CONDITION

Conduct disorder

Conduct disorder is a persistent pattern of aggressive or rule-breaking behaviour that harms others or seriously disrupts daily life.

WHAT IT IS
Persistent behaviour violating others' rights or major rules

BODY SYSTEM
Mental health and behaviour

MAIN SYMPTOMS
Aggression, property damage, deceit or theft, serious rule-breaking

WHAT CAUSES IT
Combined genetic, developmental, family, and social factors

HOW IT IS DIAGNOSED
Comprehensive mental health assessment using several informants

MAIN TREATMENT
Family-based and behavioural therapies, plus support for related conditions

CAN IT BE CURED?
Sometimes - behaviour can improve and no longer meet criteria

IS IT AN EMERGENCY?
Sometimes - immediate danger, serious violence, or fire-setting

LONG-TERM OUTLOOK
Earlier support improves chances; some difficulties continue into adulthood

Overview

Conduct disorder is a mental health condition diagnosed mainly in children and teenagers. It involves a repeated and persistent pattern of behaviour that violates other people's rights or major rules expected for the young person's age.

The behaviour may include aggression, cruelty, deliberate property damage, stealing, serious dishonesty, running away, or repeatedly staying out despite clear limits. It causes meaningful problems at home, at school, with friends, or in the community.

Conduct disorder is more than occasional disobedience, anger, or poor judgment. Most young people test boundaries at times. For this diagnosis, the pattern is more severe, lasts over time, and causes significant harm or disruption.

A diagnosis does not mean a young person is "bad," incapable of caring, or certain to become involved in crime. Behaviour develops within a wider picture that may include stress, trauma, learning difficulties, family pressures, other health conditions, and the young person's strengths.

Conduct disorder matters because it can affect education, safety, family relationships, and future opportunities. Early, coordinated support may reduce harmful behaviour and improve life at home and school.

Symptoms

Symptoms fall into four broad groups. A young person may have behaviours from one or several groups.

Some young people act impulsively when angry. Others plan their actions. Behaviour may happen in several settings or mainly within one setting, such as school or the community.

Other possible signs include frequent conflict with adults, poor school attendance, association with risky peer groups, substance use, and limited concern after hurting someone. These signs are not enough by themselves to confirm conduct disorder.

A clinical assessment may include a feature called "limited prosocial emotions." This refers to a persistent pattern of low guilt, reduced concern about performance, or limited emotional expression. It should be assessed carefully across different relationships and situations. It does not mean the young person can never feel empathy or form close relationships.

- Aggression: threatening or bullying others, frequent physical fights, using a weapon, cruelty to people or animals, or forcing sexual activity
- Property damage: deliberately setting fires or destroying property
- Deceit or theft: repeated lying for gain, breaking into property, shoplifting, or stealing valuable items
- Serious rule-breaking: repeatedly staying out overnight, running away, or regularly missing school before the mid-teen years

Causes and risk factors

Conduct disorder does not have one cause. It usually develops through an interaction between a young person's biology, development, relationships, and environment.

Genetic differences may affect temperament, impulse control, sensitivity to rewards, and

responses to stress. Genes influence risk, but they do not determine a young person's future.

Developmental factors may include difficulty managing emotions, solving social problems, understanding consequences, or learning from punishment. Language, learning, and attention difficulties can contribute to frustration and conflict if they are not recognised.

Experiences and surroundings can also affect risk. These may include exposure to violence, abuse or neglect, severe family conflict, inconsistent or harsh discipline, unstable housing, poverty, school failure, or peer groups where aggression is encouraged. These are risk factors, not proof of cause.

Conduct disorder often occurs alongside another condition, such as attention deficit hyperactivity disorder (ADHD), depression, anxiety, post-traumatic stress disorder, substance use problems, or learning disabilities. Recognising these conditions can change the support a young person needs.

Parents and caregivers are not automatically to blame. Family stress can affect behaviour, while severe behaviour can also place intense stress on a family. Treatment usually involves caregivers because everyday relationships and routines are important places to build change, not because the family is being accused.

Diagnosis

There is no blood test, brain scan, or questionnaire that confirms conduct disorder. Diagnosis requires a detailed mental health assessment by a qualified professional.

