



Early Intervention in Antisocial
Behavior in 0-15 year olds:
what if you ask the actual practice?

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Summary

Although there is a downward trend in juvenile crime, there are currently concerns about young minors involved in property crimes, drug and weapons offences and serious offences such as manslaughter and aggravated assault. The concerns are that young on start and recidivation leads to a career in crime and advancing into the position of recruiter of new, young offenders. These worries are consistent with prospective longitudinal studies showing that frequent perpetrators of serious offences are more likely to have longer criminal careers. They commit more different types of offences and start at a younger age. The aim of this study is to identify starting points for interventions aimed at preventing children from becoming involved in these serious crimes in early adolescence (9-15 years).

The central research question is:

What interventions are there to reduce the likelihood of children aged 0-15 developing antisocial behaviour and to adjust or redirect delinquent behaviour in early adolescence?

This question was answered through a literature review and a Delphi study. Based on the literature review, the Delphi study presented questions and statements to 43 practitioners: field researchers, practitioners and experts with lived experience.

The literature review focused on the following research questions:

- What do we know from the (international) scientific literature about the development of antisocial behaviour in childhood into serious criminal behaviour?
- What interventions from the (international) scientific literature appear to be effective in reinforcing good parenting, modifying or reversing child, family, school (career) and neighbourhood factors for children aged 0-15 years?
- What certified, effective, interventions are available in the Netherlands that contribute to reinforcing good parenting, adjusting or reversing child, family, school (career) and neighbourhood factors for children aged 0-15 years?

The Delphi study was conducted in two rounds focusing on the following research questions:

- Round 1. In the set of certified interventions presented, what do you think should be used?
- Round 2. Which interventions should receive the most attention right now?

Results of literature review

1. The international scientific literature provides strong evidence for child, family, school and neighbourhood factors. These factors have been shown to understand antisocial development in childhood. These factors offer potential entry points for early intervention to prevent the development of childhood antisocial behaviour into chronic and serious criminal behaviour.
2. International studies show that effective interventions are available for different stages of life within the age range from 0 to 15 years. The interventions contribute to universal prevention to reinforce a good upbringing, to primary prevention to respond to signs of antisocial behaviour, or to secondary prevention to stop and reverse persistent antisocial or delinquent behaviour. The interventions focus on the child, the family, the school and the neighbourhood. Evidence from the literature suggests that a focus on behaviour, cognition, social learning, social information processing and interaction skills is important. The impact of interventions is enhanced when they are delivered in a multi-modal way by combining them at the levels of prevention at the child, family, school and neighbourhood levels. Furthermore, certified interventions can be combined with advocacy and support on income, employment, housing, regulatory and agency issues. Evidence on secondary prevention through police intervention is mainly available at the neighbourhood level.

3. In the Netherlands, the NJI manages the database of effective interventions at the three levels of prevention (universal/good upbringing, primary/adjust antisocial development and secondary/stop and redirect antisocial behaviour). These interventions are aimed at the child, the family, the school and the neighbourhood in the age range 0-15 years. Interventions generally focus on behaviour, cognitive development, social information processing and interaction skills and are designed to reinforce good upbringing or to modify or redirect antisocial or delinquent behaviour. What is lacking are certified interventions that focus on the use of mentors and on the strengthening of bonds between residents for the purpose of social control of delinquent behaviour.

Delphi survey results

The 43 field researchers, practitioners and experts with lived experience who took part in the Delphi study support the usefulness of interventions aimed at universal prevention by strengthening good (pro-social) upbringing. According to the respondents, the following activities are important in this respect: support for parents, strengthening of a safe upbringing situation, development opportunities for young people in the neighbourhood and safe development at school.

There is still strong, but lower, agreement among respondents about primary and secondary prevention. Agreement on the added value of parental support is still high. There are doubts about the use of diagnostics at an early age (0-8 years). There is also less agreement about increased police presence in the neighbourhood during primary intervention. The extent of repressive intervention (secondary prevention) when antisocial behaviour is already present in the 0-11 age group is also less agreed. The doubts concern contacting the police or reporting to youth care. There is more agreement about the added value of repressive intervention by the police or youth care when dealing with young adolescents aged 12-15. However there are doubts about using secure residential facilities with this age group.

The explanations given by the respondents about the interventions presented show that there can be problems in the implementation of primary and secondary interventions. For example, a coercive intervention can lead to a breach of trust between the professional and the client. In addition, an intervention can be perceived as an obligation in which the client does not have a say. It has also been suggested that, particularly where there are worrying signs of antisocial development, it is difficult to engage with parents who are experiencing parenting stress.

Respondents also mentioned the difficulty for parents to engage with their child about the online lifestyle. Finally, at the neighbourhood level, there is less agreement with the use of interventions to engage with residents about the quality of life and safety. This also applies to interventions in which public administration, the police and the judiciary work together to make the area safer.

Conclusion

The aim of this study was to get a sense of what people in the field think about effective interventions to prevent the development of serious criminal behaviour in young people. It sought to be broad in all respects. It looked at a wide range of factors that influence antisocial development and a whole range of interventions that can address them. This has resulted in a broad overview of the possible starting points and the interventions that are then available. The results collected indicate a high level of agreement among respondents on the prioritisation of available interventions. They clearly see added value in strengthening good parenting (universal prevention) throughout the developmental period, even before problematic antisocial or delinquent behaviour occurs. There is also broad agreement on the use of interventions aimed at adjustment in response to signals of concern (primary prevention) or at the cessation and reversal of delinquent behaviour (secondary prevention). However, the level of agreement is somewhat lower for these than for universal prevention. Practitioners, researchers and experts with lived experience choose these interventions mainly in line with interventions aimed at the family, the child and the school in order to intervene in an anti-social development at an early stage. There is less support for strengthening residents' shared beliefs about prosocial behaviour in their neighbourhood. However, there is clear evidence in the literature to support its importance.

Finally, the literature review shows the added value of using multimodal interventions. However, more research is needed on how to do this most effectively. This research will help to inform policy making at national, regional and local levels. In response to the problems identified, as a first step, information can be gathered at local level with practitioners on the following issues:

- the interventions available for 0-15 year olds, with a focus on the child, the family, the school and the neighbourhood at the different levels of prevention;
- the combination and multimodal use of interventions best suited to the problem identified;
- the choice of interventions to be used when the development of antisocial behaviour is found to be persistent and worsening.

More knowledge can also be gained in combining certified interventions with supportive forms of counselling, advocacy and guidance on daily stress-inducing conditions.

Limitations of the study lie in:

- The wide range of respondents, which made them unrepresentative as a profession or function;
- Brief translation of interventions into Delphi survey questions which allowed respondents room to interpret;
- The limited extent to which respondents could respond to one another's findings.