

Criminal Antisocial behavior in Mexican adolescents in conflict with the law

Conducta antisocial delictiva en adolescentes mexicanos en conflicto con la ley

Gabriela Orozco Calderón^a, Ana Teresa Leal Orta^b & Meztli Tonantzin Alvear Vázquez^c

Abstract:

Antisocial-delinquent behavior refers to antisocial acts that break or transgress the law, i.e., the typification established by the penal codes at any given moment and that receive some type of sanction. These acts serve as high predictors of individual and social psychological adjustment problems, including delinquent behavior during adulthood. In Mexico, the need arises to evaluate the adolescent population in conflict with the law in order to improve the treatment of juvenile delinquents. Method. Sample of 52 male adolescents aged 14 to 18 years, with schooling from 5 to 11 years; 26 from a social reinsertion center and 26 controls. The Antisocial-Delinquent Behavior Questionnaire, Beck Depression Inventory-II and Beck Anxiety Inventory were applied. Results. The social reintegration center group reported more delinquent behaviors and the control group more non-delinquent antisocial behaviors. Medium-high and high levels of antisocial criminal behavior were identified. There were significant differences in depression. Both groups presented minimal levels of anxiety. Levels of depression and anxiety were correlated with the levels of those who presented medium-high and high antisocial criminal behavior, finding a medium positive correlation for depression and low positive for anxiety. Conclusions: Delinquent behaviors were more reported in the group from the social reintegration center, which also presented mild level of depression and anxiety. It was slightly seen that, the higher the level of antisocial criminal behavior, the higher the level of depression and anxiety.

Keywords:

criminal, youth, mood disorder, dissocial

Resumen:

La conducta antisocial-delictiva se refiere a los actos antisociales que incumplen o transgreden la ley, es decir, la tipificación que en cada momento establecen los códigos penales y que reciben algún tipo de sanción. Estos actos sirven como altos predictores de problemáticas de ajuste psicológico individual y social, incluyendo el comportamiento delincuencia durante la edad adulta. En México surge la necesidad de evaluar a población adolescente en conflicto con la ley para mejorar el tratamiento de delincuentes juveniles. Método. Muestra de 52 adolescentes hombres de 14 a 18 años de edad, con escolaridad de 5 a 11 años; 26 de un centro de reinserción social y 26 controles. Se aplicó el Cuestionario de Conductas Antisociales-Delictivas, Inventario de Depresión de Beck-II e Inventario de Ansiedad de Beck. Resultados. El grupo del centro de reinserción social reportó más conductas delictivas y el grupo control más conductas antisociales no delictivas. Se identificaron niveles medio-alto y alto de conducta antisocial delictiva. Existieron diferencias significativas en depresión. Ambos grupos presentaron nivel mínimo de ansiedad. Se correlacionaron los niveles de depresión y ansiedad con los niveles de quienes presentaron conducta antisocial delictiva media-alta y alta, hallando una correlación positiva media para depresión y positiva baja para la ansiedad. Conclusiones: Las conductas delictivas fueron más reportadas en el grupo del centro de reinserción social, que también presentó nivel leve de depresión y ansiedad. Se vio ligeramente que, a mayor nivel de conducta antisocial delictiva, el nivel de depresión y ansiedad se eleva.

Palabras Clave:

criminal, juventud, trastorno de estado de ánimo, disocial

^a Corresponding author, Facultad de Psicología, Universidad Nacional Autónoma de México, <https://orcid.org/0000-0002-4978-1667>, Email: gabrielaorocal@gmail.com

^b Facultad de Psicología, Universidad Nacional Autónoma de México, <https://orcid.org/0009-0004-9372-9446>, Email: analealorta@gmail.com

^c Facultad de Psicología, Universidad Nacional Autónoma de México, <https://orcid.org/0009-0002-1918-6286>, Email: metztli9602@gmail.com

