

# Is it Just a Guy Thing? : The Development of Conduct Disorder in Girls

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## Abstract

**Objective:** Conduct disorder in young children has been studied extensively. Although its onset and development have been reviewed, little research has been conducted on the relationship between conduct disorder and gender. Most importantly the ways in which conduct disorder symptoms appear in boys and girls may differ. However, this has failed to spark much research interest. Yet considering conduct disorder in childhood girls reveals the reason why prevalence rates are higher among girls than boys. **Results:** The implications of how boys and girls differ in diagnosis of conduct disorder are important because it allows us to better identify some of the unknown onset symptoms in girls and learn what maintains the behavior into adulthood.

## Introduction

Despite there being a gender effect on various mental health outcomes (e.g., depression symptoms), research on gender differences in conduct disorder is rare. The diagnosis of conduct disorder applies to an individual who violates the basic rights of others and breaks social norms associated with a given developmental level (Phares, 2003). Some basic behaviors displayed in conduct disorder are showing aggression toward people and animals, setting fires, theft and other violations of basic rules. Conduct disorder in early childhood and adolescence may have detrimental effects on adulthood. The DSM IV-TR describes conduct disorder as having two subtypes; childhood onset and adolescent onset (APA, 2004). Both subtypes of conduct disorder are important when assessing the effects of the disorder on adulthood, but research has focused primarily on early childhood. Individuals who exhibit behaviors typical of conduct disorder in early childhood appear to show more aggressive behaviors. These aggressive behaviors in childhood worsen with development and the individual continues to show antisocial and criminal behavior into adulthood, more so than individuals diagnosed with the adolescent subtype (Frick et al., 2003; Phares, 2003; Horne, Glaser & Calhoun, 1999). Taken together, these findings suggest early childhood onset of conduct disorder is associated with criminal activity, substance use, and possibly antisocial personality disorder (APD) in adulthood.

## Developmental Implications

According to the U.S. department of justice it is estimated that nearly half of the inmates in federal prisons, state prisons and local jails have had a mental health problem twelve months prior to or during their admission (James & Glaze, 2006). Individuals over the age of 18 who continue to exhibit

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conduct disorder in childhood and throughout adolescence display similar behaviors of antisocial personality disorder in adulthood (APA, 2004), as stated by the DSM IV-TR. The evolution of conduct disorder to antisocial personality disorder demonstrates the growth of childhood illnesses into adult problems, and also stresses the importance of early intervention. APD is defined very similarly to conduct disorder; it is a disregard for others' well being and rights (APA 2004; Phares, 2003). It is somewhat difficult though to distinguish the symptoms of early childhood onset of conduct disorder in girls. As such, it would be useful to have more information about the behaviors young girls may exhibit to attempt to prevent APD and incarceration in female adults.

Another important characteristic in the development of conduct disorder is the presence of callous-unemotional traits. Callous-unemotional traits refers to an absence of guilt, lack of empathy and using others for personal gain (Frick et al, 2003). It is not difficult to see that characteristics of callous-unemotional traits and conduct disorder can be an unhealthy combination. The lack of empathy or guilt and the aggressive behaviors of conduct disorder provide a pathway from conduct disorder in early childhood to antisocial personality disorder and criminal behavior into adulthood, as these individuals have no consideration for rules, laws or the well being of others.

As described previously, conduct disorder includes behaviors such as, theft and aggression towards people and animals, but the behaviors displayed by boys and girls with conduct disorder differ. However, because of the small amount of research on gender differences, it is difficult to acknowledge fully the effects of conduct disorder from an individual stand point. Within the general population the rate of boys with conduct disorder is approximately 6%-16%, and 2%-9% for girls (APA, 2004; Phares, 2003). These findings are consistent with social roles of gender, in that boys tend to play more aggressively than girls, playing games related to war, cops and robbers and others that may involve a type of violence or aggression.

The way in which boys and girls display aggressive behavior and frustration is most distinctive. Boys typically show aggression in more overt behaviors, while girls tend to show aggression more covertly. It is possible the aggressive behavior displayed by girls is overlooked by observers because it is not as obviously disruptive as the behavior of boys. This could also explain why there is a substantial gender gap in the prevalence rate among preschoolers. However as boys and girls approach adolescence, girls are just as likely to be diagnosed with conduct disorder as boys (Webster-Stratton, 1996; Lahey, 2000). The explanation for the gender gap is not that girls do not have symptoms of conduct disorder in childhood and inexplicably show symptoms in adolescence, rather their behavior in childhood is misleading and can be easily overlooked. As stated by the DSM IV-TR conduct disorder also includes violation of major age appropriate societal norms or rules (APA, 2004). While boys diagnosed with conduct disorder display behaviors such as theft, fire

setting, vandalism, and fighting, girls are more likely to run away from home, use drugs or alcohol, or be truant from school. These behaviors are descriptive of what conduct disorder appears to be in adolescence, yet there is little evidence or research on what behaviors young girls show that may be symptomatic of conduct disorder; It could be that such issues as relational aggression in girls is taken lightly by observers.

