Background:

Children and Violence: A Brief Overview of Conduct Disorder

by

David Frazier

University of Pittsburgh

December 2011

Children and violence is an ever-increasing problem in schools and in the lives of children in both urban and rural neighborhoods across this country. Bullying prevention and increasing parental involvement are some of the ways that schools and parents can work together to help children to become less afraid of violence in their lives. One of the most prevalent diagnoses of children referred for mental health treatment, Conduct Disorder, is the mental health disorder that deals most directly with children and violence.

The diagnosis in the DSM TR-IV that deals primarily with violence and children is Conduct Disorder. Conduct Disorder is often given as a blanket diagnosis for children who bear the label "bad." Conduct Disorder is a diagnosis given often in conjunction with Oppositional Defiant Disorder; children with ODD can sometimes be defiant or aggressive, but are not necessarily violent. Children with conduct disorder suffer from a variety of neurological, behavioral, and environmental stressors that often exacerbate their symptoms. The DSM TR-IV states that conduct disorder is "a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. " (American Psychiatric Association, 2000)). The DSM TR-IV then goes on to indicate that the patient must exhibit three symptoms in the last 12 months with at least one symptom in the last six months. The diagnostic criteria are separated into four categories with three different types and three different levels of severity. The four criteria categories are: aggression toward people

and animals, destruction of property, deceitfulness or theft, and serious violations of rules. The three levels of severity are: mild, moderate, and severe which are differentiated by the number of symptoms, frequency of behavior, and the amount of harm caused to other people or property damaged (American Psychiatric Association, 2000). The diagnosis of Conduct Disorder is exclusive to children and adolescents. Adults who exhibit similar behaviors are diagnosed with antisocial personality disorder. Antisocial personality disorder is distinct from conduct disorder because it is the exhibition of similar behaviors beyond the age of 15. Conduct Disorder is sometimes seen as a preliminary diagnosis for children who are earmarked to be diagnosed with antisocial personality disorder once they leave adolescence.

Children with Conduct Disorder are more likely to be involved with the legal system, either having been incarcerated, on probation, or currently have charges pending. Children who have been diagnosed with Conduct Disorder often have a variety of correlational psychosocial stressors such as lower socioeconomic status, learning disorders (Austin & Sciarra, 2010) and have been subject to negative parenting practices that have reinforced their negative behavior.

Conduct Disorder is diagnosed in 25% to 50% of all children who are engaged in mental health treatment. The overall prevalence of Conduct Disorder in the general population is between 2- 4%. The difficulties in making an accurate diagnosis for children with conduct disorder is inherent when considering the population and the

possibility of misrepresentation by the children and Parents, both of which could possibly over or under exaggerate the severity of the behavior. Prevalence of conduct disorder varies by sex, and age and is often seen more frequently in males than in females. There is also evidence indicating that the onset of adolescence increases the prevalence of conduct disorder symptoms (Austin & Sciarra, 2010). The diagnosis of Conduct Disorder is very broad in its inclusion criteria and due to the nature of an adolescent's proclivity toward risk taking behavior, it might be harder to exclude a child (Otnow-lewis, Yeager, 2002).

The primary risk factors for developing Conduct Disorder are classified in two ways: biological and psychosocial. Biological factors can include impairment in the way that the brain sends and receives signals, to some toxin, or trauma that occurred at a key developmental stage. Biological factors cannot be accounted for but can be compensated for with medication management. Medication management, though not an exact science, has been shown to help some patients manage their symptoms effectively. Research on this population is also difficult to come by due to the ethical dilemma involved with medication experimentation on children and adolescents (Austin & Sciarra, 2010).

Psychosocial risk factors are types of behavior that the child is exposed to, through their parents, their peer interactions, and the environment where they live. In addition to environmental stimuli the child's reaction to these stimuli is just as

important. If the child is exposed to abuse or violent behavior from their parents, then the child could learn that violent or abusive parenting techniques are the proper behavior to exhibit (Austin & Sciarra, 2010). Temperament is important to the overall coping ability of any child, and children with certain temperaments are more readily able to cope with exposure to negative stimuli.

The influence these risk factors have is better understood when one considers how they interact with one another. Risk factors could be interacting with one another in the interactionist perspective; specific risk factors are believed to be interacting with each other causing Conduct Disorder behavior. In the cumulative perspective the risk factors add to one another in a successive nature compounding together to create the negative behavior. The multiple pathway perspective is the idea that the child has developed Conduct Disorder because of many different types of risk factors such as negative parenting practices, as well as the temperament the child has, and how that child chooses to interpret their experiences (Austin & Sciarra, 2010). The primary intervention for a patient who has been diagnosed with Conduct Disorder is divided in to four categories: Cognitive behavioral therapy, family-based, multisystemic, and psychopharmacological (Austin & Sciarra, 2010).

Refrences

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental health disorders* (4th ed., text rev.). Washington, DC: Author

Austin, V.L., Sciarra, D.T. (2010) *Children and adolescents with emotional and behavioral disorders.* Upper saddle river, NJ:Pearson Education, Inc

Otnow-lewis, D., Yeager, C.A. (2002) *Child & adolescent psychiatry: A comprehensive textbook*, third edition, section VI, p. 53, Philadelphia, PA Lippincott Williams & Wilkins Publishers