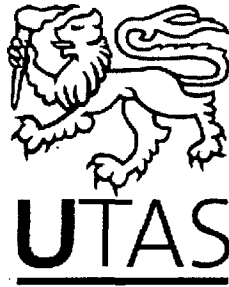


**Masters  
In Criminology and Corrections**



**Parenting Style and Antisocial Pathways: The Implications of  
Rational Choice Assumptions in Crime Prevention**

Rosemary Ac, B.A. (Hons.)

October 2008

**School of Sociology and Social Work  
University of Tasmania**

## **Contents**

<b>List of Tables</b>	iv
<b>Acknowledgements</b>	v
<b>Abstract</b>	1
<b>INTRODUCTION</b>	2
<b>CHAPTER 1 - CONTEMPORARY APPROACHES IN CRIME PREVENTION</b>	6
Cultural Changes	8
Social Capital, Human Capital and Innate Traits	9
Cognitions or Emotions	11
<b>CHAPTER 2 - DEVELOPMENT VERSUS PREVENTION THEORIES</b>	14
Pathways – Development Issues	14
Rational Choice Assumptions	15
Prevention – Turning Points	16
Origins of Rational Choice/Ecological Explanations	17
Social Ties and Socio-psycho-biological Understandings	19
Persisters and Desisters	20
Innate Resilience or Low Self Control	22
<b>CHAPTER 3 - THE IMPORTANCE OF EARLY PARENTING EXPERIENCE</b>	24
Ecological or Ethological Explanations of Offending	24
Not only the Poor Lack Parenting Skills	25
Crime Control and Offending Pathways	26
Early Bonding Origins of Social Orientation	29
Childlike Dependency versus Resilience and Self-Reliance	32
Social Bonds and Social Learning	33

<b>CHAPTER 4 - ANTISOCIAL BEHAVIOUR AND PARENTING: AN INTERVIEW STUDY</b>	<b>37</b>
Ethical Issues in Studying Parenting Style	37
Interview Issues	38
Method of Participant Recruitment	39
Confidentiality, Reliability and Integrity	41
<b>CHAPTER 5 - PRACTITIONERS' VIEWS OF SYMPTOMS</b>	<b>42</b>
Attachment and Bonding	42
Wilful Children, Teenagers and Adults	43
Generational Mental Malaise and Drug Taking	44
Problematic Relationships	45
Role Reversals and Controlling Behaviours	46
Older Mothers' Unrealistic Expectations	48
Step-parents and Absence of Fathers	48
Low Confidence, Apathy and Victim-hood	49
Grandparents Taking on Parenting Role	51
<b>CHAPTER 6 - PRACTITIONERS' THEORIES ON PARENTING IMPLICATIONS</b>	<b>52</b>
Attachment to Care-giver	52
Attention-seeking and Victimisation	54
Controlling Behaviours Relate to Aggression	55
Deficiencies of Social Capital	56
Effects of Culture	56
Fighting Couples	56
Problem Areas in Practice	57
Practitioners' Views on Social Rehabilitation	61
<b>CONCLUSION - IMPLICATIONS FOR RATIONAL CHOICE THEORY</b>	<b>69</b>
References	76

## **List of Tables**

<b>Table 1</b> - ECONOMIC WELL-BEING & SOCIAL MALAISE IN AUSTRALIA	6
<b>Table 2</b> - PARENTING STYLE PATHWAYS TO SOCIAL OR ANTISOCIAL/ ASOCIAL BEHAVIOUR	28

## **Acknowledgements**

This Masters dissertation was prepared with the assistance of seven practitioners from various organisations in Tasmania who participated in an interview based on their observations, in practice, of emerging social trends in Tasmania. The interviews involved a short discussion about rising levels of antisocial behaviour and the ways people experiencing difficulties are being assisted. I would like to thank the dedicated staff for finding the time to contribute to this report and provide expert, intuitive and compassionate input from their many years of observations in dealing with large numbers of people. Their knowledge, gained from day-to-day personal interactions with clients to help them with parenting and relationship issues, is invaluable. This insight is what is needed to direct policy focus on real areas of need which can lead to improved approaches in reducing offending pathways and promoting inter-generational well-being.

Special thanks to Dr Max Travers for his excellent supervision and guidance.

**Statement of Authority of Access**

This thesis may be made available for loan and limited copying in accordance with the Copyright Act 1968.

Rosemary Ac .....

**Declaration of Authorship**

This thesis contains no material which has been accepted for a degree or diploma by the University or any other institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

Rosemary Ac .....

## **Abstract**

This dissertation looks at the problem of increasing rates of antisocial behaviour in western countries. As such, the structural models being proposed to ameliorate this trend in Australia are questioned. Current strategies include tough punitive measures, cognitive education, therapy and diversion through welfare services. However, over the last two decades, increases rather than decreases in criminal behaviour and depressive illness have occurred, especially in Tasmania. By means of interviews with practitioners, from various agencies, problems in trying to address antisocial trends are examined.

There are many theories on offending, with the idea of 'pathways' prominent in recent literature. However, Australian crime prevention approaches are becoming less focused on developmental explanations in favour of a 'rational choice' view which seems to blame the underprivileged for their problems. Furthermore, although acknowledging the need for early intervention, rational choice notions downplay the implications of parenting style on offending pathways. This is because of an assumption that trust is inbuilt and behavioural motivations instrumental and reciprocal. Hence, the idea is that those who are inherently resilient will overcome their disadvantage by choosing good role models and supports during life transitions. Consequently, both developmental and rational choice models attend to the journey rather than the source of social pathways. This dissertation argues that the sensitive pre-language phase of childhood is where feelings of trust and empathy develop, temperament is determined and pro-social or antisocial propensities arise. By noting emerging patterns of behaviour observed by practitioners and exploring the literature on offending, it is hoped to highlight how parenting style is not just one of the many factors involved in offending behaviour but the principal driver of social outcomes.

## INTRODUCTION

It appears that in wealthy countries, like Australia, a focus on economic well-being coupled with individualistic ideals, offers no guarantee of social well-being. The conviction that selfish consumption can meet every human need is not a value held by all cultures but has an influence on how well-being is determined (James, 2007: xviii). Western culture is all about impulsiveness, self-gratification and lack of restraint; the antithesis of self-control promotion. In fact, free market economic utilitarianism is not about social cohesion because cohesion requires self-restraint (Burke, 2005: 93). The problem is that selfish values are not conducive to emotional well-being (James, 2007: xviii). Therefore, it is argued here that rational choice thinking in crime prevention, by downplaying the source of impulse control characteristics, favours the idea that offending is an economic matter. The idea that crime involves the pursuit of material goods mostly implicates the underprivileged who are both exploited and blamed for succumbing to the mechanisms of instant gratification and lacking self restraint. Hence, rational choice thinking sustains the idea that antisocial behaviour involves a reasoned decision based on inherent traits. On the contrary, it is suggested that although physiological traits are inherited, the development of personality (feelings of self-worth) and resilience (ability to cope with conflict) rely on early parent-child interactions, which can lead inadvertently and in varying intensities to antisocial or pro-social pathways.

In disregarding this feature of offending, social policy in Australia looks to scientific, measurable explanations in order to redirect antisocial behaviour. So, in expressing deep concerns at increases in antisocial and depressive illness in young Australians, Professor Fiona Stanley, Director, Telethon Institute for Child Health Research, calls for



evidence-based information to address this phenomenon (ABC TV *Life Matters* 7/10/08). The reliance on evidence-based research, although including parenting problems in analysis, is moving away from developmental explanations in preference for rational choice implications in response to life-course environmental influences (France & Homel, 2006a). Rational choice explanations place the onus on innate resilience and external turning points as implicit in redirecting non-social behaviours. This utilitarian belief sees people as reasoning actors who weigh up the costs and benefits of behaviour. Rational choice method seeks predictions and is related to economics, being mathematical in orientation and dealing only with instrumentally motivated action, not emotional, traditional or value-laden, often irrational, behaviour (Scott, 2000: 1). Thus methodological individualism, inherent in rational choice ideas, examines social phenomena purely in terms of the interactions of individuals within social institutions (2000: 2). So, by minimising the effects of emotions and cultural values and practices on behaviours, the focus remains on the individual's instrumental choices.

Therefore, behaviour is explained in purely ecological terms: the interplay between structural influences and human agency. This social exchange view is based on behavioural psychological theories of conditioned responses (2000: 2) where rational choice operates within character traits developed in early childhood. How this happens, however, is never examined. Consequently, the purpose of this dissertation is to re-establish the importance and meaning of parenting style by highlighting how the parent-child response, rather than innate traits, determines temperament and social propensities. Thus the implications of parenting style as the starting point and crucial link between specific, but crucial, phases and responses, in terms of personal and social outcomes, will be explored in chapter 3.

Prior to this, the status of social health in Australia and methods in place to reduce offending behaviour and improve well-being are described in chapter 1. An exploration of offending pathways theories in chapter 2 examines how the move from developmental explanations has shifted the focus from parenting implications. In chapter 3, the significance of parenting style in the development of social styles is explained. Currently, developmental theory (Van Wagner, 2005) refers mainly to stages of cognitive development (Piaget) in which the child plays an active part in gaining knowledge by developing skills to overcome conflict during the lifespan (Erikson). These psychologically-based developmental models concentrate on observable stages of child development and incorporate behaviourist (Skinner, Watson & Pavlov) explanations on how behaviours are acquired through conditioned responses to environmental stimuli. However, a further step to these explanations is that learning to cope with conflict relates to early parenting responses where feelings of protection and trust are, or are not, forthcoming. This view is based on social developmental theory (Bowlby) pointing to the caregiver's role in the successful formation of future social behaviours.

From this standpoint, it is suggested that the antisocial person develops as one who is not socially inclusive but, instead, reacts when confronted with the ups and downs of social relationships. In the same way, the asocial person seems to withdraw from, even sabotage, potential relationships. Antisocial and asocial persons are basically non-social because of the varying degrees of problems they exhibit in negotiating their social worlds. This means that although rational, antisocial and asocial behaviours are motivated by self-serving rather than by social goals. Chapter 3 explains how these propensities are directly related to very early parenting style experience. An insecure, unpredictable or

controlling parenting experience can render a person unable to regulate strong emotions when confronted with conflict. The resultant aggressive or self-destructive reaction to social encounters is derived from lost trust in others and an inability to self-regulate. Part of the reactive behaviour of the antisocial and asocial is a lowered ability to divert from self-serving agendas and contemplate long term social rewards. This is because both antisocial and asocial persons have difficulty in acting collaboratively and seeing things from another's perspective. While this trait is widely acknowledged as featuring in the characteristics of chronic offenders (Gottfredson & Hirschi, 1996), the favouring of rational choice rather than parenting style accounts of offending, in Australian social policy, detracts focus from its importance.

Rational choice theory supports the idea that resilience is inherited and this will be challenged in chapter 3, which explains parenting style as the major influence on offending pathways. Chapter 4 introduces the study, explains the choice of practitioner observation and outlines their views on symptoms of antisocial behaviours. Chapter 5 explores practitioners' theories around these behaviours. Following this, chapter 6 explains how rational choice ideas in Australia's social strategies assume that innate resilience determines an ability to divert from offending by a conscious choice to access quality external supports. The critique of this notion is upheld by the practitioner observations and social development literature, which suggest that parenting style determines either emotional well-being or the development of antisocial and depressive behavioural trajectories. Chapter 1 begins by showing levels of economic well-being and social malaise as well as news items pertaining to current antisocial trends. The policy approaches to ameliorate these trends in Australia is then examined.

# CHAPTER 1

## CONTEMPORARY APPROACHES TO CRIME PREVENTION

This chapter shows recent trends in antisocial and asocial behaviour and explores current policy strategies in Australia, which target cognitions and external supports in an effort to improve social well-being. In addressing social problems, the acquisition of social capital is promoted as a way to enhance well-being. To achieve this, government approaches look at creating productive human capital through cognitive means. However, the following statistics show a trend towards social malaise despite the rise in economic well-being in Australia.

**Table 1 – ECONOMIC WELL-BEING & SOCIAL MALAISE IN AUSTRALIA**

ECONOMIC AND SOCIAL INDICATORS	1980s - 2000s
<b>Economic Well-being</b> Purchasing power up by 3% per year, an increase of	50%
<b>Social Malaise</b> <i>Mental Health - Suicides</i> Deaths due to underlying mental health and behavioural disorders increased by	79%
Deaths from depressive disorders increased by (*Tasmania's rate of suicide is 39% above National average)	38%
<i>Prison</i> Tasmanian imprisonment rate increased by	86%
Australian imprisonment rate increased by	23%
<i>Fractured Families</i> Probability that marriage will end in divorce from 1986 - 2002 has increased by	5%
One-parent families from 1998 – 2004 increased by	9%
Persons living alone from 1986 – 2001 increased by	2%
Coupled families from 1987 - 2001 decreased by	12%

### RATES OF RECIDIVISM AND ALCOHOL RELATED ASSAULTS

<i>Recidivism</i> Recidivism rate of those in custody	57%
Recidivism rate for unlawful entry with intent	74%
Recidivism rate for acts intended to cause injury	62%
<i>Alcohol and Drugs</i> Physical assaults involving alcohol	72%

ABS data Nos, 4102.0, 3303.0, 3309.0, 4517.0, 4102.0, 1301.0

In line with the above data, recent newspaper reports in Tasmania raise concerns about the high incidence of antisocial behaviour. In Tasmania reports of bullying behaviour in the form of intoxication-fuelled assaults are becoming commonplace with the prisoner population increasing by 70 percent over the last decade (*Mercury* 22/3/08). Other reports include worrying trends of violence in hospitals which are causing staff to fear being injured (27/3/08). Even the city centre is the scene of nasty assaults as alcohol-fuelled patrons from outlying areas converge on the CBD late at night (3/6/08). Depressive illnesses are also on the rise with the number of self-harm rates rising by 50 percent over the last two years (4/6/08). Another report (26/8/08) suggests that the break down of extended families, neighbourliness and community represents a social malaise. This report raises concerns about generations of parents who have no basic knowledge on how to raise children. According to a recent a television programme, this situation has led to a doubling of the number of children in state care, Australia-wide, over the last ten years. This problem is seen to have arisen from two common themes; tenuous relationships and a lack of men in children's lives (*Enough Rope* ABC 1/9/08). Conversely, despite legislative and educational strategies in place to reduce partner violence, physical attacks have now moved from partners to violence perpetrated by children towards their single mothers (*7.30 Report* ABC 28/7/08). From a rational choice point of view, however, these trends are explained by an assertion of personality flaws in some individuals. These inherited character traits are thought to determine offending pathways rather than being indicative of cultural and structural changes, which have minimised the importance of relationships and parenting style over the last few years in Australia.