INTRODUCTION

The concept of adolescence has been defined as a specific phase in the human life cycle, which emerged in the second half of the last century and is linked to political, economic, cultural, industrial and educational development (Pineda & Santiago, 2002). It is a period between childhood and adulthood that, chronologically, is initiated by pubertal changes and is characterized by intense biological, psychological and social transformations that include adaptation to bodily changes and major determinations towards greater psychological and social independence where learning is prolonged in time for the acquisition of knowledge and strategies to face adulthood (Pineda & Santiago, 2002; Iglesias, 2013), in addition to the fact that it is the most important phase for the acquisition and maintenance of healthy behavioral patterns that decrease the risk and prevent the development of clinical disorders during this period and adulthood (Lewinsohn, et al., 2000). Kazdin (2003) mentions that during adolescence there is an increase in the number of activities considered to be problematic or risky behaviors. In recent generations, there is an increasingly earlier onset of sexual maturation and the participation of young people in the social, cultural and economic sphere, which is why it represents a major challenge for countries (Pineda & Santiago, 2002). WHO (2019) mentions that alcohol or tobacco consumption, lack of physical activity, unprotected sex and/or exposure to violence put the health of adolescents at that stage and in adulthood, as well as that of their future children, at risk. For his part, Urzúa (1998) points to age, educational expectations and school grades, general behavior, parental influence, quality of community life, the quality of the school system and psychological variables such as a diagnosis of depression, together with excessive stress, which is the one most frequently associated with risky behaviors, as the main risk factors in adolescence. Adolescents are one of the groups most likely to suffer from depression due to the physical, psychological, sociocultural and cognitive changes that require young people to develop coping strategies to establish a sense of identity, autonomy and personal and social success (Blum, 2000). It has been noted that young men with recurrent major depressive disorder tend to use psychoactive substances during adolescence, and that in late adolescence the diagnoses associated with major depressive disorder have been found to be related to borderline personality disorder, antisocial behavior and, to a lesser extent, antisocial-delinquent behavior (Lewinsohn 2000).

Antisocial behavior is defined as a variety of acts that violate social norms and the rights of others (Kazdin, 1988). Moffitt (1993) mentions that temporary and "situational" antisocial behavior is characteristic of the adolescent population, but, if this behavior is persistent and stable, it tends to be expressed in smaller numbers in male adolescents with more extreme behavioral problems. Delinquent behavior is a more serious form of antisocial behavior that can be operationalized in legal

terms. Thus, antisocial-delinquent behavior refers to antisocial acts that breach or transgress the law, i.e., the typification established at any given time by criminal codes and that receive some type of sanction (García, et al., 2012; Romero & Orozco, 2017). Antisocial behaviors usually have immediate consequences both for the adolescent who engages in them and for those with whom he/she interacts (Gaeta & Galvanovskis, 2011) which brings personal and social problems, both at school, home and/or work (Kazdin, 1988) and that is why the involvement of young people in antisocial and criminal acts is considered a potential threat to the personal, social and economic development of a country (World Health Organization, WHO, 2003). In Mexico, it has been described that male adolescents are more likely than females to engage in antisocial and criminal behavior when the environment and circumstances favor it, in addition to presenting more violent antisocial behaviors than females; ages between 18 and 20 years show propensity to engage in antisocial and criminal behaviors, compared to adolescents aged 14 years, 12 to 14 and 15 to 17 years there are significant differences in the propensity to antisocial behaviors, but not in criminal behaviors (Gaeta and Galvanovskis, 2011).

The significance of antisocial and delinquent behavior in adolescents and/or minors is that while some antisocial behaviors are considered normal at certain ages of child development, it is these behaviors as a whole and during a period of adolescence that serve as high predictors of individual and social psychological adjustment problems, including delinquent behavior during adulthood (Kohlberg, Ricks & Snarey, 1984). High youth involvement in antisocial and delinquent acts is a potential threat to a country's individual, social, and economic development (Morales, 2008; World Health Organization [WHO], 2003). The cost of delinquency implies disintegrated families and deteriorated relationships and values in the family nucleus; premature death of young people, and with it, loss of human capital and productive human lives, and an economic price due to the high and costly attention to emergencies derived from delinquency, such as, for example, the costs for health care and educational and rehabilitation programs (Sanabria & Uribe, 2009). In Mexico, research on antisocial-delinquent behavior in adolescents should be expanded, as studies usually cover more the adult criminal population, so it is relevant to obtain results that could be related to antisocial and criminal behavior in adolescents in Mexico City, as Cauffman, Steinberg and Piquero (2005) mention, knowing the differential characteristics between offenders, exposing the biological potential and psychological characteristics, allows improving and expanding existing models of criminal behavior. This information probably has more implications for policy related to research and debate on the appropriate treatment of juvenile offenders than does social policy per se (Cauffman, Steinberg & Piquero, 2005). The aim of the study is to describe, compare and relate antisocial-

