## **Postdoctoral Proposal**

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## **A gendered analysis based on the Cambridge Study in Delinquent Development**

There are few prospective longitudinal studies that permit an examination of continuity and change in the development of criminal behavior over a long period of time. One of the main objectives of such studies has been to identify and understand the risk factors that may affect an individual’s progress into and out of crime. Evidence from such studies may have policy implications and, thus, can be used by governments to inform and develop intervention programs aimed at halting this progression.

This study will be based on information from two generations of the Cambridge Study in Delinquent Development (CSDD), a prospective longitudinal study of 411 males from an inner-city area of London in the United Kingdom who were followed over 50 years. The data include detailed information on the criminal careers of these men up to age 50, utilizing official records found in the Criminal Record Office and the Police National Computer. These repeated searches over the 40-year period of the study provided information on the offenses of the men, their parents, their siblings, and, in later years, their wives and partners (Farrington, Barnes & Lambert, 1996; Farrington, Lambert & West, 1998). Analyses of the data suggest a general persistence of antisocial behavior from childhood to adulthood (Farrington & West, 1995; Osborn & West, 1979). Information on the childhood risk factors (for the generation 2 males) was collected in interviews and questionnaires administered at ages 8 to 10. Twenty specific risk factors were identified that included three domains of the early family life of the males: environmental and socioeconomic adversity, family and parenting factors, including maltreatment, and individual characteristics.

The proposed research project has the following objectives:

The project will code and computerize medical reports on the physical and mental health of the generation 2 males who participated in the CSDD. These are data reported by general practitioners and collected from surgeries in the U.K. longitudinal study.

The project will also code and computerize the medical reports of their female partners, including physical illnesses consisting of respiratory tract, cardiovascular, musculoskeletal, skin, allergic, gastrointestinal, and infectious illnesses; disabling medical conditions; mental illness consisting of psychological episodes and psychiatric inpatient admissions; and incidents of “being hospitalized” (Skinner & Farrington, 2020).

The produced dataset will be compared with the self-reported (physical and mental) health data of both generation 2 males and their female partners.

The primary aim of the study is to formulate a broader research proposal, using data parallel to the longitudinal data of the CSDD, in collaboration with Professor Maria Ttofi and other experts of the Institute of Criminology, University of Cambridge, in the field of juvenile delinquency for the purpose of designing intervention programs.

The project also will facilitate attendance at department seminars and workshops, participation in relevant conferences, and encouragement of collaboration with fellow researchers during my postdoctoral research. This is vital for amplifying my engagement in the field of juvenile delinquency and sharing the knowledge acquired from this study through networking and cooperation with professors and fellows in the department whose research and training are of relevance to the field.

**Methodology**

Hypotheses are tested using data from the CSDD on the criminal behavior of 411 males from South London who were born in approximately 1953. First set up in the early 1960s when the boys were aged 8 to 9, the primary aim was to study the development of offending and antisocial behavior. Since 1961–62, the males were studied at frequent intervals using a multi-informant approach (self-, parent-, teacher-, and peer-reports). Information has been obtained on individual, family, school, and social characteristics. Additionally, conviction and medical records have been studied (Farrington, Piquero, & Jennings, 2013). Between 2004 and 2007, the biological children of the males who participated in the original study were followed up on, leading to interviews with 551 children (84.4% of those eligible) (Farrington, Ttofi, Crago, & Coid, 2015).

The first step of the statistical analysis is to investigate the strength of the relationships between the medical reports on the physical and mental health of the males and their female partners and their self-reported physical and mental health data. Logistic regression analyses will be used to investigate which variables were independently predictive in multivariate models, using forward stepwise entry to avoid potential multicollinearity.

Using the merged datasets, the investigation will:

Investigate the convergence/divergence between the self-reported and medically-reported data for the generation 2 males and their female partners.

Compare gender differences between G2 males and their partners regarding the convergence/divergence between self-reported and medically-reported data, i.e., who conceals the most, the males or the females? How can potential gender differences be explained?

Investigate whether the most antisocial females have a greater tendency to conceal their health history than their least antisocial counterparts based on a comparison of the two sources of health reports (i.e., self-reported and GP-reported).

Explore the childhood experiences, including abuse and neglect, of generation 2 males and their effect on both the propensity of being adult victims of violence and perpetrating crime in general.

Investigate whether self-reported or GP-reported health data are most predictive of generation 3’s physical and mental health.