### **Cultural Changes**

Changes in family make-up in Australia mean that marriage and partnerships are formed later in life and ‘significant numbers of these end with periods of lone parentage followed by family re-formation’ (Zubrick *et al*, 2008: 1). The findings of Wave 1 of the Longitudinal Study of Australian Children (LSAC) reveal that mothers, especially, lack support and suffer psychological distress as a result (2008: 11). As older people are being encouraged to stay in the work force, the support of the extended family is now expected to be sourced through community integration. Today, mothers are expected to return to the workforce and this creates high demands for outside childcare (2008: 12). Therefore, in examining the impact of parenting changes in contemporary life, this study bases its results on a behavioural scientific approach to social well-being and concludes by recommending better access to supports and improved quality childcare.

By concentrating on structural improvements, the attention is detracted from cultural trends, such as the high rates of relationship dissatisfaction and family break-up since the introduction of Australia’s Family Law Act of 1975. This trend is sustained through income and housing support incentives for single parents and, recently, large cash payments for childbirth. In fact, one-parent families are increasing with 83 percent headed by the mother and 61 percent dependent on income support (Linacre, 2007: 5,6,8). These changes in family make-up, from strong ties to fragmentation, are causing many to require assistance with relationship, parenting and self-care issues. Given this scenario, the re-acquisition of lost social capital is being put forward as a means to recover individual well-being.

### **Social Capital, Human Capital and Innate Traits**

Penman suggests that, as social capital is related to the labour market, disadvantage arises from lacks in social capital (2006: 87). She describes social capital as 'social relationships characterised by norms of trust and reciprocity' (Stone, Gray & Hughes, 2003, in Penman, 2006: 95). The problem with this suggestion is that the ability to form reciprocal relationships is directly related to early parenting style and therefore the amassing of social capital without social ties, is severely limited for the underprivileged. Despite this, an exclusive focus on parenting style in early childhood is not recommended because offending is viewed as complex and multifaceted (Smart *et al*, 2005: 126). So, whilst conceding that early onset seems the most common route to antisocial behaviour, a resilient type is deemed more capable of utilising supports (2005: 125). Thus it is proposed that the high risk but resilient type can change pathways either for better or worse (2005: 127). Again, the source of this resilient disposition is assumed hereditary and not the result of early parenting experience. These are the ideas that feature in Australian social research literature, for example, Dennison *et al*, 2002.

Along these lines and promoting the idea of the economics of human capital, the Council of Australian Governments (COAG) advocates a National framework for quality childcare and early education (2008: 3, 7). This framework promotes the importance of a robust disposition, emotional control and self-motivation to enhance social inclusion (2008: 33,35,40). Following this view, locally, evidence-based government approaches point to improved educational performance as providing social well-being (Tasmania Literacy Initiative, June, 2007). These approaches are in keeping with the National Reform Agenda (NRA) of February 2006, which outline key areas: economic improvement; regulation reduction and human capital enhancement. Human capital

refers to the promotion of a healthier, better educated and more productive population resulting in financial benefits for all. This thinking is reflected in a report funded by the Australian Department of Family, Housing, Community Service and Indigenous Affairs (FaHCSIA) which highlights the importance of assessing social capital along with human capital and financial capital (Heady & Warren, 2007: 135). This notion is upheld despite a notable decline in relationship satisfaction revealed in the study (2007: 130). It seems an acceptable situation that the number of people living alone is increasing and that social networks and close relationships are markedly reduced for single mothers, the separated and divorced (2007: 137). The probable link between high rates of social disconnectedness and social problems is never recognised because of the belief that a person's innate traits have a causal impact on their social and economic outcomes (2007: 125). This fatalistic notion, featured in the report, supposes these major traits: extroversion; neuroticism; openness to experience; agreeableness and conscientiousness to be 50 percent attributable to heredity (2007: 124). These inheritable factors are put forward as substantially contributing to wealth and health outcomes and, as such, will be used to provide links between policy intervention and accessible outcomes (2007: 125). This is in spite of the fact that there exists no conclusive proof that personality traits are inherited (Farrington, 1998: 244).

The fact is that studies of psycho-social and biological issues, while noting temperamental similarities in offenders, are unable to discern between inherited and imitated behaviour. So, while genetic potential is fixed at birth, behavioural expressions of that trait result from post-birth experiences (1998: 243, 244). It seems that by blaming (those with) perceived character flaws, the effects of cultural practices, in producing conditions not conducive to secure parenting and relationship styles, can be overlooked. This is because policy is now spoken exclusively in the



language of productivity and in terms of economic assessment (Stepanski, 2007). As such, relationships are seen as a personal responsibility with high rates of family disruption viewed as unproblematic. So by dismissing the importance of parenting as the foundation of emotional reactions, which in turn leads to the development of healthy relationships and impacts on cognitive learning, the current trend is to look at how people make sense of their environment by means of cognitions. Therefore, improved literacy and education is thought to promote social inclusion.

### **Cognitions or Emotions**

Recently in Tasmania the 'Reading Together' strategy was launched to encourage parents with pre-school children to attend weekly library reading sessions. Another project 'Tell your Story' is aimed at engaging adults in literacy pursuits. However, it is suggested that even an articulate antisocial person still remains antisocial. Similarly, the introduction of teen mother programmes in schools promotes a focus on the importance of education and job skills rather than motherhood (*Mercury* 17/8/08). It is argued that, while information, parenting programmes and education may yield some success, adverse parenting repercussions may remain because it is not what parents do but how they do it that is the issue (Bowlby, 1979: 14). For example, an anxious mother who has read all the material on mothering still remains an anxious mother. Even though most parents strive to do the best for their children, they many have not had access to appropriate parenting role models and/or advice.

In the 1950s, advice on parenting was limited but the ideas of US behaviourist, Dr Spock, were the main references in Australia on how to 'train' the child. Less popular was *Child Care and the Growth of Love* (Bowlby, 1965). Today, an overwhelming amount of parenting advice is

available and includes a recent TV programme presented by behavioural scientists, Zubrick and Sanson. *Life at 1* (ABC 23/9/08) seeks to unlock the secrets of child development and show how to give the child the best chance in life. In explaining milestones and situational differences, the series did inadvertently show how parenting style, not heredity, is implicit in sociability. For instance, the child of parents, both described as extremely shy, demonstrates an aggressive streak when placed with other children. Conversely, in a family with one-year-old quintuplets, the repercussions of six months' hospitalisation, for one, are evident in his fearful reaction to social settings, even with a loving family input post-hospital. Regardless of this, the behavioural scientists' determination to promote the idea of inherited dispositions is clear in their claim that children who are 'blessed with resilient temperaments' will be able to deal with difficult times (*The Child at 3* ABC, 9/10/08). The only reference to 'parenting style' in the series is the suggestion that changes, such as increased play time with children, will make a difference. Thus the decrease in mental health since the 1950s is attributed to levels of stress and a need for more supports in modern life but not to actual parenting practices. Zubrick and Sanson even use the 'Strange Situation' experiment to show levels of resilience in one-year-olds but not the implications of maternal deprivation as was intended by the instigators, Bowlby and Ainsworth.

It seems that the move to rational choice rather than developmental understandings of offending pathways involves differing ideas of what it means to be underprivileged. A rational choice view of 'the underprivileged' relates to those who do not possess a resilient personality to enable them to access good role models and supports, thus productive, financially secure lifestyles. By contrast the developmental line is that cognitive behavioural intervention is what is needed to assist 'the underprivileged', whose lack of self-control and environmental

influences hinder their ability to cope with life transitions. On the other hand, the social developmental concept of 'the underprivileged' is those who have not had the privilege of appropriate parenting care in early childhood to ensure they are able to successfully negotiate future social encounters. Therefore, in support of a social developmental model, this dissertation suggests that a focus on parenting style provides the foundation in establishing a clearer understanding of the nature of offending. The sharp rise in antisocial behaviour and depressive illness in Australia suggests more understanding is needed in social support service implementation and analysis of outcomes. It is suggested that the current move, from developmental explanations to rational choice notions in prevention theory, sustains the idea that offending behaviour is a personal responsibility and parenting style only one of the factors which needs to be addressed in rehabilitation. The following chapter elaborates on how and why the ideas of developmental theory have been replaced by prevention theory in explaining offending pathways.

## **CHAPTER 2**

### **DEVELOPMENTAL VERSUS PREVENTION THEORIES**

Developmental notions in pathways theories have been notable in research on offending behaviour over the last four decades in Australia (France & Homel, 2006a: 287). However, this paradigm is now being challenged by crime prevention theorists in Australia. This chapter will show how a shift has occurred from the idea of developmental pathways to that of 'turning points'. In diverting attention from developmental issues, prevention theory examines offending in terms of a reasoned choice to either persist or desist from offending based on resilience and supports. Australia's social policy now places emphasis on innate traits as determining choice of supports and turning points as implicit in re-directing antisocial behaviour. Thus the implications of individual developmental influences are no longer seen as the primary focus.

#### **Pathways – Developmental Issues**

Although there are widely divergent interpretations of pathways theories (France & Homel, 2006: 289) the developmental view is that child abuse effects, family violence, impact of poverty and social exclusion are the major factors to be looked at in seeking to re-direct offending pathways. Development theory accepts that offending is not limited to legally-proscribed criminal acts but relates to individual lacks in self-control (Gottfredson & Hirschi, 1990: xv). Thus individuals who lack this self-control are inclined to pursue immediate gratification for short term rewards because of their reduced awareness of the pain and discomfort caused to others (1990: 89). Ultimately, this overall lack of self-restraint, forward planning, organisation and social orientation has major impacts on the well-being and quality of life of all those affected (Gottfredson & Hirschi, 1996: 201). Consequently, the choice is not predominately about self-care or social rewards because the impulsive individual seems unable or unwilling to consider the long-term

instrumental options of weighing up risk factors or social consequences of actions (1996: 203). Therefore, for developmental theorists socio-economic explanations citing rational choice, in terms of frustrated material aspirations, remain superficial to understanding the true nature of crime (Gottfredson & Hirschi, 1990: xv). In their view, a focus on the restraining influences of family, school, work and friendships, omits the more glaring fact that the antisocial and asocial are actually outside these spheres (1990: 168). From this perspective, the crucial role of very early childhood experience in creating 'the outsider' is downplayed in rational choice ideas which favour a concentration on structural influences and risk factors in crime prevention.

### **Rational Choice Assumptions**

Nevertheless, rational choice utilitarianism appeals to liberal western countries where people are viewed as reasoned actors, able to weigh up means and ends in terms of costs and benefits. This is why offending behaviour is mostly examined in connection with the idea of free will (Farrington, 1987: 58, 59). Today in Australia the main issue in criminology is the role of life events on the life course; the interaction of agency and social context (France & Homel, 2006a: 288). Prevention is now about deciphering the predictability and extent of a continuity or discontinuity in antisocial behaviour. In Australia, this focus is favoured, based on concerns that criminology is becoming too heavily influenced by psychologically-based individual developmental issues rather than external influences (Garland, 2002 in France & Homel, 2006a: 288). Showing support for this new approach, Australia's Pathways to Prevention Project (2006) recommends that community-agency and university-schools partnerships can achieve much in offering positive turning points. Thus the emphasis in crime research has moved from developmental pathways accounts to a rational choice model,

citing inherent dispositions and life-course turning points as paramount in crime prevention.

### **Prevention – Turning Points**

The notion of turning points was instigated by US theorists, Laub and Sampson, to explain the interaction of individual pathways with social context/structure (2006a: 290). Supporting this idea, France and Homel critique developmental models for not according sufficient weight to human agency and ‘random developmental noise’ (2006a: 290).

Penman (2006) coined the word ‘nudges’ to describe these turning points and Goodnow uses ‘available paths/routes/opportunities/maps’ to talk about the influence and benefits of structures on life’s pathway (in France & Homel, 2006a: 290). The belief now is that preventative approaches should focus more on opening routes and opportunities to the disadvantaged and promoting awareness of the importance of social structure, political action and local cultural influences (2006a: 291). Thus the central theme of a rational choice/human agency standpoint is to explore how social processes influence and shape human action (2006b: 2).

This idea suggests that young people are not passive players, so their behaviour cannot be determined by biological or cultural forces leading to faulty socialisation (2006b: 5). Inherent in rational choice assumptions is the belief that children are ‘active contributors to their own childhood’ (2006b: 5). So, while agreeing that human action is reflexive, very early childhood experience is not put forward as the main instigator of choices and reactions to other influences on life’s pathways. Rational choice thinking promotes the idea that choice takes place as individuals negotiate and construct their environment (2006b: 13). Thus prevention research focuses on structures that block societal access

routes rather than concentrating on individual developmental pathways (2006b: 24).