delinquent behavior, depression and anxiety in adolescents belonging to a social reintegration center and control adolescents.

METHOD

The research was non-experimental, cross-sectional, descriptive-comparative, convenience sampling, qualitative and quantitative.

Participants

52 adolescents were divided into two groups. The experimental group consisted of 26 adolescents from Mexico City belonging to a social reinsertion center, considering the following inclusion criteria: that at that time they were serving a legal sentence, that the parents or guardians gave signed consent for the evaluation because they were minors, and that they voluntarily agreed to participate in the research. The control group was made up of adolescents from Mexico City who were not in any reinsertion center, considering the following inclusion criteria: they were not in conflict with the law, the parents or guardians gave their consent to the evaluation because they were minors, they agreed to participate voluntarily in the research, and the schooling presented, if not in accordance with their age, was for social or economic reasons, but not because of learning problems. The inclusion criteria for both groups were: that they were between 14 and 18 years of age, with schooling from 5 to 11 years of age, male, with right-handed laterality, with corrected vision or that they used their glasses during the evaluation in case they needed them, without hearing problems. The exclusion criteria for both groups were: the presence of neurological diseases, being under the effect of recreational psychoactive substances or consuming them on a regular basis, and parents or guardians who did not consent to the evaluation.

Scales

Antisocial-Delinquent Behavior Questionnaire (A-D).

Developed by Seisdedos in 1988, with adaptation to the Mexican population by Seisdedos and Sanchez (2001). The scale evaluates the antisocial and delinquent aspects of deviant behavior in children and adolescents. It is answered if the particular behavior has ever been performed (yes= 1 or no= 0 points), from a total of 40 items located in two factors (20 items of scale A: antisocial behaviors, and 20 of scale D: delinquent behaviors).

-Scale A: antisocial behaviors refers to behaviors that are not expressly criminal, although they do deviate from the norms and social customs considered desirable. It includes behaviors such as "littering streets and sidewalks by breaking bottles or overturning garbage cans", "disorderly conduct in public places", "playing practical jokes on another person".

-Scale D: criminal behaviors, includes behaviors that are usually outside the law such as "stealing things from cars", "carrying a weapon such as a knife or razor in case it is necessary in a fight", "getting money by threatening other people", "making a joke", and "making a joke". ". The questionnaire has a reliability index (Cronbach's alpha) of .88 for each of the scales.

Beck Depression Inventory-II. It evaluates the intensity of depression according to three factors: negative attitudes towards oneself, impaired performance and somatic alteration. It is composed of 21 items on a Likert scale. The score can range from 0 to 63 points. The score from 0 to 9 is normal, from 10-16 corresponds to mild depression, from 17-29 corresponds to moderate depression and from 30-63 to severe depression. This inventory is validated to measure depression in residents of Mexico City with a Cronbach's alpha = 0.87, $p < .000$ (Jurado, et al., 1998).

Beck Anxiety Inventory (BAI) Mexican version in Spanish. It is a self-application scale to evaluate anxious symptomatology. It specifically evaluates the severity of a person's anxiety symptoms. It consists of 21 items, each of which is rated on a 4-point scale where 0 means "little or none" and 3 means "severely" of the symptom in question. The inventory was translated into Spanish and its psychometric properties were analyzed in a sample of 100 people. The Mexican version demonstrated reliability and validity. In the internal consistency reliability, alphas of 0.84 and 0.83 were obtained for students and adults respectively; and a test-retest reliability of $r=0.75$. In the factorial structure, the four factors referred to by the original authors were found: Subjective, Neurophysiological, Autonomic and Panic (Robles, et al., 2001).