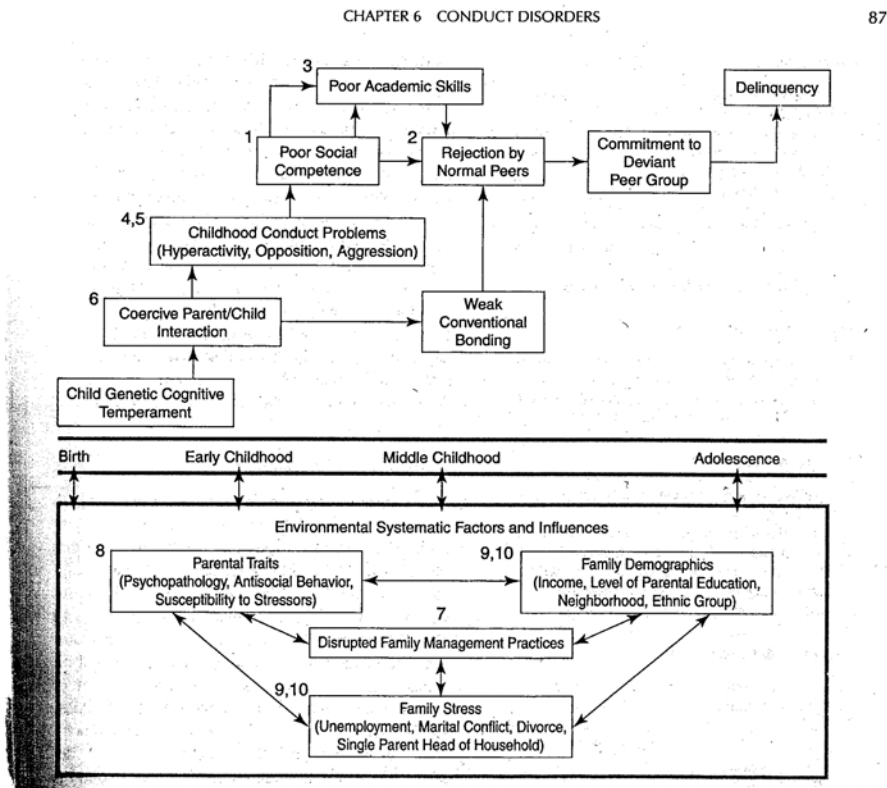
**Risk Factors** Girls and Boys also differ in the types of risk factors and environmental influences contributing to symptoms of conduct disorder. Figure 1 shows the relationship of specific risk factors and environmental influences involved in conduct problems. The three major risk factors in assessing conduct

disorder in childhood and adolescence are child variables, parental variables, and family variables apart from child-parent relationships (Webster-Stratton, 1996). How these three variables interact and play a role in the symptoms of conduct disorder may differ for girls and boys. Further, the individual's personality combined with parenting skills and the home environment can lead to different paths in the development of the disorder. All of these factors

Figure 1.

This figure shows the relationship of risk factors in and outside of the home that may contribute to conduct disorder in early childhood, middle childhood and adolescence.

Horne, A., Glaser, B., Calhoun, G. (1999). Conduct disorders. In R.T. Ammerman, M. Hersen and C. Last (Eds.), *Handbook of Prescriptive Treatments for Children and Adolescents* (pp. 84-101). MA: Allyn and Bacon.



interact. For instance, a child's temperament affects parenting style and may cause friction in the home environment. By contrast, parenting style and home environment may cause a child to react in a difficult temperament. One study found observers, parents, and teachers were more likely to attribute externalizing symptoms, such as overtly acting out, as a risk factor for conduct disorder in boys, whereas internalizing symptoms, such as self-esteem issues, were a risk factor for girls (Webster-Stratton, 1996). Research shows these internalizing symptoms attributed to girls were only observed by the parental father. Here again, the gender gap may be explained by self fulfilling expectations for the way a culture thinks boys and girls should behave. These findings show girls are affected more by a high quality emotional environment than boys, which is consistent with societal views that it is not okay for boys to express their emotions.

Webster-Stratton also explored the effects of other familial variables on children with conduct disorder, and found girls were more affected by a mother's internal problems such as depression than were boys (1996). Because a child's behavior can be affected by parental stability and home environment, it is important to consider the results of situations such as divorce, parental mental health and abuse whether child or domestic. Research has found family violence to be related to conduct problems in girls only (Becker & McCloskey, 2002; Grella, Stein & Greenwell, 2005). Becker and McCloskey's research found delinquency and conduct problems in girls who had experienced previous child abuse (2002). The research illustrates the relationship between girls' internal emotions and the way in which they show aggressive behavior.