Prevention researchers' critique of developmental criminology is that it is too heavily influenced by the risk factor paradigm, which they claim actually constructs problems and provides limited predictability value (France & Homel, 2006a: 290). The criticism is that the risk factor approach fails to explain the complexity of pathways but merely provides policy makers with the power to intervene in children's lives (2006a: 290). Rational choice proponents claim that risk needs to be assessed along with prior history factors and they suggest that pathways criminologists fall short because of their interest in early intervention and not prevention (France & Homel, 2006a: 291). Pathways literature, they claim, in concentrating on desistance from crime, social capital and links between socio-economic status and health over the life courses, emphasises pathways rather than prevention (2006a: 291). It is suggested that prevention theorists also fall short by looking for answers in external turning points and neglecting the importance of the early years. By ignoring the repercussions of parenting style, prevention theorists are able to concentrate on the provision of accessible routes for the disadvantaged as the main way to encourage social inclusion (Goodnow in France & Homel, 2006a: 292). Paradoxically, the move from developmental explanations of offending in Australia, supports Laub's 'turning points' theory drawn from longitudinal studies, which France and Homel claim are not really beneficial because individuals' social environments can change (2006b: 4).

### **Origins of Rational Choice/Ecological Explanations**

In the 1980s in the US, John Laub published a secondary longitudinal analysis of a 40 year study of Boston reform school inmates, who were studied from age seven (Glueck & Glueck, 1950). During the course of

Laub's study, Gottfredson and Hirschi's (1990) *A General Theory of Crime* and Wilson and Herrnstein's *Crime and Human Nature* (1985) were promoting strong interest in early childhood factors as crucial in explaining offending pathways (Laub, 1996: 245). At this time, Laub put forward an integrated-type social control theory, which recognises both structure (poverty, broken homes) and process (attachment to caregivers) (1996: 247). Therefore, by simultaneously ignoring the early childhood focus and criticising other criminologists for focusing on teenage years, Laub posits a life-course model. This model incorporates childhood, adolescent and adult behaviour as providing more links to antisocial and troublesome behaviour across many domains (1996: 248). In viewing offending behaviour this way, Laub insists that 'turning points' can modify life trajectories and redirect paths (1996: 249). He claims that early childhood experience can be offset through other social bonds gained from work and marital attachment, all redirecting offending pathways (1996: 249). By integrating childhood experience with other social bonds, Laub is able to justify his extensive study without conceding to early childhood or teenage exclusive theories, which were gaining popularity at the time. Furthermore, rational choice explanations are evident in Laub's idea that innate resilience determines whether turning points will be successful.

These ideas are apparent in *Shared beginnings, divergent lives: delinquent boys to age 70*, where Laub and Sampson include interviews with original Glueck participants now aged in their seventies. From this they conclude that 'situated choice' is central to understanding crime from childhood to old age (2006: 293). They accept that Gottfredson and Hirschi differ by citing the Cohen-Vila 1996 debate on the desistance phenomena<sup>1</sup> (2006: 27). However, they insist that the

---

<sup>1</sup>Cohen, Lawrence E. and Bryan J. Vila (1996) 'Self-Control and Social Control: An Exposition of the Gottfredson-Hirschi/Sampson-Laub Debate'



difference between short-term crime and long-term criminal antisocial tendencies is in utilitarian decisions to act in either a social or antisocial way. Thus by concentrating on social control not self-control, as promoting desistance, the idea of rational choice in life-course criminal behaviour is sustained. Laub and Sampson are silent as to whether the propensity to criminal behaviour remains stable over time, but suggest that degrees of self-control can change depending upon the quality and strength of social ties (2006: 23).

### **Social Ties and Socio-psycho-biological Understandings**

This view ignores Gottfredson and Hirschi's claim that social ties, social understandings, develop in infancy and that criminality is impervious to institutional involvement and impact (2006: 28). Even Glueck and Glueck note that discipline, supervision and affection seemed missing in the homes of delinquents who were more likely to have unaffectionate fathers and hostile, indifferent mothers (1950: 110-11). This observation ties in with the contemporary trend where step-parents are common and increases the likelihood of children being reared in the presence of a non-affectionate feedback (Gottfredson & Hirschi, 1996: 206). The studies of Gottfredson and Hirschi point to classical/control theories by explaining criminal behaviour as a reduced social motivation in the antisocial and asocial (1996: 195). Thus they argue that the only stable individual differences lie in the degree to which a person is constrained and/or compelled to act in an antisocial/offending manner (1996: 196). Therefore, a compulsion to conform may be seen as a choice, or conscience model, but a compulsion to crime stems from natural rather than social sanctions (1996: 197). Immediate gratification through criminal acts provides 'money without work, sex without courtship, revenge without court delays' (1996: 197). The individual with low self-control tends to have unstable employment and uncommitted relationships because of their low tolerance for frustration (1996: 198).

A low tolerance for frustration is usually coupled with a negative orientation toward others (Buikhuisen *et al*, 1988: 274). Consequently, the easily-provoked person, when in a state of increased arousal, will react to the dis-inhibiting properties of alcohol and lack feelings of care and concern about the consequences of their actions (1988: 206).

Because aggressive drinkers were likely to have been beaten as children as well as given into, alcohol and crimes of violence go together (1988: 270). Therefore, biological as well as psychological factors need to be included together with social factors to explain offending behaviour (Farrington, in Mednick *et al*, 1987: 60). More importantly, earlier research reveals that biologically-based, psycho-social cognitive scripts (behavioural repertoires) emerge directly from parenting style experience (Farrington, 1998: 258). Laub and Sampson's longitudinal study, whilst purporting to explore key criminal variables (2006: 77) omits the parenting style factor in research results pertaining to individual social outcomes. By omitting this crucial variable and proposing purely ecological explanations, Laub and Sampson assume that everyone is social and capable of the same behaviour given innate resilience and opportunities post early childhood.

### **Persisters and Desisters**

Rational choice views incorporate the idea of persisters and desisters as reasoned decision-makers in their choice of pathways (2006: 30).

Proponents of rational choice disagree with developmental, especially psychological, theories and prefer to commit to the idea of people's malleability and ability to change across the life course. As a consequence, they concentrate on the full life course, post childhood, which they suggest is what matters most (2006: 35). Their belief is that turning points play a central role: that is, the interaction of human agency; life course events; current situations and historical contexts.

Thus the terms 'persisters' and 'desisters' are used to categorise a difference between those with innate resilience, prompting them to seek adequate supports, compared with the less resilient who are prone to offend. However, this view appears to be a distortion of Moffitt's adolescence-limited versus life-course persistent biological theory of offending causation. Moffitt's life-course notion points to offending behaviour beginning very early in childhood and persisting because of neurological deficits and disrupted attachment (in Laub & Sampson, 2006: 29). Moffitt explains that life course persistent antisocial types do not desist from crime; the question is not one of genetic traits or environmental factors but of a continuance of antisocial behaviour (2006: 30). It is the damage from childhood that lingers into adulthood.

Moffitt's theory proposes that the adolescence-limited offender can profit from opportunities and desist from crime upon getting married and finding employment because this type of delinquency 'does not constitute pathology' (Moffitt, 1993: 695). On the other hand, even though life-course persistent types may marry and find work, 'their injurious childhoods make it less likely that they can leave their past selves behind' as their selection of partners and work support their antisocial style (1993: 695). Antisocial traits evolve because highly active and uninhibited children are favoured in environments where there are low levels of parental investment (Harpending & Draper, 1988: 304). Therein lies the rational component of antisocial development; individuals who have been deprived of appropriate care in infancy have no inclination to develop social skills, such as empathy and self-restraint. Therefore, although social characteristics develop in infancy, this is not evidence that personality dispositions are genetically inherited.

### **Innate Resilience or Low Self-control**

Although genetics are not mentioned much in crime studies, it is accepted that oppositional, defiant behaviour in children does predict adolescent behaviour. However, the question could be one of severity in the development of antisocial tendencies rather than genetic disposition (Wiley *et al* 1996: 1-3). The roots of the most serious and persistent forms of antisocial behaviour lie in early childhood (1996: 5). Not just criminality, but pervasive patterns of social malfunction continue into adult life (1996: 5). Genetics do not explain how temperamental traits operate in combination with parental hostility, neglect and deviant role models (1996: 8-10).

In this light, Moffitt suggests that researchers need to study symptoms of persistent types from infancy, even peri-natally, rather than 'lumping all delinquents together', which causes attenuation of effect size in analysis (1993: 696). Moffitt points out that past efforts to uncover the causes of persistent crime have involved the study of 'the right variables but in the wrong subjects and at the wrong point in the life course' (1993: 696).

Therefore, it is suggested that rational choice ideas, used to explain how individuals negotiate different environments, omit the impact of very early social responses as a crucial aspect of offending propensities. Furthermore, rational choice approaches, in blaming inherited personality traits, seek easy solutions in structural supports, information provision, education, diversion and punishment, as sufficient in curbing antisocial and asocial tendencies. However, a rational choice to behave in a certain way is related to the circumstances and situations confronting individuals rather than a prior estimation of an agreed way of behaving (Cuff *et al*, 2006: 121,122). Therefore, the assumption that social inclinations of trust and empathy are innate detracts from the impact of parenting style on emotional and social development.

This chapter has shown how a shift has occurred in crime prevention approaches in Australia where the ideas of theorists, Laub and Sampson, are incorporated in moving the focus from developmental models in preference of structure/agency rational choice approaches. Thus contemporary rational choice notions in crime prevention cite external factors and innate personality traits in proposing remedies via nurturing programmes, social supports, improved education opportunities and 'tough-on-crime' measures. However, measurable scientific models rather than social development views, in western countries, ensure that blame and punishment rather than understanding and rehabilitation occur. Furthermore, risk factor assessments, from a rational choice perspective, omit the most damaging flaws, which are the ambiguities, miscomprehensions and assumptions in discerning symptoms and collaborative factors from causal indicators. The crucial point omitted in rational choice assumptions is that the parent-child bond affects how strongly the child will value the parent's approval and behave accordingly (see Vila, 1996: 275). The following chapter explains how early bonding through sensory cues is implicit in the development of social or non-social inclinations. This is done by examining the difference between an ecological and ethological view of offending pathways.

### **CHAPTER 3**

#### **THE IMPORTANCE OF EARLY PARENTING EXPERIENCE**

This chapter shows how the link between early childhood parenting experience and the development of antisocial behaviour occurs. It will be explained that offending is not a matter of ecology or economics but a matter of ethology; a response to style of early social experiences.

These responses, elicited from parenting practices in the sensitive, pre-language stage of infancy, determine neuro-chemical pathways, thus behavioural styles. The extensive and rigorous studies of John Bowlby in the mid 1900s provide detailed accounts, unavailable today, of the impact of parenting style in determining future social outcomes.

However, it is suggested that current moves towards ecological rather than ethological aspects minimise the importance of parenting style on social well-being.

#### **Ecological or Ethological Explanations of Offending**

Although ecological explanations show how people shape and select their environment, ethology describes how they respond to it. So, although the environment adds to problem behaviour, it is mostly self-inflicted (Wiley *et al* 1996: 6). Therefore, the interplay between nature and nurture needs to be addressed by looking at how the antisocial behave in ways to elicit negative reactions from others (1996: 11). To find out why humans act in certain way it is necessary to study their life cycle and note how traits are acquired sequentially from early life experiences (Vila, 1996: 273). These traits, cognition, affectivity and the physical and social effects of sequences of events, all evolve cumulatively, beginning at conception (1996: 273). From this early experience, humans acquire strategic styles of behaviour; for example, the criminal style favours the use of force, fraud and stealth to obtain resources (1996: 273). This criminal style is characterised by self-centredness, low self-control and indifference to the need/suffering of

others (1996: 273). Thus from an ethological standpoint, parenting practices are the main factors which promote the development of a criminal style because of the way the child is/is not monitored and disciplined and because of the parent's level of involvement in teaching problem-solving techniques (1996: 273). As such, it is important to acknowledge that the child's temperament style is actually shaped to fit in with the parental demands and preferences (1996: 273). If problems arise out of pre, peri and post-natal stress, which affect the mother's health status, the presence of grandparents and caring older siblings can counter some lacks in primary parental care (1996: 274). However, severe lacks in parent-type care and attention can lead directly to the development of antisocial and asocial behaviour.

### **Not only the Poor Lack Parenting Skills**

From this perspective it becomes clear that it is not only the poor who may lack positive parenting skills. Class issues do not explain why early separation from parents in average to high income families can cause a child to develop antisocial tendencies. This is because parenting breakdown is a higher psychopathological risk factor than just poverty (Vorma, 1991 in Wiley *et al*, 1996: 6). Wealthy parents, who focus on social standing and career, can also be inconsistent in nurturing their children (Vila, 1996: 275). The growth of resilience is, therefore, a reflection of low levels of adversity in early childhood. Similarly, the parent-child bond affects how strongly the child will value the parent's approval (1996: 275). Weak bonded children will tend to be impulsive and difficult to control and this becomes a vicious cycle resulting in the child receiving even less attention because of their oppositional behaviour (1996: 275). The child then develops other strategies to gain rewards from their parent, who begins to struggle between feelings of resentment and love for their child (1996: 275). From this point the child learns that, as rewards are unpredictable, they need to grasp at

opportunities for short term gratification (1996: 275). The child ultimately forsakes the idea of expecting long term rewards or acquiring conventional moral attitudes (1996: 275). In turn, this type of recalcitrant behaviour is often dealt with by parents through physical and/or emotional abuse (1996: 276). On attending school the impulsive child experiences more difficulties on having to comply with an authoritative figure. As such, their pathway leads more to acquiring deviant peers rather than to conventional social integration and opportunities (1996: 276). This cycle continues as the criminal becomes a parent and a role model for their own children (1996: 276).