Procedure

For the study group, male youths belonging to a Social Reinsertion Center who had transgressed the law and therefore had served some type of legal sanction, aged 14 to 18 years old and with schooling from 5 to 11 years old, were evaluated.

The evaluations were conducted within the facilities of this institution and could only be carried out once the participants and their legal guardians had read and signed the letter of informed consent. The evaluation consisted of one or two sessions per adolescent, depending on their availability, given that in this Center the young people have constant activities, as well as whether the parents or guardians were on the premises. If both the young people and their parents were available, the clinical history was taken and applied separately to the parents and the adolescents, in order to verify the information provided by both parties. Once this was done, the questionnaires were applied and only the presence of the adolescent was required. In the event that the adolescents were not available on the day when the parents were, the clinical history was taken with them

and in a second session, both the clinical history and the scales were applied to the adolescent.

Only if the adolescent was of legal age was the clinical history and the scales taken without having previously taken the clinical history with the parents in the event that they did not coincide with the day on which their child or relative was available. The scales were read in their entirety to the participants to ensure the greatest possible understanding. The approximate time of the evaluations is one and a half hours since the data obtained for this information is part of a larger project.

The control group corresponded to young people from Mexico City who did not belong to a social reinsertion center and who had the same age range and schooling as the study group. In case the schooling did not correspond to the age established in the basic education levels, this had to be justified only by social and economic issues and not by learning problems. It was evaluated with the same criteria as the study group.

One participant had to be discarded due to neurological problems, another for having had a severe blow to the head a year ago, another for not knowing how to read or write, three participants decided not to continue with the evaluation when we were to meet in a second session and another participant could not make the second session because he relapsed.

Statistic analysis

Descriptive statistics were applied to obtain the mean and standard deviation for the demographic variables, as well as Student's *t* test for independent samples to corroborate that there were no differences between groups. Student's *t*-test for independent samples was also applied to compare the presence of A-D behavior in the groups. The Mann Whitney U test was used to compare the presence of A-D behavior levels between groups, as well as the most frequent antisocial and criminal behaviors, Student's *t* test for independent samples was applied to determine if there were differences in the presence of depression and anxiety between groups, and the Mann Whitney U test was applied to compare the presence of the levels of these same variables in the groups. Finally, Spearman's correlation was applied to correlate the levels of depression and anxiety with the levels of delinquency in adolescents in the groups with medium-high and high antisocial-delinquent behavior..

RESULTS

Fifty-two male adolescents from Mexico City were evaluated; 26 of them are part of a social reintegration center (GRS) and the other 26 do not belong to this center, forming the control group (CG). Both groups had a mean age of 17 years ($SD=1.25$; $SD=1.29$, respectively), and a mean schooling of 8 years ($SD=1.32$; $SD=1.31$, respectively). Student's *t*-test for independent samples showed no statistically significant differences between the groups in age ($t=-0.301$; $p=0.76$) and schooling ($t=0.105$; $p=0.91$).

The Antisocial-Delinquent Behavior Questionnaire (Seisdedos and Sanchez, 2001) was used to determine the level of this

behavior present in both groups. A significant difference was observed between groups (applying Student's *t*-test for independent samples ($t=3.510$; $p=0.001$), with the group of adolescents belonging to the social reintegration center having the highest level of this behavior. This group presented low antisocial delinquent behavior in 15.4% ($n=4$), low average in 15.4% ($n=4$), high average in 50% ($n=13$) and high in 19.2% ($n=5$). While in the control group ($n=26$) low antisocial-delinquent behavior was present in 34.6% ($n=9$), low mean 42.3% ($n=11$), high mean 23.1% ($n=6$) and high was not present ($n=0$). Significant differences ($u=171$; $p=0.001$) were found between the levels of A-D behavior between groups.

In total, between both groups, they accumulated 19 adolescents with medium high antisocial-delinquent behavior (MA) and 5 with high antisocial-delinquent behavior (A).