The gender differences in conduct disorder present in early onset childhood and adolescences implies similar differences in adulthood. Thus, it is important to consider the development from conduct disorder girls to criminal behavior in women, and what these behaviors look like. Most researchers support the notion that boys diagnosed with early childhood conduct disorder are anticipated to become involved in more aggressive and criminal behavior as an adult more than girls. As indicated previously the continuation of breaking social norms and disregard for others may lead to adult antisocial personality disorder. A criterion of APD is evidence of conduct disorder before the age of 15 (APA, 2004). The behaviors characterized by APD are likely to lead to criminal involvement and detainment. Although girls are less likely to proceed from conduct disorder to criminal behavior it is possible that the outcome of APD in females does not look similar to that of males. This can be explained by the U.S. department of Justice Statistic that mental health prevalence in the justice system is higher among women than men in federal prisons, state prisons and local jails (James & Glaze, 2006). This is a strong indication that conduct disorder in girls may evolve into or become co-morbid with other mental illnesses. These mental illnesses include major depression and major mania; and being that antisocial personality disorder is within the dramatic and emotional cluster of personality disorders (Bienenfeld, 2006), explains why

prevalence is higher among women than men; seeing as how previously stated research expressed the effect of internalizing risk factors in girls with conduct disorder. Figure 2. shows inmate statistics by specific demographics, in which mental illnesses are more prevalent in female than male inmates. Not only may conduct disorder lead to APD and criminal activity but its association with substance use in adult women is also heavily prevalent.

Alcohol intoxication has been found to have a direct link to violent criminal behavior in detainees (Grella, Stein & Greenwell, 2005). It may appear difficult to see how substance abuse and criminal behavior tie into conduct disorder until further research is given. Adolescent conduct problems with substance abuse seem to be the mediator of early childhood abuse and conduct

problems and adult criminal activity (Grella, Stein & Greenwell, 2005). Unresolved problems of early childhood abuse can show up later in adolescent substance use and adult criminal activity in women. This implies that early identification of childhood conduct problems in girls may decrease criminal activity and detainment in women.

Figure 2.

This figure shows the statistics of mental illnesses present in the state and federal prisons as well as local jails. The chart indicated the percentage differences of males and females.

James, D., Glaze, L. (2006) U.S. Department of Justice. Mental health problems of

Characteristic	Percent of inmates in —		
	State prison	Federal prison	Local jail
All inmates	56.2%	44.8%	64.2%
<b>Gender</b>			
Male	55.0%	43.6%	62.8%
Female	73.1	61.2	75.4
<b>Race</b>			
White <sup>a</sup>	62.2%	49.6%	71.2%
Black <sup>a</sup>	54.7	45.9	63.4
Hispanic	46.3	36.8	50.7
Other <sup>a,b</sup>	61.9	50.3	69.5
<b>Age</b>			
24 or younger	62.6%	57.8%	70.3%
25-34	57.9	48.2	64.8
35-44	55.9	40.1	62.0
45-54	51.3	41.6	52.5
55 or older	39.6	36.1	52.4

<sup>a</sup>Excludes persons of Hispanic origin.  
<sup>b</sup>Includes American Indians, Alaska Natives, Asians, Native Hawaiians, other Pacific Islanders, and inmates who specified more than one race.

### Implications for Treatment and Prevention

Treatment therapy for children with conduct disorder include behavioral parent training, in which parents are taught skills to deal with negative

behaviors, and multi-systemic therapy in which problems are intervened at the source; whether school, social incompetence, or home environment (Phares, 2003). These treatment therapies indicate the importance of involving family and community when helping children with mental health disorders. Aside from gender differences, individuals vary in many ways and need treatment to accommodate their differences. Because conduct problems can result from negative parenting styles, behavioral parent therapy may not be as effective as other forms of therapy, in that parents who exhibit negative parenting styles are less likely to become involved in this particular training. A treatment system that reaches out to the problem may be more efficient. Multi-systemic therapy is valuable in finding the source of the problem and directing intervention in the specific context. With the development of conduct disorder throughout the lifespan of girls, it would be significant to find a secondary prevention program to interrupt the path into APD and criminal behavior in adulthood. One of the most effective prevention programs to help families of children with conduct problems is the Families and Schools Together program (FAST), (Phares, 2003). This program seeks to involve both the child's home and social realm, as both environments play a unique role in mental health disorders.

## **Conclusion**

It is apparent, symptoms of conduct problems in young girls may be overlooked, and thoughts of conduct disorder are only considered when aggression is displayed overtly. This may be problematic in early prevention of more serious mental illnesses and possible criminal activity. It is not that girls do not have symptoms of conduct problems but rather they have different ways of expressing those symptoms. Girl oriented behaviors such as relational aggression should be watched more closely as outlets for severe aggression and symptoms of conduct problems. The emotional vulnerability of girls should also be evaluated when assessing conduct disorder. Furthermore, because girls and boys differ in risk factors, the results of conduct disorder in adulthood could also differ significantly. Early childhood onset of conduct disorder may lead to APD and criminal behavior for boys but in girls, conduct disorder may lead to other mental health disorders such as depression and criminal behavior. When assessing mental health it is important to view the individual in all aspects and contexts of their personality and environment. With little research on gender differences in conduct disorder we can not possibly understand the risk factors and development of conduct disorder of girls and boys alike.

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