## **Post-Doctoral Proposal**

## **Lana Jeries-Loulou**

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

There are few prospective longitudinal studies which allow the study of continuity and change in life course criminology over a large number of years. One of the main roles of such studies has been to identify and understand the key factors that may affect an individual’s progress into and out of crime. Evidence from such studies can have policy implications and could be used by governments to inform and develop policies for intervention which attempt to halt this progression.

The study will be based on using information from two generations of the Cambridge Study in Delinquent Development which is a prospective longitudinal study of 411 males from an inner London area in the UK who have been followed up over a period of 50 years. The data has detail the criminal careers of these men up to age 50 utilizing official records searched in the Criminal Record Office and later the Police National Computer. These repeated searches over the 40-year period have provided information on the offences of the men, their parents, their siblings and in later years of their wives and partners (Farrington, Barnes & Lambert, 1996; Farrington, Lambert & West, 1998). Analyses of the data will suggest a general continuity in antisocial behaviour from childhood through to adulthood (Osborn & West, 1979; Farrington & West, 1995). The Childhood risk factors (for Generation 2 males), includes information collected in the interviews and questionnaires at ages 8 to 10, 20 risk factors were identified that covered 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 will strive to obtain number of objectives:

1. The purpose of this project is to code and computerize medical reports on physical and mental health of Generation 2 males. These are General Practitioner reported data collected from surgeries in the UK longitudinal study based on the Cambridge Study in Delinquent Development.
2. Another purpose is to code and computerize the medical reports for their female partners. It includes Physical Illness’, 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 ‘Ever Hospitalized’ (Skinner & Farrington, 2020).
3. The produced dataset will be compared with self-reported data (physical and mental) health data of both Generation2 males and their female partners.
4. Formulation of a broader research proposal, parallel to using the data of longitudinal Cambridge Study in Delinquent Development and in collaboration with the host professor Maria Ttofi institute of Criminology, the university of Cambridge, and increase communication with experts from the institute, in general, regarding the field of juvenile delinquency and intervention programs designed in the field.
5. Attending department seminars and workshops, participating in relevant conferences, and encouraging collaboration with fellow researchers during my post-doctoral research, to amplify my engagement in the field of juvenile delinquency and, sharing the knowledge acquired from this study through networking and cooperation with professors and fellows on the department whose research and training is of relevance to the field.

**Methodology**

Hypotheses are tested using data from the Cambridge Study in Delinquent Development (CSDD), a prospective longitudinal study of the development of offending behavior among 411 males from South London who were born around 1953. First set up in the early 1960’s, when the boys were aged 8 to 9, the primary aim was to study the development of offending and antisocial behaviour. Since 1961-62, the males have been 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 original study males were followed up, leading to interviews with 551 children (84.4% of those who were eligible) (Farrington, Ttofi, Crago, & Coid, 2015).

The first step of the statistical analysis was to investigate the strength of the relationships between medical reports on physical and mental health for males and their females partners and their self-reported data (physical and mental) health data. Forward stepwise, Logistic regression analyses will use to investigate which variables were independently predictive in multivariate models, using forward stepwise entry to avoid any potential multicollinearity.

Based on the merged datasets, the aim is to investigate:

a) investigate convergence/divergence between self-reported and medically-reported data for males and their female partners.

b) compare gender differences (G2 males versus partners) in the extent of convergence/ divergence between self-reported and medically-reported data. In other words, who conceals the most, the males of the females? How can potential gender differences be explained?

c) Based on comparing the two sources of health reports (i.e. self-reported and GP-reported), investigate whether the most antisocial females have a tendency to conceal their health history compared to the least antisocial counterparts.

1. To explore childhood experiences (include; abuse and neglect) of Generation 2 males, and their effect on the propensity of adult victims of violence and perpetration of crime in general.

e) A final aim is to investigate which of the two sources (i.e. self-reported or GP-reported) of health data are most predictive of Generation 3 children’s (physical and mental) health.