The antisocial behavior items that were most frequent at these levels are "going out without permission" (MA=78.9%; A=80%), "swearing" (MA=94.7%; A=80%), "being late for work, school or home" (MA=84.2%; A=60%), "knocking on someone's door and running away" (MA=63.2%; A=100%), "eating when it is forbidden" (MA=63.2%; A=80%), "talking back to a superior or authority" (MA=63.2%; A=80%), and "fighting with others with blows, insults or offensive words" (MA=78.9%; A=100%). No significant differences were found between antisocial behaviors ($u=176.5$; $p=0.832$). On the other hand, the most recurrent criminal behavior items were "belonging to a gang that makes trouble, gets into fights or creates disturbances" (MA=15.8%; A=75%), "carrying a weapon" (MA=36.8%; A=100%), "struggling or fighting to escape from a police officer" (MA=31.6%; A=80%), "stealing things or money from slot machines, public telephone" (MA=21.1%; A=80%), "stealing clothes from clotheslines or things from the pockets of clothes hanging on a hanger" (MA=0%; A=100%), "consuming drugs" (MA=63.2%; A=80%) and "entering a prohibited club or buying prohibited drinks" (MA=52.6%; A=80%). Significant differences were found ($u=56$; $p=0.003$) between the criminal behaviors presented.

Between groups.

There were no significant differences in depression and anxiety between groups. Regarding depression, GRS presented a mild level ($M=12/DE=9.25$), while GC presented a minimal level ($M=8/DE=6.53$). In anxiety, both GRS ($M=8/DE=5.47$) and GC ($M=8/DE=7.02$) presented a mild level. Regarding the percentages of the levels of depression presented in the GRS and the CG. In the GRS, 50% had a minimum level of depression, 26.9% had a mild level, 15.4% had a moderate level and 7.7% had a severe level. In the CG, 71.3% presented a minimum level of depression, 15.4% had a mild level and 11.5% had a moderate level. Comparison between groups reported no significant differences ($u=129$; $p=0.374$).

In the percentage of anxiety levels, in the GRS, 42.3% presented a minimal level of anxiety, 50% obtained a mild level

and 7.7% had a moderate level. In the CG, 34.6% presented a minimum level, 53.8% had a mild level, 7.7% had a moderate level and 3.8% showed a severe level of anxiety. The comparison between groups reported no significant differences ($u=251.5$; $p=0.646$).

Spearman's correlation coefficient was used to correlate the levels of depression and anxiety with the groups with medium high and high A-D behavior. Depression obtained a medium positive correlation ($r=0.408$; $p=0.003$) and for anxiety ($r=0.275$; $p=0.048$) a low positive correlation was obtained.

DISCUSSION

The presence of antisocial delinquent behavior was identified in adolescents from a social reintegration center (GRS) and in control adolescents (GC), and significant differences were observed between these groups, with the GRS showing higher levels of this behavior. Despite the presence of A-D behavior in both groups, the GRS reported more delinquent behaviors (carrying weapons, struggling or fighting to escape from the police, frequently spending more money than one has in gambling, getting money by threatening weaker people, consuming drugs, entering a prohibited place or consuming drugs, etc.), entering a forbidden place or consuming alcoholic beverages) than non-criminal antisocial behaviors, while the CG reported more non-criminal antisocial behaviors (such as rioting in public places, leaving without permission, swearing, knocking on someone's door and running away, eating when forbidden, talking back to a superior) than criminal ones. This coincides with a study conducted with juvenile offenders and non-offenders (Sanabria and Uribe, 2009), in addition to the fact that non-offending minors reported having committed more non-delinquent antisocial behaviors than offenders. In this regard, Moffitt (1993) mentions that temporary and "situational" antisocial behavior is characteristic of the adolescent population, in addition to the fact that a large number of this population has at some time participated in violent activities or demonstrations related to antisocial and criminal acts. The presence of antisocial-criminal behavior in the CG is linked to what Seisdedos (1995) pointed out, who calls "black figure" the criminal acts not officially registered, but which comprise the most important amount of antisocial behavior. A factor that has been found to be involved in the development of antisocial and criminal behavior is the high plasma level of testosterone, since it was observed that in young people aged 15 and 16 considered to be aggressive "bully leaders" this substance was present in greater quantities than in non-aggressive youths (Tremblay et al., 1996). Contextual and socialization factors have also been implicated in the development of antisocial criminal behavior. For example, it has been found that unfavorable economic conditions correlate with other types of deprivations that favor antisocial and delinquent behavior, such as less supervision in the school environment, poorer school quality, fewer resources to control leisure time, more dysfunctional families, more violence in the

home, less parental responsibility and more authoritarianism, poorer quality of health institutions and less police security (Evans, 2004).