### **Crime Control and Offending Pathways**

Vila explains that most crime control strategies 'ignore the fact that criminality is strongly influenced by early life experiences' (1996: 278). This is why counter-crime strategies are predominantly aimed at reducing opportunities for crime (1996: 279). Punitive deterrence methods, aimed at diminishing motivation for crime, include celerity, certainty and severity of penalties (1996: 280). Non-punitive deterrence methods focus on increasing employment opportunities, strengthening families and communities, even military service (1996: 280). In Australia, although government early intervention strategies are acknowledging the crime prevention aspect of targeting the young, substantial improvements in health care, education and family support have not led to decreases, but rather increases, in crime.

It seems to be that the environment itself does not cause offending behaviour but many who suffer parental problems live in situations characterised by low morale and hopelessness (Wallace, 1998: 179). Even though the idea of multiple pathways and focus on social contexts is helpful, an understanding of parenting implications as the core of



offending behaviour provides more answers than a reliance on situational and risk factors.

This is because most risk factors are connected and as such, those living in physically deteriorated, socially disorganised and low scholastically oriented neighbourhoods also come from families who have poor parenting practices, such as weak supervision and discipline (Farrington, 1996: 258). Modelling of pro-social behaviour and pairing of anxiety with punishment can block a tendency to commit certain acts (1996: 259). However, lacks in child supervision and discipline can reduce the link between anxiety and disapproval (1996: 259). Therefore, efforts to reduce antisocial behaviour should be concentrated very early in the child's life (1996: 269).

As such, the crucial link is the capacity to parent, and to parent effectively, and therefore, emphasis should be placed on approaches that strengthen families and support parents (Weatherburn & Lind, 2001 in France & Homel, 2006a: 292). Strategies and incentives to improve parenting style are the major areas of concern when attempting to reduce levels of antisocial behaviour. As can be seen in the following diagram, the pathway to social, antisocial and asocial lifestyles emanates from parenting style. By looking at the source of offending it is possible to see how social behaviour is derived from subtle cues conducive to social outcomes.

**Table 2 - PARENTING STYLE PATHWAYS TO SOCIAL OR ANTISOCIAL/ASOCIAL BEHAVIOUR**

PRE-LANGUAGE CARE EXPERIENCE	CHILD'S RESPONSE	ADOLESCENT'S SOCIAL REACTION	ADULT LIFESTYLE	MODE OF NEGOTIATING SOCIAL LIFE
<b>SOCIAL Parenting Style</b> <b>Relaxed Engaged</b> Available, protective Trust and approval elicited Child allowed to explore Child's feelings, protests & identity are acknowledged	Understands cues Trusting Social Friendly Can overcome separation Good sense of self	Strong boundaries Sociable Confident Empathetic Not easily led by peers Can compromise Can express emotions	Stable relationships Stable housing Stable employment Copes with change Copes with emotions Aware of social rituals Expects/gives support	<b>PRO-SOCIAL</b> Seeks help and information Possess insight Mature, Caring, relaxed Reflective Organised, can plan ahead Open in requests of fairness
<b>ASOCIAL Parenting style</b> <b>Indifferent</b> Unavailable/disapproving No protection or discipline Hostile, un-predictable Cruelty from others ignored Child used as scapegoat Fails to attune to child's needs	Withdrawn Over compliant Misunderstands cues Fails to cope with loss Low concentration Lacks cohesion	Naïve - led by others Seeks approval Anger directed inwards Lacks self-confidence Resentful/martyr Too accommodating Contrary Reactive - victim	Abnormal grief Depressed Over-emotional Relationship problems Low self-esteem Disorganised Negative affect Immature - dependent	<b>EXTREME ASOCIAL</b> Low self-care, disassociative, ego-centric Transient, unstable lifestyle, suicide ideation Courtship/friendship rituals unknown Compulsive, addictive, personality disorders  <b>ANTI/ASOCIAL RELATIONSHIPS</b> Violent reaction to feelings of humiliation Jealousy, abuse and neglect of children Oscillate between controlling & controlled Violent, hostile and/or tense households Frequent changes of partners Manipulative game playing Violent reaction to fear of abandonment
<b>ANTI/ASOCIAL Parenting style</b> <b>Confused</b>	↑ ↓	↑ ↓	↑ ↓	
<b>ANTISOCIAL Parenting style</b> <b>Controlling</b> Rigid, told how to think, feel Idolised, isolated, secretive Criticism of 'outsiders' Cruelty to others not checked Fails to attune to the child as a separate identity	Aggressive response to separation Attention-seeking Devious, tyrant Dominating Failure to cope with separation	Defensive Seeks subordination No trust outside family Offending families Focus on winning Anger directed outwards Reactive – critical	No self-reflection Shallow relationships Covert/overt bully Controls by put-downs Dislikes change Avoids emotions Immature – demanding	<b>EXTREME ANTISOCIAL</b> Anorexic – self mutilation Manipulative – duplicitous Callous – psychopath and sociopath Narcissistic, self absorbed Psychoses, Personality disorders Violent suicide, violent murder

Table information drawn from Howe, D (2005), Holmes, J. (1993) and J. Bowlby (1979)

Parenting style pathways, described above, clearly point to the importance of targeting the early years. This is not to say that the individual is doomed to traverse one pathway or another. However, depending on time of intervention, certain pathways are compatible with healthy development whilst others are incompatible (Bowlby, 1988: 135, 136).

### **Early Bonding Origins of Social Orientation**

What is it that makes some people impulsive, self-serving and lacking in socially-oriented propensities? It is suggested that the investment of affection, from a parent towards the child at a very early developmental stage, activates affection and allows self-control behaviour to grow (Gottfredson & Hirschi, 1996: 205). The emotional centre of the brain, the cerebella limbic, is the regulator of sensory, emotional activity which integrates (or not) with the higher brain processes. Thus the failure of mother-love results in developmental brain dysfunction of the emotional regulatory system (Prescott, 1996: 145). This damage underlies depression, hyperactivity, self-mutilation, impaired pain perception and social alienation (1996: 145). For new born infants the immediate smell and touch of the mother is vital. If the brain fails to encode the smell of the mother's body, long-term adverse consequences result, such as inability to bond and subsequent fractious adult relationship (1996: 144). This failure to integrate pleasure into the higher conscious brain centres is connected with expressions of aggression (1996: 144). Thus the fractured neurobiological neuropsychological substrate, resulting from early sensory deprivation, results in disassociative adult behaviours; these manifest in depression, alienation, rage and violence which are mostly self-medicated through chemical dependencies (1996: 144). Therefore, it is important to realise how the development of healthy behavioural patterns can cease or become suppressed in the early sensitive phases. It is experiences in these very early years, which determine type of response, its intensity, the form

it takes and the stimuli which activate it (Bowlby, 1979: 33, 35). If the child's care-giving experience is faulty at this early stage, modes of conflict regulation may not fully develop or may remain non-existent (1979: 35). It is the smile of the mother and her response to the infant's crying that becomes an inbuilt pattern of reciprocity, just as the child's smile, in turn, evokes maternal behaviours (1979: 37, 45). However, crying and smiling are not learned but inbuilt motor patterns conducive to the infant's survival (1979: 40). Therefore, reciprocity and trust are neither inbuilt nor acquired further along life's pathway, but emerge from the initial child-parent bonding experience.

This means that the repercussions of parenting style are immeasurable as very young children are acutely sensitive to the voice, gesture and facial expression of their caregiver. The mother needs to be in tune with the child's sensitivities, which are acutely responsive to early handling and feelings of insecurity and/or anger (1979: 14). The state of the over-anxious, over possessive or rejecting parent is felt by children and has a profound influence on their social reactions. If the parent is unable to regulate their own anxieties, the very young child will absorb overwhelming feelings of intense emotional devotion coupled with episodes of unpredictable withdrawal of interest (1979: 18). Often the trouble is that the parent has not learnt, in their childhood, how to regulate or tolerate their own intense feelings (1979: 18). As such, a mother who is physically or mentally unwell may become neglectful of her child. On the birth of a child, the true nature of an inability to regulate emotions can emerge and may leave a parent quite perplexed at their inability to cope (1979: 19). This confusion may result in a failure to recognise the most damaging parenting style where faults are attributed to the child who is then tormented and made a scapegoat for the parent's inadequacies (1979: 19). The shame and confusion which follows this behaviour often

prevents parents from admitting they need help and thus from seeking support.

A delicate balance of sufficient parental care, respect and trust is needed because the two extremes, too harsh or too lenient child rearing techniques, can be detrimental to healthy social development (Gottfredson & Hirschi, 1996: 207). Poor parental conduct standards, devoid of punishment or disciplinary measures to curb deviant, antisocial acts, will result in the development of an individual who is not inclined towards social behaviour. This is how generations of poverty and mental health issues, emanating from inappropriate parenting, become the foundations of the underprivileged person's lack of positive parenting role models.

Subsequently, in the absence of good role models, unhelpful parenting patterns continue to develop and are conducive to the development of aggressive expression. This aggression involves chemical changes, which occur from an inability to regulate strong emotions. It is the role of the parent to help the child regulate the conflict between love and hate in a mature and constructive way (Bowlby, 1979: 3). If this regulation is not achieved, obsessive neuroses, addictive tendencies and depression arise from intense feelings of hatred, which are suppressed by love (1979: 4). It is the inability to face fear and guilt which underlies psychological illness, expressed through character disorders, including persistent delinquency (1979: 4). The unhealthy person, being overwhelmed by uncontrollable impulses, suffers fear of punishment and acute anxiety because of an inability to distinguish between hostile acts and intents (1979: 6). This, in turn, results in the development of defence mechanisms, such as evasion and denial, because of an inability to control threatening impulses. These antisocial behavioural responses evolve from the sensitive primary care experience where a sense of protection, trust and security is not forthcoming.

Whatever pattern is first established in childhood will persist in adulthood; it is the early experiences which affect the adult's expectations and degree of competence in initiating and maintaining mutually rewarding relationships (1979: 104). Without this social maturity the adult remains locked in a child-like state and, having no self-esteem or trust in others, is forced to manipulate support by either controlling or being controlled. These controlling patterns emerge in infancy when a parent ceases to be sensitive to the child who then reacts in an aggressive or passive way to gain control of the situation (Howe, 2005: 172). By reacting in a demanding manner, the child seeks to control the helpless parent. However, under hostile conditions, the child will control passively by resorting to a helpless, needy response as a way to prevent abandonment (Howe, 2005: 172). Either way, this development of controlling patterns arise as the child becomes self-preserving and reactive (2005: 171). This reactive mode is not conducive to self-reliance, in a social sense, but develops from a lack of trust in social relationships and a need to control, rather than trust, other people.

### **Childlike Dependency versus Resilience and Self-Reliance**

Therefore, self-reliance involves reliance on others and mental resilience involves an ability to regulate emotions in social interactions. These social competencies develop as children develop recognition of how emotions 'affect their own and other people's behaviour' (2005: 13). However, abused and neglected children not only lack empathetic abilities but are unable to manage their own arousal, making them socially inept and emotionally immature (2005: 13). In adulthood, this infantile dependent state is not conducive to the gaining of self-reliance (Bowlby, 1979: 112). Self-reliance and resilience emerge as the child matures and becomes able to trust, understand cues, determine expectations and construct a plan of action (1979: 112). The growth to maturity involves a

certain amount of self knowledge, self-esteem and the ability to respond to hostility; those with low self-reliance present as over-dependent and immature (1979: 112, 137). Thus the failure to develop social resilience and maturity is predominantly due to parenting experience, often as a result of an extremely insecure and needy parent becoming dependent rather than protective towards their child.

Ideally, the constant presence of a parent who engenders a sense of love, security and tolerance will provide a nurturing emotional foundation to strengthen the child's innate sense of morality and allow the personality to flourish (1979: 14). On the other hand children who are neglected and abused develop feelings of intense despair, shame, fear and jealousy, being unable to regulate or properly express emotions. They will instead repress strong feelings or display reactive behaviours, thus developing into 'difficult' personalities (1979: 11, 12). Difficult people are not socially inclusive as they are unable or disinclined to form close social bonds.

### **Social Bonds and Social Learning**

Why are social bonds needed? The acquiring of strong social networks is conducive to success in ensuring food, shelter, protection, contacts and opportunities for advancement. However, antisocial propensities, derived from faulty development via disruption of bonds in childhood, can lead to behaviour directed against society, in the form of cruelty, perversions and addictions (1979: 72). Similarly, self-destructive behaviour in the form of self-mutilation, self neglect, unstable accommodation, infrequent employment, drug abuse and suicidal tendencies can prevail (1979: 73). It must be stressed, though, that social bonding abilities need to be acquired immediately after birth and for the duration of the pre-language period, for a sense of security in negotiating future social interactions to develop. Without this initial bonding response, the maintenance of further social

relationships is difficult because of entrenched lacks in emotional conflict regulation skills.

While there is nothing unhealthy about conflict, the psychologically ill are unable to regulate these conflicts (1979: 7). Therefore, it is the rapidity with which people are able to dissipate anxiety, which is a crucial variable in differentiating infrequent from chronic offenders (Mednick *et al*, 1987: 16). The fact that chronic offenders exhibit certain biological characteristics needs to be acknowledged in order to markedly reduce crimes rates (1987: 2). This is the reason it is suggested that a focus on parenting style is crucial in redirecting offending pathways.