The assessment usually gathers information from the young person and, when appropriate, parents or caregivers, school staff, and other people who know them well. Behaviour can look different in different settings, so several viewpoints are useful.

In the DSM diagnostic framework, at least three specified behaviours must have occurred during the previous 12 months, with at least one occurring during the previous 6 months. The pattern must also cause significant problems in social life, education, work, or other important areas. A clinician considers the young person's age, development, circumstances, and culture rather than counting incidents alone.

The assessment may cover:

Conduct disorder can resemble oppositional defiant disorder, which mainly involves angry, argumentative, or defiant behaviour without the same degree of aggression, theft, destruction, or serious rights violations. Trauma reactions, mood episodes, substance use, and developmental conditions can also produce difficult or risky behaviour.

Clinicians may describe conduct disorder as childhood-onset or adolescent-onset, based on when symptoms began. They also assess severity. These details help with planning and provide some information about likely future needs, but they cannot predict one person's outcome.

- The behaviour, how often it happens, and what occurs before and afterward
- Safety risks, including violence, weapons, fire-setting, exploitation, and self-harm
- Home life, school experience, friendships, and community pressures
- Physical health, development, communication, and learning
- Trauma, abuse, neglect, bullying, or other major stress
- Alcohol or drug use
- ADHD, mood, anxiety, autism, and other mental health conditions

Treatment and management

Treatment is tailored to the young person's age, development, behaviour, family circumstances, and other health needs. A plan often involves mental health services, caregivers, school, and sometimes social or youth services.

Psychological and family-based treatments are central. Effective programmes are structured and require active practice between sessions.

For younger children, parent or caregiver training can help adults use clear expectations, consistent consequences, praise, and positive attention. The aim is to strengthen the relationship and reduce cycles in which conflict keeps escalating.

School-age children and teenagers may receive therapy that builds emotional regulation, social problem-solving, communication, and the ability to consider consequences. Cognitive behavioural approaches help a young person notice patterns in thoughts and actions and practise safer responses.

Young people with severe or wide-ranging difficulties may benefit from an intensive programme involving home, school, peers, and community. Examples include multisystemic or other coordinated family-based therapies. Availability differs between areas.

Management may also include:

Medication is not usually the main treatment for conduct disorder itself. Treating a related condition such as ADHD may reduce impulsivity and improve participation in therapy.

In some cases, a specialist may consider short-term medication for severe aggression that has

not improved with psychosocial treatment. Antipsychotic medicines such as risperidone can cause weight gain, metabolic changes, movement problems, and hormonal effects, so careful monitoring is needed. Medication does not replace family, behavioural, and social support.

Progress should be reviewed using specific goals, such as fewer fights, improved attendance, safer behaviour, or better family communication. Setbacks do not necessarily mean treatment has failed. The plan may need to address new pressures or an unrecognised condition.

- A school plan addressing attendance, learning needs, bullying, and predictable boundaries
- Treatment for ADHD, depression, anxiety, trauma, or substance use
- Practical support for housing, family stress, or exposure to violence
- Safety planning around weapons, fire-setting, aggression, or exploitation
- Activities that build skills, positive relationships, and realistic goals

Complications

Without effective support, conduct disorder can affect many parts of life. Possible complications include injury, school suspension or exclusion, poor academic progress, damaged relationships, unsafe sexual behaviour, substance misuse, arrest, or exploitation by others.

Family members may experience stress, fear, financial strain, or injury. Siblings may also need support and a safety plan.

Conduct disorder is linked with a higher risk of later depression, substance use disorders, employment problems, and antisocial personality disorder. Antisocial personality disorder is an adult diagnosis involving a long-term pattern of disregarding other people's rights.

These outcomes are not inevitable. Many young people improve, particularly when difficulties are identified early and treatment addresses their individual, family, educational, and social needs.

Prevention

There is no guaranteed way to prevent conduct disorder. Genetic and developmental factors cannot simply be removed, and families cannot control every influence in a young person's life.

Early support may lower risk or prevent behaviour from becoming more severe. This can include help with language and learning problems, ADHD treatment, trauma-informed care,

support for caregivers, and action on bullying, abuse, or unsafe environments.