The literature indicates that childhood maltreatment may be predictive of antisocial behaviors in adolescence. The development of this type of behavior has been linked to physical abuse in childhood and emotional neglect; authors have proposed an intergenerational transfer in which assaulted minors would present sequelae such as school failure, increased risk behaviors, teenage pregnancy and family poverty (Egeland, et al., 2002; Serbin & Karp, 2004).

This may indicate that the development of antisocial and criminal behavior in adolescence may be the result of elements present in childhood that have had repercussions at the psychological level.

In this study, the levels of depression and anxiety in adolescents in the social reintegration center and control adolescents were described and no significant differences were found. The GRS presented a mild level of depression and minimal anxiety, while the CG presented minimal depression and anxiety. It was to be expected that the GRS youths would present a certain degree of depression and anxiety, since it has been seen that many individuals who present antisocial behaviors manifest a high comorbidity with emotional disorders such as depression and anxiety (Lahey & McBurnett, 1992). With the percentages, it was observed that although most of the young people showed minimal and mild depression, there were also those with moderate and severe levels of depression, but in lower percentages. Likewise with anxiety, although on average the GRS showed minimal levels, the presence of mild and moderate levels was also observed in lower percentages. The fact that the mean indicated for the GRS a mild level of depression and minimal anxiety may be due to the fact that, being part of a social reintegration center, they are receiving specialized care where they are receiving legal, therapeutic and scholastic support that allows them to move forward and achieve reintegration into family, school and work. These actions may be helping these adolescents' state of mind. They correlated the levels of depression and anxiety with the levels of antisocial-criminal behavior in the medium-high and high levels.

They correlated the levels of depression and anxiety with the levels of antisocial-criminal behavior in the medium-high and high levels. In both cases there was a positive correlation and, in both depression, and anxiety the level presented was mild, that is, the levels of depression and anxiety increased as the level of antisocial-delinquent behavior increased, although in both cases the level for both psychiatric measures was mild.

In conclusion, the presence of A-D behavior was observed in both the GRS and the CG, with the GRS presenting more delinquent behaviors while the CG presented more non-delinquent antisocial behaviors. The GRS presented a mild level of depression, while the SG presented a minimal level. Both groups presented a mild level of anxiety. The relationship of depression and anxiety with the levels of A-D behavior was

high and high, and the higher the level of A-D, the higher the relationship of psychiatric variables of depression and anxiety.