Therefore, while rational choice theory assumes social inclinations, homogenous decision-making processes and inherited personality traits, social development theory points to early parenting implications. Even though offending 'tends to run in families' (Farrington, 1998: 243) this is not necessarily an indication of genetic transmission. Furthermore, parenting style, not instrumentally-motivated reasoning, is responsible for physiological differences, such as serotonin levels and neuro-psychological functioning, implicit in childhood hyperactivity, impulsiveness and clumsiness (1998: 251). Similarly, it is parental reinforcement and punishment of transgressions that build up levels of conscience and guilt in the child (Wilson & Hernstein, in Farrington, 1998: 252). Thus lacks of self-control, evident in early childhood, remain stable over time and are 'essentially caused by differences in parental child rearing practices' (1998: 252). As such, personality and low IQ are not causes, but independent risk factors for offending (Lynam & Moffitt, in Farrington, 1998: 253). The bases for all social cognitive skills (Dodge, 1991) are responses to early childhood environmental stimuli, where relevant cues are encoded, interpreted and later retrieved from the long-term memory (1998: 258). Therefore, responses to environmental factors



post-infancy and acquisition of resilient dispositions are dependent on the initial social experience – the parenting experience.

It is poor social cognitive skill acquisition that leads individuals to resort to manipulative ploys, such as conning, glibness and pathological lying because of their lack of abstract thinking, misinterpretation of social cues, poor eye contact and inattentiveness towards other people's intentions and needs (Farrington, 1998: 257). Lacks of social interaction skills are not inherited because affectionless characteristics result from defective early care-giving style and this is how deprived and unhappy children grow up to make bad parents (Bowlby, 1965: 34, 81). These outcomes are not directly the outcome of poverty or inherited traits but relate to a lack of ability to think beyond the present and focus on future events. This means there is no forward thinking around the need to budget for food and rent or awareness of practices which affect relationships, self-care or the future physical and mental health of children. This lack of social thinking (awareness of the impact of behaviour on the self and others) is an indication of a self-centred reactive rather than socially motivated behaviour. These are the many implications which become part of the vicious cycle of reactive relationships, disorganised lifestyle and resultant child neglect (1965: 228).

This chapter illustrates how the *modus operandi* in negotiating social relationships is firmly established in the infant's pre-language stage where self-worth and resilience arise from early parenting experience. It is clear that inappropriate early care-giving results in the development of strong dependency needs coupled with extremes of distrust (Bowlby, 1988: 84). Therefore, early childhood experiences are important in assuring social inclusion and social capital and this is an important factor in making connections with the main theories of offending. As such, the next chapter looks at practitioners' observations and theories of behavioural symptoms

relating to issues of parenting style. The interview study involves discussions with practitioners who assist many children and adults with behavioural and relationship difficulties. Practitioners are also in a position to note trends over the years and major problems areas which need addressing. Drawing from their professional expertise and theoretical knowledge, they put forward their own ideas on emerging social patterns and areas of need in support service provision necessary to enhance relationships, parenting styles and overall social well-being.

## **CHAPTER 4**

### **ANTISOCIAL BEHAVIOUR & PARENTING: AN INTERVIEW STUDY**

The aim of this study is to look at the implications of parenting style on the development of antisocial and asocial behaviour. This is done through practitioner accounts rather than directly interviewing people who come into contact with agencies. This chapter explains that the benefits of interviewing practitioners are that children's and adults' social difficulties are not usually available from subjective accounts. Those who experience social relationship difficulties are often unaware and unable to analyse their unhelpful patterns of behaviour. As such, there are ethical problems involved in interviewing those with problems. On the other hand, we can learn a great deal about patterns of behaviour from practitioners.

#### **Ethical Issues in Studying Parenting Style**

Studying parenting styles is not easy because of ethical issues around access and intrusion into everyday parenting practices in families. This study is interested in the parenting and relationship behaviour of people who voluntarily or involuntarily come into contact with agencies involved in redirecting problem behaviours. The subjects of all ages have not been interviewed directly because of potential damage to feelings of self-worth. For example, the suggestion that a lack of self-discipline can lead to offending behaviour contains negative connotations for both adults and children by inferring that they have been the recipient or perpetrator of inappropriate parenting styles. Similarly, parents and families who suffer guilt and shame about behaviours often 'shut off' and discount or ignore problems (Bowlby, 1988: 100). The majority of omissions in assessment occur because parents who have neglected, mistreated or clung to their child are loath for the true facts to be known (Bowlby, 1979: 143). Thus faulty parenting patterns and pathogenic family experience are very often suppressed and falsified (1979: 143).

The study of parenting style is problematic because many who deal with children with behavioural issues are untrained or unable to intervene. However, the experienced therapist is aware of symptoms of faulty parenting especially in family therapy, where the parents of children in therapy are also counselled. Thus interviews with specialised practitioners can bring together a wealth of knowledge, unavailable by talking directly to their clients. Fortunately, practitioners can take into account all aspects of each unique combination of client features by drawing on their relevant training, theoretical perspectives and personal experiences (Bowlby, 1988: 40). Therefore, practitioners' own theories will frame the way they describe their clients' behaviours. Just as a doctor becomes familiar with symptoms of a medical nature, so the practitioner becomes skilled in understanding social behaviours.

### **Interview Issues**

This study endeavours to overcome the problem of the direct interview where participants are assumed to speak the truth and the anomaly between what people say and what they are really doing (Atkinson & Coffey in Gubrium, 2003: 117). Whilst it is accepted that interviews with practitioners cannot guarantee a true response, the trained professional is in a better position to oversee behaviours and responses in their clients. Nevertheless, it is conceded that there can be no absolute certainty that accounts in interviews are truthful or that direct observation gives a reliable account of people's actions (2003: 120). Similarly, accounts of interviews are written down and retrospectively interpreted from the observer's perspective, relative to their personal experience of the topic (2003: 121). Thus the final product 'includes the cognitive and emotional reflections of the researcher, which add context and layers to the story' (2003: 162). Fortunately, as the different agencies hold diverse paradigms, such as, educational, legal, medical, feminist, family systems, charitable and/or social justice, any similarities in observations will add,

rather than detract, from the validity and reliability of the findings. For this study, participants were chosen from a broad section of community services, which deal with adult, teenage and parent-child behaviours in diverse social settings, such as hospitals, schools, child-parent support and relationship agencies.

### **Method of Participant Recruitment**

A senior practitioner from seven different government and non-government agencies in Hobart, Tasmania, was telephoned and a meeting arranged. These agencies were chosen because they all deal with child behaviour, relationship and parenting issues. Some specialise with children, others with young people and others with adults or entire families. The reason they were chosen was in order to cover a wide range of services so that commonalities of behaviour could be determined. For instance, one agency deals with early parenting health issues, such as post-natal depression and general assistance for mothers with babies and toddlers. Practitioners from two agencies are involved in providing social services to children and families allocated as priority 2 and 3 notifications from Child Protection Services. Both these agencies have various programmes designed to assist clients with parenting and child behavioural issues, general well-being and practical needs. A hospital ante and post-natal programme co-ordinator is interviewed in order to gain knowledge of patterns of behaviour in potential and new parents. Another practitioner specialises in assisting families with accommodation problems where parenting issues and organisational skills present as major difficulties for clients. A relationships counsellor, who provides therapeutic programs for children and families, also contributes in giving insights into intra-familial issues and emerging patterns of behaviour. Most practitioners provide therapy to a number of involuntary clients and describe the difficulties inherent in imposed therapy. A practitioner in the education system was able to provide knowledge of a range of issues

concerning young people and their parents, some of whom were from low socio-economic environments. By observing and dealing with large numbers of children, young people and their families over many years, all practitioners are in a very good position to note changes and emerging trends in social behaviour.

After contacting practitioners from a wide range of services, an information sheet was forwarded, to be read prior to the interview discussion. This provided a summary of the subject of the study; being parenting style implications and notable trends in antisocial and asocial behaviour. At the meeting, a consent form was signed by the staff member who was advised that personal details and the identity of their organisation would not be included in the study.

While some questions were prepared for the interview, it was explained that the main focus of discussion was the impact of parenting style and observations around antisocial and asocial behaviours. Thus the aim was to document observations of behavioural trends in clients, particularly concerning relationship and parenting style manifestations of antisocial, asocial tendencies. As such, an 'aide memoir' was used to guide the discussion. However, once aware of the focus of the interview, staff talked freely about the topics and their comments were recorded in hand-written notes. Hand-written notes were the preferred method of recording in order to ensure a more natural flow of conversation and a less intrusive style of gaining information. While interviews were set down for a time-frame of thirty minutes, most continued for more than an hour.

The hand-written notes were then typed up and emailed to the participant who was then asked to edit, modify, delete or add any information to avoid any misinterpretations on the part of the researcher. The amended

transcripts were then used in the study in order to categorise themes that arose across the different interviews.

### **Confidentiality, Reliability and Integrity**

The interviews were conducted with practitioners who are directly involved with assisting a variety of people with social skill enhancement. As such, the issue of talking directly to people about personal and sensitive matters is not encountered in this study. The problem of low sample numbers, thus reliability, is overcome, although actual numbers of subjects are not known. Confidentiality of subjects is also protected as the observations are of a general nature, made by professionals who describe notable trends of behaviour in subjects. Similarly, there is a high degree of integrity in the study because the observational interviews are conducted with trained professionals who are experienced in the area of social rehabilitation and therapy. Practitioners are able to note significant trends and are in the best position to advocate for people who are suffering the effects of unhelpful social tendencies. In this way, it is hoped to unravel recent behavioural trends by looking at common, recent patterns of behaviour in terms of sociological, criminological and social development theory and in view of current social policy around offending pathways. The observations in the next chapter are derived from interviews with practitioners about clients and include their theories and views of the positives and negatives of service delivery in light of government social strategies currently in place.

## CHAPTER 5

### PRACTITIONERS' VIEWS OF SYMPTOMS

This chapter describes how practitioners see symptoms of social problems. These excerpts express the observations and insights of practitioners who assist large groups of people of all ages, with various problems relating to parenting skills, relationship problems and antisocial behaviours. It is because of the difficulty in studying the implications of parenting styles that observations are important in looking at symptoms of stresses evident in children and adult behaviours. Practitioners, who look at possible problems relating to relationship and parenting difficulties, identify a number of symptoms in therapy. The following are problem behaviours and trends observed by practitioners, all relating to antisocial behaviour and parenting style practices.

#### **Attachment and Bonding**

For example, the issue of a lack of bonding was revealed as a common dilemma in parents experiencing difficulties with children, partners and their own self-care.

*They have no attachment to their own family and therefore are very angry and unable to bond with their own children. This reactive behaviour occurs in varying degrees.*

*With parents (mainly mothers) who attend parenting sessions, there does not seem to be any bond and the mother does not seem to know how to play the part of a mother.*

*Complex problems in parents develop from an inability to bond, an inability to focus on the role of parenting and no organisational, planning or decision-making abilities.*



*Adult symptoms (are) relationship problems, mental illnesses, such as depression, anxiety and problematic alcohol and drug use.*

*Those who have very weak or non-existent bonds have no sense of security.*

### **Wilful Children, Teenagers and Adults**

Wilful behaviours are a feature of children referred to parenting services by Child Protection agencies.

*These children seem to present with only two emotions, anger and fear.*

In school settings, more teenagers are displaying ego-centric, impulsive behaviour and recalcitrant attitudes towards authority figures.

*Young people are very aware of their rights and will say 'That's abuse' or 'you can't do that to me'. In the past, kids would do what they were told in a formal setting, albeit resentfully. These days, when told to do something they don't like, they will say "I don't want to do it" and they don't.*

*Impulse control deficits are much more noticeable than in the past. Today, behaviour is not restrained in terms of potential future outcomes...there is no thought for the long term.*

Adult antisocial behavioural symptoms are on the increase in hospital settings and parenting agencies.

*The symptoms of...reactive behaviour are a tendency to be easily aroused and react negatively to all people who try to help. Quite a lot of aggressive behaviour, especially from partners...is on the increase.*

*Incidents of drug taking, alcohol abuse and compulsive behaviours, fifteen years ago, would have been only one over a six month period. Today there are at least six incidents every week.*

*Parents present with a high lacks of self-control evident in their aggressive and angry dispositions.*

### **Generational Mental Malaise and Drug Taking**

Many students from low socio-economic backgrounds are known as third generations of families affected by mental health issues involving drug addictions.

*These days more is known about young people's family background, especially if it is complex. For instance, many young people have parents and grandparents who suffer schizophrenia, alcoholism and drug addictions.*

This coincides with observations from parenting agencies where increases in drug-related behaviours were observed.

*Out-of-control illegal drug use has impaired the mother's ability to care for her children well enough.*

All agencies involved in parenting therapy note that

*intergenerational faulty parenting and drug taking issues are very prevalent in the population – most people are experiencing problems with alcohol and drug taking. Comments such as 'Don't talk to me until I've had a bong' greet children on coming home from school.*

*Many have money problems and are self-medicating their mental health issues of depression and anxiety. The way (mothers) do this is by smoking marijuana and taking Valium.*

*75-80% of parents whose children are referred from Child Protection have drug and alcohol issues...this results in a bossy child who will not listen and who behaves in an antisocial way which affects their ability to acquire literacy and numeracy skills.*

*There are also generations of unemployed and single parent families.*

### **Problematic Relationships**

Parents with social difficulties appear to dislike all people even those who try to help.

*Social relationships are problematic as parents have not got to know how to secure and maintain proper and healthy interpersonal relationships.*

As such, parents' reactive behaviour has an effect on their relationship with their children.

*Some parents are immature and constantly tease their children. However, some parents do learn to bond and do a very good job despite their chaotic lifestyle and lack of routine.*

A school practitioner notes that friends and relationships are extremely important, especially for those from low socio-economic environments.

*Today it is really important for young people to fit in and follow their peers – this is a strongest motivator for behaviour. Some, even non-smokers, will sell cigarettes just to make friends.*

*Relationships are the most important issue for young people and this involves lots of texting (sometimes bullying). Texting is very important and continuous. Texting and Face Book are the main ways for young people to define their identity and worth.*

Unfortunately, relationships are problematic for those who have not experienced a stable family life and this adds to their struggle upon becoming parents.