Structured parenting programmes can help when a younger child has persistent aggressive or defiant behaviour. Stable routines, clear boundaries, positive attention, and calm consequences may support change, but they are not substitutes for professional help when behaviour is dangerous or severe.

Reducing a child's exposure to violence and making weapons, alcohol, drugs, and fire-starting materials less accessible can improve safety. Any suspected abuse, neglect, or exploitation requires appropriate safeguarding support.

Living with it and what to expect

Conduct disorder can change over months and years. Some young people have a short period of serious behaviour during adolescence and improve as their circumstances, relationships, and judgment mature. Others have difficulties beginning in early childhood and need support for longer.

On average, childhood-onset symptoms, severe aggression, and several coexisting conditions are linked with a greater chance of difficulties continuing into adulthood. This describes group patterns and cannot predict what will happen to one young person.

Improvement often happens gradually. Early changes may include fewer dangerous incidents, shorter conflicts, better school attendance, or greater willingness to accept help. Trust and relationships can take longer to rebuild.

Regular follow-up is useful while symptoms are active. Reviews may involve mental health services, primary care, school staff, and family support services. Follow-up is routine when it checks progress, medication effects, school needs, or changes in family circumstances. It becomes urgent if safety risks increase.

At home, it can help to keep expectations brief and specific, recognise positive behaviour, and avoid arguing during a dangerous escalation. Caregivers may need their own emotional and practical support. Looking after caregiver wellbeing is part of maintaining a safer and more stable home.

Many young people with conduct disorder continue education, work, and relationships, especially when they receive sustained support and have opportunities to develop their strengths. No single diagnosis defines their character or future.

When to get medical help

Arrange a routine appointment if a child or teenager has a continuing pattern of aggression, stealing, property damage, serious lying, school absence, or rule-breaking that is disrupting daily life. Help is also appropriate when caregivers feel unable to keep boundaries consistent or family life has become dominated by conflict.

Seek prompt or same-day professional help if behaviour is rapidly worsening, there are credible threats of serious violence, a young person is carrying a weapon, or there is escalating substance use. Fire-setting requires urgent assessment even if nobody has been injured.

Contact emergency services now if there is immediate danger to the young person or anyone else, a weapon is being used, a serious assault is taking place, a fire has been started, or there has been an overdose. Move to safety rather than trying to physically control a dangerous situation alone.

Immediate help is also needed for suicidal thoughts with intent, a suicide attempt, severe self-harm, or extreme intoxication. If a young person reports abuse or exploitation, take the disclosure seriously and contact local safeguarding or emergency services according to the immediate risk.

Common questions

Is conduct disorder the same as being naughty?

No. Ordinary misbehaviour is usually occasional and responds to guidance. Conduct disorder involves a persistent pattern of serious behaviour that harms others, violates rights, or causes major disruption.

Is conduct disorder the same as oppositional defiant disorder?

No. Oppositional defiant disorder mainly involves anger, arguing, and defiance. Conduct disorder includes more serious acts such as aggression, theft, deliberate destruction, or major rule violations. Some young people develop conduct disorder after earlier oppositional symptoms, but many do not.

Can a child grow out of conduct disorder?

Some young people improve and no longer meet diagnostic criteria. Others continue to have behavioural or mental health difficulties. Earlier onset, greater severity, and coexisting problems can affect the course, but they do not determine an individual outcome.

Is conduct disorder caused by bad parenting?

No single parenting style causes every case. Biology, development, trauma, peer influences, school experiences, family stress, and community conditions may all contribute.

Caregiver-focused treatment can still be helpful because family interactions are an important place to support safer behaviour.

Can medication cure conduct disorder?

No medication cures conduct disorder. Medicines may treat related conditions or, under specialist care, help with severe aggression for a limited period. Psychological, family, educational, and social interventions remain central.

Can adults have conduct disorder?

Conduct disorder is mainly diagnosed before adulthood. Adults with a history of conduct problems may have no continuing disorder, may have another mental health condition, or may meet criteria for antisocial personality disorder. These diagnoses are not interchangeable.

Sources

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