed involving parenting classes, further connecting parents to the understanding that what they do impacts the livelihoods of their children significantly.

Strengths

A strength of this paper is its synthesis of the robust literature on parenting practices, family home environment, and developmental psychopathology. This paper additionally identified both the risk and protective factors of CD. While many studies have focused on risk factors for CD, fewer studies have identified protective factors due to the amalgamations of behaviors and personality traits that may contribute to CD. Thus, this review contributes to the field by identifying protective factors of CD, which are more difficult to uncover in whole, leading to a reliance on a deeper knowledge of CD traits to make connections to protective factors involving specific CD behaviors (e.g., poor social skills, aggressive behavior). Another strength of this paper is its accessibility. This paper divulges background information to allow more public interaction with the material, thereby improving public awareness of the risk and protective factors of CD and ASPD.

Limitations

One limitation of this review paper was its inability to detect changes over time involving risk and protective factors. The importance of recognizing these changes may inform intervention development

A limitation that was commonly seen in the review of papers revolving around CD was that many traits were not particular to only CD, but rather a larger group of callous-unemotional disorders in adolescents. An example of this was a study done on measuring impulsivity and its connection to CD, however, this paper discovered that there was not a noticeable difference in impulsivity levels between children with CD, and children who had other recognizable forms of psychopathy but did not present CD (Blair et al., 2020).

Future Directions of paper

In future review articles and potential future studies, the connection between the severity of CD and the environment the child grew up in should be further elucidated.

This information is important to properly divulge due to the long-term effects it can have on afflicted individuals, as well as those around them. Due to the connection to CD in childhood or adolescence, it is necessary for all adults who interact with or work with children to fully understand their role in the upbringing of children. It is equally, if not more so, important that these adults notice how their behaviors affect the children they are around.



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