*The common need to find a mate (for many) results in children having new fathers almost every week. People have a great need to belong...so they jump from one partner to another. Thus the children suffer from identity problems with the mother changing surnames.*

*Many have failed so often, they do not see they have the power or the wherewithal to parent on their own; it is too much of a burden. This is why they continuously need to select new partners. Most have many new partners saying 'How am I expected to do it on my own?'*

Practitioners find that even after making progress with clients, a new relationship will take priority.

*Even when making big changes, all this falls by the wayside when a new relationship is commenced.*

### **Role Reversals and Controlling Behaviours**

Practitioners who counsel family groups notice examples of role reversal between parents and children.

*Depression is common in parents experiencing role reversals where (they) behave in a childlike petulant manner. This childlike behaviour comes to the surface in the most vulnerable times of pain and fear - childish patterns are revealed in times of stress.*

In family therapy, practitioners often see parents projecting the role of partner onto a child.

*The daughter can often become the father's pseudo wife or the son can become a surrogate partner to the mother, which is emotional abuse even without physical or sexual abuse.*

This role-reversal behaviour is becoming notable in many students from low-socio economic backgrounds where

*family issues also involve an older child looking after a drug-affected mother. This role reversal, of children becoming their parent's carer, means that usually an older sibling is left to care for younger children and this can affect their school attendance.*

Controlling behaviours by a partner or parent are becoming more pronounced, especially in stressful environments, such as hospitals.

*Controlling behaviours are often observed by midwives who see controlling mothers or husbands in labour wards and clinics. This is evident in the young mother being easily controlled and able to be talked into doing things.*

The lack of healthy relationship skills is evident as many young mothers, seeking assistance, remain dominated by their own immature families.

*Extended families appear enmeshed and controlling, always giving advice. But this is a two-way street, giving and withdrawing support, sometimes there, sometimes not. The mothers of young mothers are very directive. If a young mother is trying to break drug habits, this usually means losing friendship circles. This in turn leads to more dependence on family members. This vicious circle of young parents behaving in a childlike manner and relying on their family of origin causes reversion to previous dysfunction and inter-dependencies. Mothers, especially, are adept at telling their daughters what to do.*

### **Older Mothers' Unrealistic Expectations**

For the less-underprivileged, the trend for motherhood to begin at an older age also has repercussions. Many couples move to Tasmania for a better lifestyle in which to raise children. However, in doing so, they forget the importance of extended family and friendship supports, especially upon the birth of a child.

*The common scenario is that the mother is isolated and separated from significant others to help on the arrival of a new baby. It can be a struggle to cope with a new baby without support. New mums need someone to ask for help or advice, for instance, if the baby will not stop crying. It is important to note that the new mother needs lots of rest and care.*

*Often a woman experiencing parenting distress...has had a working life to which she has to return, hopes to undertake further study, has just moved to Tasmania and knows very few people (if any) is doing home renovation and has a partner who works long hours. Commonly neither parent has had much experience with babies. Expectations are way too high - parenting is a full time job in itself.*

*It is often the case that a mother will attend parenting counselling with the unrealistic expectation of a quick fix, of talking through issues in half an hour or so.*

### **Step-parenting and Absence of Fathers**

The implications of step-parenting are that non-biological parent does not automatically have loving feelings towards other people's children. Australia's liberal divorce laws mean fractured relationships are the norm, particularly among the underprivileged.

*Another worrying trend is that of step-parenting which further complicates situations. Families that have the most difficulties often*

*have different fathers to their children. Jealousies occur if the father of one sibling does not accept or contact his child. These children have not experienced calm environments and parents gravitate to controlling partners because they need a fighting partner; they need a volatile relationship, something familiar.*

Practitioners assisting young single mothers note that most have grown up without a father.

*Teen pregnancies are commonly experienced by those who have been abused and are going down the same path as their own parents. Thus they have a lack of parenting skills and appear to have the same difficulties, for instance, exposure to sexual predators, in childhood. The influence of their lack of fathering experience means that many teen mothers are without partners.*

*In the young pregnancy group, all of the mothers have either no father or an alcoholic or non-stable father role model. Young mothers who are experiencing difficulties have difficulty in saying 'no' to their boyfriends.*

### **Low Confidence, Apathy and Victim-hood**

It is noted, particularly in the low-socio economic school environment, that students are tending to display more apathy than aggression.

*Reactive aggressive behaviour is less noticeable as young people's attitudes appear more apathetic and cavalier. Those who are suspected of using alcohol and drugs are very open in declaring that they want to "get pissed" over the weekend. It is noticeable now that young people are more apathetic and it requires a lot more to engage their interest.*

Similarly, high degrees of apathy are noted by practitioners involved in early support and parenting programmes, where young mothers

*typically present with feelings of being 'dumbed down' and 'numbed down'. Expectant mothers do not appear to feel any connections with their baby. Nine out of ten do not want the pregnancy and exhibit disassociative traits and denial, such as trying to hide the pregnancy.*

For clients who find themselves without basic needs, such as housing,

*most lack of a sense of personal power and feel like a victim. This feeling of powerlessness is evident in lacks of responsibility - it's everybody else's fault. Victim mentality presents in clients' expectations that others should pick up the pieces. They don't feel able to change, don't want to know, want someone else to fix their problems. The feeling is that there is nothing they can do or they don't want to do anything.*

Because many clients have a history of unemployment,

*for many from these families the work ethic involves a belief that they will be rescued.*

*Depression is a huge issue and it is extremely common for clients to say they are depressed and in need of long term counselling.*

Although some people admit their behaviour is out of hand and seek help, many react in a defensive way in social settings. This type of antisocial behaviour is becoming more common in the hospital environment.

*Defensive strategies can include passivity, for example, among those who do not ask and never learn to assert themselves. There is a prevalence of people who lack motivation and will not come to ante-natal classes because they think they know it all.*



The opposite is also noticeable and many are constantly requiring help.

*There are those who are continually calling the ambulance during pregnancy as a pattern of seeking reassurance.*

### **Grandparents Taking on Parenting Roles**

It is becoming more common today that grandparents and relatives are required to take on parenting roles of children whose parents are abusing drugs.

*There is a trend for more grandparents...to take on the parenting role of their grandchildren. In some instances the daughters have used drugs and have mental health concerns and relinquish their child to the grandmother.*

This chapter has drawn together common themes in the observations of practitioners from diverse areas. Symptoms, however, are similar between agencies: lack of bonding; parenting problems, generational unemployment, mental health and drug issues and high levels of apathy and/or aggressive behaviours. The following chapter examines practitioners' theories pertaining to these trends.

## CHAPTER 6

### PRACTITIONERS' VIEWS ON PARENTING IMPLICATIONS

Practitioners use various theoretical standpoints to explain parenting implications and trends of antisocial behaviours. The discussions with practitioners, whilst substantiating social developmental theories also provide other theoretical explanations for client behaviours and social trends. This chapter explores practitioners' theories in explaining the increasing incidences of parenting and relationship problems they deal with on a daily basis. As such practitioners also suggest how these problems have come about and the issues most in need of attention.

#### **Attachment to Care-giver**

Practitioners observe two extremes of antisocial behaviour, over-compliance and aggressiveness, which they see as indicative of early parenting attachment problems. Thus immature and ego-centric, attention-seeking behaviours are seen as evidence of a lack of early bonding and positive role modelling.

Practitioners suggest that adult problems derive from insecure attachment and lack of bonding abilities. An absence of good role models leads to a lack of knowledge of practices which promote healthy bonding.

*Clients can present as either very angry or very compliant as a result of insecure early childhood attachment.*

*Wilful behaviour results from a lack of childhood care, where the carer has not appropriately responded to the child's needs.*

*Unpredictable parenting responses result in the child's trust being broken.*

*The reason for increases in aggressive behaviour seems to be role modelling or the lack thereof.*

*Many parents appear to lack any real bonding experience of their own and it is their early type of childhood experience which leads them to law breaking and a history of contact with police.*

In order to treat symptoms of Post-Natal Depression practitioners endeavour to

*promote the importance of eye contact, interaction and animated expression from the mother in order to activate the child's emotional pathways and receptors in the nervous system.*

*Parents need to get good feedback and realise the effect, on their child, of annoyed eye contact and grim expressions.*

Practitioners believe self-centred immature behaviour in parents reflects their own unresolved attachment issues.

*The immature parent appears very egocentric and displays mental health and attachment issues because...often the parent's relationship with their own mother has broken down.*

Increasing high levels of disruptive behaviour and lacks in concentration in young children, often mistakenly diagnosed as ADHD, are now being attributed to auditory processing deficits.

*Although children with auditory processing deficits can hear, they are unable to understand meaning. Testing for neuro-psychological accessing and brain processing functioning is very expensive and not available in the public health system in Tasmania unless associated with other disabilities...It is important that teachers and child care*

*providers are aware of this problem, which is associated with children from chaotic home environments.*

### **Attention-Seeking and Victimisation**

In treating children and adults, relationship counsellors view both 'nasty' and withdrawn behaviour as forms of attention-seeking. Thus ego-centric behaviour is evident in attention-seeking behaviour which can be either passive or aggressive.

*Attention-seeking behaviour is evident in an ego-centric front; an abusive nasty front. On the other hand, attention seeking behaviour is seen in the form of a withdrawing/sitting in the corner/'not wanting to engage' front. These are the two extremes of coping strategies that are prevalent, either screaming or not asking for help.*

*Problems can emerge in either outward aggressiveness towards other people or inward self-destructive depressive behaviours. The outward aggressive types are not depressive and thus their emotional suffering is less obvious. However, they may break the law, be arrested and sometimes incarcerated. Some people oscillate between aggressiveness and depression. On the other hand, the depressive type can suffer helplessness and victimisation and feel they have no outside power or control over events.*

It was the view of one practitioner that passive, asocial traits relate to a 'Cinderella complex' (Dowling, 1990) being a fear of independence and a need to be looked after. This is evident in

*extreme lacks of self-confidence...clients constantly seeking approval and reassurance, with some, especially the drug addicted, resorting to self-harm as a 'look at me' behaviour.*

*Passive behaviours and naivety are common...in terms of what a person thinks they can accomplish. Many parents believe that a baby or child can be fitted into an already fairly busy life.*

Low self-confidence manifests in many ways.

*There are many examples of disruptive behaviour, for example, chronic stealing, which is evidence of low self-esteem and lacks of self-worth.*

Also related to apathy, but perhaps more symptomatic of modern society  
*a high incidence of delayed toilet training...could be a result of the trend to use disposable nappies rather than washable ones.*

### **Controlling Behaviours Relate to Aggression**

According to family counsellors, controlling behaviours in parenting and relationships reveal both covert and overt aggression.

*Violent behaviour may result from poor communication skills, impulsive behaviour, poor parenting/role-modelling and dealing with someone with a controlling nature. While the perpetrator of violence is always responsible for his/her behaviour, the victim of physical violence should help to diffuse the situation.*

*Anger can be a powerful good emotion if expressed appropriately.*

Practitioners note that adult aggressive behaviour is related to substance abuse and involves denial.

*Aggressive displays are coupled with high levels of denial. Reactive behaviour is a result of substance abuse and this is very prevalent.*

This is why practitioners strive to help clients engage in reflective practice and consider the consequence of behaviour.

*It is...important to help parents engage in reflective practice...of their children's behaviour and development. A difficulty is that women may have been experiencing high levels of violence and/or drug taking and are in denial of their actions.*

### **Deficiencies in Social Capital**

Practitioners note that many parents who have had children taken into care, lack personal support and resources.

*They have few personal or other resources to help build parenting skills. Their home and social environments are not usually conducive to making and sustaining positive changes.*

*In the teen clinic an effort is made to try and build relationships and for the teen parent to become more involved with her own mother and father, as these relationships are usually estranged.*

### **Effects of Culture**

As well as broader cultural influences, practitioners were concerned with local cultures as impacting on tolerance of aggressive behaviours.

*Some family or community cultures send out messages that you cannot be angry or that you can be super angry and get away with it.*

*Messages, such as anti-breast feeding advice, come from family cultures.*

*Even after intensive support, family culture can reinforce negative behaviours in clients.*

### **Fighting Couples**

Practitioners explain the prevalence of multiple relationships as occurring because of

*the desperate need for love and acceptance.*

*Relationship issues arise because many young mums have had a childhood where drugs were a problem and they were possibly brought up by another carer, foster parent, or gone from 'pillar to post' with relatives.*

For many clients multiple short-term relationships are the norm and practitioners believe that

*problems with relationships occur because they seem to dislike people even before they can get to like them. Long term relationships are not possible...whenever they get close to someone, they react and fight.*

*In mothers, symptoms of this reactive behaviour are tendencies to be easily aroused and react to all people who try to help. Immature behaviour undermines their ability to parent.*

### **Problem Areas in Practice**

The difficulties in addressing parenting and relationship problems relate to the large amount of time needed to help people with complex problems, the frustrations in trying to redirect behaviour in those with personality problems and the increases in aggressive behaviour which put staff at risk. Difficulties also arise because of the high number of clients who are involuntary and are directed to attend counselling sessions by the Courts. Many other people who need help are reluctant to attend therapy at the risk of being humiliated. There are also increasing numbers of clients who are self-medicating by using illicit drugs and alcohol, leading to aggressive behaviour and higher rates of imprisonment. Finally, basic needs, such as housing, are impacting on practitioners' ability to attend to clients' relationship and parenting needs.

Practitioners are dealing with highly complex problems, which need long term therapy.