REFERENCES

- Blum, R. W., Beuhring, T., & Rinehart, P. M. (2000). Protecting teens: Beyond race, income and family structure. Minneapolis: Center for Adolescent Health, University of Minnesota. Retrieved from <http://www.doe.in.gov/sdfsc/pdf/protectingteens.pdf>.
- Cauffman, E., Steinberg, L., & Piquero, A. R. (2005). Psychological, neuropsychological and physiological correlates of serious antisocial behavior in adolescence: The role of self-control. *Criminology: An Interdisciplinary Journal*, 43(1), 133–176. <https://doi.org/10.1111/j.0011-1348.2005.00005.x>
- Egeland, B., Yates, T., Appleyard, K., Van Dulmen, M. (2002). The long-term consequences of maltreatment in the early years: a developmental pathway model to antisocial behavior. *Children's services social policy, research and practice*, 5,4, 249-260.
- Evans, G. (2004). The environment of childhood poverty. *American Psychologist*, 59, 77-92.
- Gaeta, M. L., & Galvanovskis, A. (2011). Propensión a conductas antisociales y delictivas en adolescentes mexicanos. *Psicología iberoamericana*, 19(2). ISSN 1405-0943
- García, J., Zaldívar, F., de la Fuente, L., Ortega, E., y Sainz-Cantero, B. (2012). El sistema de Justicia Juvenil de Andalucía: descripción y presentación de resultados a través de la investigación empírica. *Edupsykhé*, 11(2), pp. 287-316.
- Iglesias, J. (2013). Desarrollo del adolescente: aspectos físicos, psicológicos y sociales. marzo, 2013, de Padiatría Integral Sitio web: <https://www.pediatriaintegral.es/numeros-antiores>
- Jurado, S., Villegas, M. E., Méndez, L., Rodríguez, F., Loperena, V., & Varela, R. (1998). La estandarización del Inventario de Depresión de Beck para los residentes de la Ciudad de México. *Salud Mental*, 21, 26-31.
- Kazdin, A. E. (2003). Psychotherapy for children and adolescents. *Annual Review of Psychology*, 54, pp. 253-276.
- Kohlberg, L., Ricks, D., & Snarey, J. (1984). Childhood development as a predictor of adaptation in adulthood. *Genetic Psychology Monographs*, 110(1), 91–172.
- Lahey, B.B., McBurnett, K. (1992). Behavioral and biological correlates of aggressive conduct disorder: Temporal stability. In D. Routh (Chair), The Psychobiology of disruptive behavior disorders in children: Tribute to Herbert Quay . Symposiums conducted at the annual meeting of the Society for Research in Child and Adolescent Psychopathology, Sarasota, F.L.
- Lewinsohn, P., Rohde, P., Seeley, J., Klein, D., & Gotlib, I. (2000). Natural course of adolescent major depressive disorder in a community sample: Predictors of recurrence in young adults. *The American Journal of Psychiatry*, 157 (10), pp. 1584-1597.
- Morales, H. (2008). Factores asociados y trayectorias del desarrollo del comportamiento antisocial durante la adolescencia: implicaciones para la prevención de la violencia juvenil en América Latina. *Interamerican Journal of Psychology*, 42, 129-142
- Moffitt, T. E. (1993). Life-course-persistent and adolescence-limited antisocial behavior: A developmental taxonomy. *Psychological review*, 100(4), pp. 674-701.
- Organización Mundial de la Salud (2003). Informe mundial sobre la violencia y la salud. Washington: OMS.
- Romero, E. & Orozco, G. (2017). Conducta antisocial delictiva en la adolescencia y funciones ejecutivas. *Ciencia y Futuro*, 7(1)109-131.
- Pineda, P. S., y Santiago, A. M. (2002). El concepto de la adolescencia. En R. Márquez. (Ed.), Manual de Prácticas Clínicas para la atención integral de la Salud en la Adolescencia (pp. 15-23). Ciudad de la Habana, Cuba: MINSAP
- Robles, R., Varela, R., Jurado, S y Páez, F.(2001). Versión mexicana del inventario de ansiedad de Beck: propiedades psicométricas, *Revista Mexicana de psicología*, 18(2), 211-218.
- Sanabria, A. M., & Uribe Rodríguez, A. F. (2009). Conductas antisociales y delictivas en adolescentes infractores y no infractores. *Pensamiento Psicológico*, 6(13), pp. 203-217
- Seisdedos, N. (1988). Cuestionario A-D de conductas antisociales-delictivas. Madrid: TEA.
- Seisdedos, N., y Sánchez, P. (2001). Cuestionario de conductas antisociales y delictivas A-D. México: El Manual Moderno.
- Serbin, L. A., Karp, J. (2004). The integrational transfer of psychosocial risk: Mediators of vulnerability and resilience. *Annual Review of Psychology*, 55, 333- 363.
- Tremblay, R.E., Boulerice, B., Harden, P.W., Mc Duff, P., Perusse, D., Pihl, R.O. y Zoccolillo, M. (1996). Do children in Canada become more aggressive as they approach adolescence? In Human Resource Development Canada and Statistics Canada (Eds). Growing up in Canada: National Longitudinal Survey of Children and Youth (pp. 127-137). Ottawa, Ontario, Canada: Statistics Canada.
- Urzúa, R. F., & Correa, M. V. (1998). El adolescente y sus conductas de riesgo. Ediciones Universidad Católica de Chile.