*Early intervention funding is for only three to four months and in this time the risk behaviours outlined by Child Protection are expected to be dealt with. This is a very short time in which to help people with complex problems, not only parenting and drug issues, but housing and other basic needs.*

*Parents who are linked into parenting services are helped only marginally. Most respond by neither listening nor trying to change. A few become quite surprised at the child's improved behaviour on using new parenting methods. But, in order to really help parents gain control, intervention needs to be long term.*

However,

*those with personality disorders are the most difficult to help.*

In hospitals there is increased need to protect staff from aggressive, nasty client behaviours.

*There is a need for distress beepers, especially in clinical areas. People are behaving reactively even though they are actually in a helpful environment.*

Many clients, today, are involuntary, having been ordered to attend therapeutic services by the Courts.

*Involuntary clients are often not interested in...delving into emotional issues. Thus cognitive therapy is more acceptable where symptoms of impulsivity and unhelpful thoughts are discussed. Involuntary clients are very hard to help and often come for one or two sessions after which they do not attend.*



*Intensive support is necessary but if it is disrupted, clients quickly revert back to their old ways.*

Because many clients are involuntary, high levels of denial are evident.

*Sometimes parents are in denial about the family's participation in the child's 'acting in' or 'acting out'. They bring children to counselling and say 'fix him or her' and feel challenged if asked to participate in counselling as well. Often the child is reacting to family patterns of behaviour.*

*The occurrence of child neglect can be hard to elicit from parents without actually observing their parent-child behaviour over time. Therefore, this in-between area is hard to decipher until it gets serious. Neglect can involve the parent being emotionally unavailable and not able to understand the child's needs. This means that neither genuine warm interest nor supportive guidance is forthcoming from the parent.*

*Parents are usually unaware of their parenting habits. They lack insight and are unable to self-regulate.*

Many who need help will avoid therapy because of the risk of feeling humiliated.

*Denial can also be about not wanting to see oneself as an uncaring parent.*

Others seem oblivious of their unhelpful parenting practices.

*On an intellectual level, women have shown adequate knowledge about parenting skills, yet have evidently been unable to apply the*

*knowledge and claim that they cannot understand why their children have been removed.*

Practitioners find that involuntary clients often do not return after one session and

*considering the chaotic, non-affirming, negative or simply hideous backgrounds of some mothers in this category...the current 'system' is inadequate.*

A major problem affecting client's rehabilitation is that government services are heavily reliant on appointment-keeping and programme-attendance. However,

*clients do not get the full benefit of...programmes because they often have trouble keeping appointments as they are unable to plan. Often clients have no routine in their lives and live in a reactive manner. This is a problem because bureaucrats rely on appointment keeping and those who fail to keep appointments are mostly penalised. Bureaucrats, in relying on clients meeting appointments, have not acknowledged the significance of neural pathways. Thus they create more problems in making clients feel more humiliated in their failure to meet appointments.*

Most practitioners are concerned about the prevalence of clients who are unable to maintain secure accommodation. This is made more difficult because of the strict criteria for priority in attaining public housing.

*It is difficult to assist parents with housing needs.*

Another notable trend among many families on income support, is for parents to seek relief from stress through self-medication practices.

*Parents are able to budget for their self-medication and manage by living in a culture where they all know when each big pay comes and can lend to each other until the next person's pay day.*

Difficulties are arising for practitioners because more mothers are being imprisoned because of angry behaviour resulting from drug dependencies.

*There seems to be more of a prevalence of drug taking in mothers. However, both parents exhibit out of control anger which often leads to gaol for drug related crimes and aggressive behaviour. Excessive drug taking leads to paranoia and this adds fuel to angry behaviour. Common drugs used by mothers are dope, Valium and speed.*

Because of the high rates of drug taking among people on income support, practitioners think that

*the Baby Bonus is not a good idea. High risk parents, who have had children removed by the department because of drug issues and neglect, continue to take drugs throughout pregnancy and risk having subsequent babies removed. However, directly after the birth these parents are adept at visiting several agencies in order to organise receipt of the money due to them after the birth.*

### **Practitioners' Views on Social Rehabilitation**

Political and cultural influences, which are impacting on practitioners' ability in adequately addressing parenting and relationship difficulties, include the trend of seeing men in a negative light and a lack of adequate support for mothers. Practitioners see an urgent need to address basic needs in order to promote social well-being in clients. They believe this can be achieved by more consultation with government departments. Input from practitioners' knowledge and experience can lead to more appropriate methods of promoting social integration.

However, this would involve addressing the problem of generations of children growing up without a father.

*The idea of family-centred care needs to include a message that men/fathers are included and needed. Nowadays, the message is that men are not needed, with governments providing lots of services to draw attention to abusive families via the media.*

Cultural ideas are also a concern of practitioners, who provide support for new mothers. They question why western culture is assumed to be advanced when parenting skills and support for mothers is lacking.

*All in all, mothers are not supported as they ought to or as they are in less developed cultures. The trend for older women to have babies is creating difficulties but teenagers are more adaptable.*

These trends include the practice where mothers are no longer receiving adequate post-natal support.

*Mothers who attend hospital for birthing are sent home very early these days and suffer parental stress resulting from feeling alone.*

Now that social problems involve generations of unhelpful parenting styles, a system that would properly re-direct this trend may be unrealistic because it would have to involve

*years of intensive counselling and supported parenting sessions where no child is disadvantaged...where a largely new socio-cultural environment is created for the client.*

What is missing is recognition of people's basic needs.

*(There is a) need to get back to basics and make sure that people have their basic needs met. These basic needs are love, bonding, nurturing, housing and food.*

The main message across all the interviews was that there was an urgent need for more consultation with practitioners so that funding around parenting and relationship skill rehabilitation can be more purposefully allocated.

*Government policies need to inject more money into social issues. Policy makers seem to live in ivory towers and are out of touch with the problems experienced by many people. People who deal directly with people experiencing extremes of social relationship problems need to be consulted more. Nationally, there is no consensus and governments do not listen to those who are directly involved in complex social health issues.*

*Problems with service delivery occur because of the many different types of expert advice. There are also many different streams of funding from different areas, such as 'Strengthening Families' and 'Social Inclusion'. However, services are not working together because of the competitive nature of funding. As a result of funding requirements and processes, there is little sharing and service delivery tends to be ad hoc.*

*There are many different models of service delivery and services are using different measurement tools in response to funding requirements rather than funding being driven by needs-based means. As a result each service has its own model, which makes meaningful measurement complicated by creating several different outcomes. The State of Tasmania does not have a family support model and there is no generic style or descriptor to inform practice.*

Legislation also impacts on cultural practices and Tasmania's 'Safe-at-Home' laws, in enforcing mandatory reporting and pro-arrest action

around sexual and physical abuse, result in the non-physical instigator and/or collaborator mostly avoiding detection.

*The perpetrator of physical violence...is often charged by the police. However, the one who emotionally abuses can feign victim-hood. Of course, they are the victim of the physical abuse and the perpetrator should take the consequences...however, it is equally important that the emotional abuser take the responsibility for his/her actions that may have accelerated the physical abuse...Emotional abuse can be equally as damaging to relationships as physical abuse..*

Another difficulty for practitioners is that staff members, at government institutions, such Education, are sometimes not skilled in understanding behavioural problems, resulting in students' disruptive acts being misread.

*The Education Department and Child Care Centres are missing opportunities to help children at an early age because of their lack of training in understanding the implications of the child's volatile home environment. If children come from a chaotic home life, the controlled setting of the school and child care centre makes it difficult for them to assimilate to such a conformed setting, thus they over react with anger and fear.*

Practitioners were in favour of agency collaboration and believe it to be *a good idea but mostly very superficial due to time constraints.*

*Collaboration of services is improving but there needs to be more case conferencing in a shorter time frame in order to address parenting issues more quickly.*

All practitioners are very concerned about early childhood and parenting style as crucial factors in alleviating social problems. Most are of the

opinion that more needs to be done through government policy strategies to reverse antisocial and asocial trends.

*The macro view in politics today is that childhood is very important. But legislation needs to concentrate more on early childhood. There are no TV programmes that deal with childhood issues and neglect as was once the case. For example, the TV series 'GP dealt with separation, divorce and bringing up children. Education via popular 'soapies' might be a good way to highlight parenting skills. The TV can be a good teacher and provider of role models.*

*One obstacle facing government parenting services is the inability to provide child care for parents attending the programmes. Also government parenting agencies are not able to publicise their services without authorisation. (However) if the services were made more widely known it may create a huge demand that would be difficult to meet initially.*

Practitioners see a need for more awareness of the importance to properly respond to children's needs because, in the contemporary setting, parents have busy lives with many competing interests.

*In the struggle to buy a home, both parents feel they have to work long hours. Parents then report that young teenagers begin to spend more time with their friends and learn about life from their peers, thus do not gain enough input from wiser adults. If in conflict with parents, teenagers can benefit by the presence of other older/wiser family members, like aunts and grandparents. This support is not available to all because of the high levels of fractured families nowadays.*

In dealing with relationship and parenting problems, practitioners see the need for long term therapy in addressing the cause of problems rather than

concentrating solely on symptoms. This is because, in order to address childhood issues it is important to consider whether,

*(1) parental love is only conditional on the child doing what they want. Therefore, the ideal child for parents who provide conditional love, is one who makes up for the parent's lost aspirations, rather than unconditional love, which is the basis of a healthy attachment.*

*(2) both parents have problems, for example, one parent is abusive and manipulative and the other tries to protect, rather than stand up to the abusive parent, thus still colluding with them.*

Most practitioners saw the need for government programmes to look at the long-term causes of relationship and parenting problems. However,

*Government economic rational policy relies on short-term evidence-based programmes...there are not many preventative services which would provide long-term therapeutic assistance. NGO counselling programmes are funded to provide brief services to deal with the symptoms, such as drugs, alcohol, depression and anxiety but are not funded to work with clients longer-term...to work successfully with these clients, developing a trusting relationship is of paramount importance and changes need to be accomplished in small incremental steps made over a long period of time. If something disrupts the therapeutic relationship or their lives, clients often revert to their old ways because their childhood thoughts, feelings and actions are so ingrained. There is no quick-fix solution as some people struggle to regulate their emotional impulsiveness.*

All practitioners are unanimous in the belief that the most important aspect of social health and well-being is the parenting experience. Therefore, they suggest that support for mothers should be a priority.



*Maternity is the core of families and there is a need to foster more importance on family environments. There is no legislative encouragement for people to stay together in relationships and foster parental and maternal bonding.*

As can be seen from the interviews, practitioners are observing behaviours in clients that indicate worrying trends of antisocial behaviours which have now become generational problems. Not only are the underprivileged experiencing difficulties, but busy working parents are unrealistically trying to cope with many demands, one of which is child care. Practitioners see patterns in children, young people and adults, indicative of social interaction problems. Wilful behaviours and passive apathy are seen as coping mechanisms for those whose parenting experience has not provided them with conflict regulation, thus relationship skills. As well as social deficits many clients are extremely reactive, self-medicating on drugs and leading very disorganised lifestyles. This causes them to find themselves without adequate basic needs, such as housing, despite the supports available.

Today, students in low socio-economic areas are becoming more cavalier about their drug taking; young mothers are unable to take on the responsibility for themselves, let alone their babies; relationships are volatile and transient and practitioners are increasingly being exposed to injury from aggressive clients. The interviews with practitioners indicate that in order to provide better support, practitioners would like to be able to spend longer timeframes with complex-needs clients. However, government policy, in pursuing evidence-based ideas, imposes strategies rather than drawing on practitioners' direct knowledge and experience of social behavioural problems.

In order to assist clients more appropriately, practitioners see the need for more involvement and consultation with government social policy makers on social incentives and crime prevention strategies and deterrents. The concluding chapter which follows, outlines how current rational choice assumptions in crime prevention, while advocating early intervention, community and service collaboration and improved literacy, omit the role of parenting style on the development of social resilience. As the practitioners in this study suggest, service collaboration is hindered by competitiveness and community integration and social learning are problematic because increasing numbers of people are exhibiting antisocial and asocial behaviours.

## **CONCLUSION**

### **IMPLICATIONS FOR RATIONAL CHOICE THEORY**

This dissertation shows how rational choice approaches in crime prevention move the focus away from developmental explanations of how antisocial and asocial propensities arise and are addressed. In Australia approaches aim to increase individual social capital via cognitive means to create improved human capital thus financial success and social well-being. However, over the last two decades, increases in economic well-being, in Australia, have not produced increases in social well-being. This raises the question as to whether sufficient importance is being placed on the implications of parenting style in the development of either social integration skills or antisocial and asocial offending behaviour. It seems that the richest countries ignore the link between mental health and successful parenting in order to focus on the production of material goods and economic indices (Bowlby, 1988: 2).

In Australia rational choice ideas are evident in social policy research papers where the focus is on improving health and education aimed at the financial outcomes of work participation (COAG National Reform Agenda, 2006). However, high rates of antisocial behaviour and depressive illness (chapter 1) are not abating. Today, social well-being is expected to be derived solely from support access, improved literacy and reduced unemployment (Penman, 2006: 104). However, as is illustrated by the interviews, high rates of drug-related mental health problems among the underprivileged means that employment may not be an option for those whose rash behaviour impacts on all aspects of their lives.

Developmental theory acknowledges the low self control characteristics in offenders but as this promotes interest in early parenting implications, rational choice approaches prefer to emphasise the benefits of structural

supports in crime prevention. Thus attention turns away from childhood exclusive and teenage theories and towards life-course issues of offending (Laub, 1996). Appealing to western utilitarianism, rational choice notions in life-course theory place the onus on innate resilience, turning points and improved social contexts (Laub & Sampson, 2006, France & Homel, 2006a). This thinking proposes that social propensities are innate but that only a select few are endowed with resilience, enabling them to choose good role models and take advantage of support opportunities (Penman, 2006). According to rational choice ideas, innate resilience assists in the conscious appraisal and choice of positive turning points and thus determines if the offender will persist or desist from crime. This notion is drawn from biological theory, explaining how long-term offending results from childhood deprivations, the effects of which linger throughout life (Moffitt, 2006: 30). Moffitt does not subscribe to rational choice assumptions of genetic traits and environmental factors but explains that antisocial behaviour continues because of the damage from childhood (2006: 30). Developmental theory explains the way children learn to deal with conflict and how low self-restraint is dependent on early observable conditioned responses. Expanding on developmental explanations, the social development perspective explains that the source of social behaviour is dependent on early care-giving practices which, if inappropriate will result in self-centred inclinations and reduced or non-existent trust and empathy in social situations.

However, rational choice ideas assume innate social orientation and resilience as determining reasoned choices based on instrumental motivations. This notion is challenged in chapter 3, which describes how early childhood care directly impacts on the development of trust, mental resilience and empathy levels. It is suggested that emotional regulation is a key to the ability to successfully negotiate social relationships and cope with emotional conflict. As illustrated in Table 1, social inclinations are

formed in the early pre-language stage where the resilient temperament arises in response to early parenting experience, not to genetic predisposition. It cannot be presumed that personality traits are inherited – even Eysenck was unable to prove such a claim (Farrington, 1998: 254). Table 1 shows how resilience comes after trust and is internalised; this needs to be acknowledged before assumptions of trust and inherent resilience are assumed. Proponents of rational choice theory fail to see the urgency in placing importance on the early years. This is because of an emphasis on turning points in life and a supposition that people are able to change direction, if they are ‘blessed’ with a resilient personality (Zubrick & Sanson, 2008). The behavioural scientific model concludes that cognitions determine emotions while the social development model proposes that all social learning is related to early care-giving practices which are emotionally based.

Therefore, by omitting the implications of parenting style, rational choice notions target cognitions rather than emotions in approaches aimed at changing antisocial behaviour. However, although cognitive development/learning theory is able to highlight childhood milestones, a closer look at parenting styles provides a better understanding of the development of antisocial behaviours (Bowlby, 1979: 22). This is because social relations are mediated by instincts and stem from biological roots impelling the individual to act. (1979: 25). Learning theorists, however, whilst concentrating on cognitions, fail to acknowledge the part played by human feelings, which are the stronger, often unconscious and sometimes irrational motivators (1979: 25). As these forceful motivators stem from early parenting style, the impact of educational improvements mostly depends on the child’s pre-language social experience. Choice is not merely a matter of cognitions because certain internal conditions are necessary for the activation of behavioural patterns, leading to the maturation of the body, via the central nervous system. This healthy

development of the self is the basis of an ability to look objectively at one's own and other people's behaviour (Cuff *et al*, 2006: 124).

Therefore, it is necessary to understand why this self-knowledge and objectivity, necessary to resist impulses, develops in some individuals while others succumb to impulses, despite the risk of being labelled an outcast (2006: 139). An examination of the implications of parenting style provides the answer to this quandary. Ethology is the understanding that parenting is a human activity, which is necessary to establish a sense of protection (Bowlby, 1988).

Consequently, rational choice assumptions appear idealistic in looking at how things should be rather than how they are. For example, rising levels of social disharmony seem accepted as a 'given' as the social well-being of the population declines and more people exhibit antisocial symptoms. Because the emphasis is placed on creating productive, financially secure citizens, generations of underprivileged people are continuing to suffer from ongoing disabilities in securing and maintaining relationships and properly caring for their children. Practitioners note that although relationships are extremely important to clients, they seem to lack the wherewithal to secure or maintain meaningful, long-term social partnerships. Nevertheless, rational choice ideas explain these trends in terms of the individual's personal choice in combination with inherited traits which, if faulty, can be fixed by cognitive behavioural therapy, support services and/or punitive methods.

On the contrary, the observations of practitioners describe prevalent symptoms that can be directly attributed to unhelpful parenting styles. The problem is that their views are not being taken into account in policy approaches which look to evidence-based research to inform social service provision. Research in Australia shows that people living on income support suffer higher rates of parenting problems, frequent changes of

housing, unemployment, high divorce rates, drug addictions and mental health issues (Penman, 2006). These collaborative factors all relate to lack of forward thinking and organisational skills, which are linked to parenting practices not instrumental motivations. Similarly, risk factor proponents endeavour to explain intra-familial offending differences by assuming an inherited genetic personality disposition as a risk or protective factor. Thus it is assumed that a nervous withdrawn type will avoid becoming an offender (Farrington, 1996: 111). As explained in this dissertation, resilience and self confidence, or nervousness and withdrawal, are derived from parenting style, not heredity. By downplaying parenting implications, theories alluding to familial criminal role modelling, quest for excitement and desire for material goods lead to conclusions that the poor commit crime because of their inability to achieve goals legally (1996: 111).

In the quest for scientific and mathematical categorisation and predictions, un-measurable variables, such as parenting implications, are being downplayed in research. Rational choice teleological argument proposes that all action is instrumental and goal-oriented towards future social outcomes. This omits value-laden, imitated, traditional and emotionally motivated behaviour. Nonetheless, it is rational choice ideas which promote and reinforce the values of a culture which sees economic well-being as equating with social well-being. As a result, government incentives are based on financial rewards but not on spurring potential parents towards more helpful circumstances in which to become parents. However, practitioners, who have first-hand knowledge of the specific issues and priorities of concern, suggest that more appropriate government incentives, structural supports and positive role modelling (via television) can improve relationships and parenting practices thus reduce offending behaviours. Practitioners' knowledge, experience and direct observations

of behaviours can be used to better explain antisocial and asocial trends and avert a pending social malaise.

Practitioners' observations concur with the social development literature that parenting is an exhausting, full time occupation and the principal carer requires extra help; this is no job for a single person (Bowlby, 1988: 2). Similarly, promoters of long term outside childcare must recognise that the pre-language child has no concept of time and will suffer a sense of overwhelming helplessness, anxiety and despair (Bowlby, 1952: 57) on being abandoned to an institution. In Australia high rates of single parenthood among the underprivileged along with cultural expectations of increased workforce participation means that while the forcible removal of children from neglectful parents has doubled over the last few years, working parents are willingly relinquishing their very young children to institutional care. Agencies are meanwhile struggling in vain to re-direct increasing rates of antisocial and asocial propensities exhibited in children and adults. These rising levels of aggression and depression are all symptoms of immature behaviour derived from an inability to cope with conflict. Therefore, external structural supports, although helpful, will not eradicate the influence of the initial parenting style influence on the life-course. Infants are not born with innate emotional stability and reflective functioning; it is the early care-giving style, which portends emotional regulation, thus social skills (Howe, 2005: 15).

Hence, the major theme underlying this dissertation contends that the source of social behavioural patterns is activated through early parenting style which portends future patterns of social response. Although structural supports, education, housing and employment offer opportunities for success, the individual requires a strong internal foundation of self-esteem and resilience in order to take advantage of these external supports. Looking at rational choice, instrumental



motivations in offending behaviour promotes a concentration on reduced opportunity, education, rehabilitation and harsh punishment. But, by its very nature, rational choice thinking perpetuates already entrenched humiliation in the supposition that antisocial behaviour resides only within the underprivileged.

The observations of practitioners have substantiated the need for more emphasis on parenting style as the source of healthy social development. This dissertation proposes that antisocial and asocial behaviours are not simply a matter of instrumentally motivated, reasoned decisions which can be easily averted during the life-course. This is because offending is not solely an economic choice but can spring from deep feelings of alienation. The social being desires harmony and belonging but those without the means to gain social harmony will suffer aloneness, self-centredness and despair (Burke, 2005: 92). These feelings then develop into a lack of social conscience derived from a conflict between the individual and society (2005: 92). However, utilitarian notions presume that uniformity can be maintained by means of laws rather than considering the real source of social disharmony (2005: 92). Free market egoism is directly related to social problems and increased crime rates because it promotes self-centred impulsivity whilst at the same time condemning those who display these traits. Crime prevention approaches in Australia, having moved focus from developmental explanations to rational choice assumptions continue to examine the journey and not the source of offending and antisocial pathways. This dissertation clearly shows that, rather than a collaborative factor, parenting style is the source of the development of mental health and social resilience because 'resilience' grows from social inclinations elicited from early parenting experiences.

## REFERENCES

- Australian Bureau of Statistics (ABS) Nos.4192.0, 3303.0, 3309.0, 4517.0, 4102.0, 1301.0.
- ABC Television Australia – *Life at 1* 23/9/08, *The Child at 3* 9/10/08, 7.30 Report 28/7/08, 23/9/08, *Enough Rope* 1/9/08, *Life Matters* 7/10/08, *Catalyst* 9/10/08 [www.abc.net.au/tv](http://www.abc.net.au/tv)
- Atkinson, P. and A. Coffey (2003) “Revisiting the Relationship between Participant Observation and Interviewing” in Gubrium, J. F. (Eds) *Postmodern Interviewing*. Sage: London.
- Bowlby, J. (1952) *Maternal Care and Mental Health*. World Health Organization, Palais des Nations, Geneva.
- (1965) *Child Care and the Growth of Love* Penguin Books.
  - (1979) *The Making and Breaking of Affectional Bonds*. Tavistock Publications Limited: UK.
  - (1988) *A Secure Base: Clinical Applications of Attachment Theory*. Routledge: London.
- Buikhuisen, W., Van Der Plas-Korenhoff, C. and E. H. M. Bontekoe (1988) “Alcohol and Violence” in Moffitt, T. and Mednick, S. A. (eds.) *Biological Contributions to Crime Causation*. Marinus Nijhoff Publishers.
- Burke, R. H. (2005) *An Introduction to Criminological Theory* (2<sup>nd</sup> Ed). Willan: USA.
- Commonwealth of Australian Governments (COAG) August (2008) *A National Quality Framework for Early Childhood Education and Care: A Discussion Paper*. [www.deewr.gov.au/COAGdiscussion](http://www.deewr.gov.au/COAGdiscussion)
- COAG National Reform Agenda (February, 2006).
- Cuff, E. C., Sharrock, W. W. and D. W. Francis (2006) *Perspectives in Sociology* (5<sup>th</sup> Ed). Routledge: London.
- Dennison, S., Stewart, A. and E. Waterson (2002) *Pathways from Child Maltreatment to Juvenile Offending*. Criminology Research Council. April, 2002.

- Farrington, D. P. (1987) "Implications of biological findings for criminological research" in Mednick, S. A., Moffitt, T. E. and S. A. Stack (eds) *The Causes of Crime: New biological approaches*. Cambridge University Press: Cambridge.
- (1996) "The Explanation and Prevention of Youthful Offending" in Cordella, P. and L. Siegel (eds) *Readings in Contemporary Criminological Theory*. Northeastern University Press. Boston.
  - (1998) "Individual Differences and Offending" in Tonry, M. (ed.) *The Handbook of Crime and Punishment* (ed) Oxford University Press: NY.
- France, A. and R. Homel (2006a) "Pathways and Prevention: Concepts and Controversies". Special Issues Introduction. *Australian and New Zealand Journal of Criminology*, 39 (3) pp. 287-294.
- (2006b) "Societal Access Routes and Developmental Pathways: Putting Social Structure and Young People's Voice into the Analysis of Pathways into and out Crime". *Australian and New Zealand Journal of Criminology* 39.
- Glueck S. and Glueck, E. (1950) *Unravelling Juvenile Delinquency*. Cambridge Mass: Harvard University Press.
- Gottfredson, M. R. and T. Hirschi (1990) *A General Theory of Crime*. Stanford University Press: California.
- (1996) "The Nature of Criminality: Low Self-Control: in Cordella, P. and L. Siegel (eds) (1996) *Readings in Contemporary Criminological Theory*. Northeastern University Press. Boston.
- Gubrium, J. F. (2003) (Eds. J. A. Holstein) *Postmodern Interviewing*. Sage: London.
- Harpending, H. and P. Draper (1988) "Antisocial Behavior and the Other Side of Cultural Evolution" in Moffitt, T. and Mednick, S. A. (eds.) (1988) *Biological Contributions to Crime Causation*. Marinus Nijhoff Publishers.
- Headey, B. and D. Warren (2008) *Families, Incomes and Jobs, Volume 3: A statistical report on Waves 1 to 5 of the HILDA survey*, funded by Department of Family, Housing, Community Service and Indigenous Affairs (FaHCSIA).

- Holmes, J. (1993) *John Bowlby and Attachment Theory* Routledge: London.
- Homel, R., Freiburg, K., Lamb, C., Leech, M., Batchelor, S., Carr, A., Hay, I., Teague, R. and G. Elias (2006) "The Pathways to Prevention Project: Doing Developmental Prevention in a Disadvantaged Community". *Trends and Issues in Criminal Justice* No 323 (August).
- Howe, D. (2005) *Child Abuse and Neglect: Attachment, Development and Intervention*. London: Palgrave Macmillan.
- James, O. (2007) *Affluenza*. London: Vermilion.
- Laub, J. H. (1996) "Crime in the Making: Pathways and Turning Points through Life" in Cordella, P. and L. Siegel (eds) *Readings in Contemporary Criminological Theory*. Northeastern University Press. Boston.
- Laub, J. H. and R. J. Sampson (2006) *Shared beginnings, divergent lives: delinquent boys to age 70*. Harvard University Press.
- Linacre, S. (2007) Australian Social Trends 2007: Article 1 One-parent Families". *Australian Bureau of Statistics Catalogue* No. 4102.0.
- Mednick, S.A., Moffitt, T. E. and Ss. A. Stack (1987) *The Causes of Crime: New Biological Approaches*. Cambridge University Press: New York.
- Mercury Newspaper Tasmania*, articles 22/3/08, 27/3/08, 3/6/08, 4/6/08, 17/8/08, 26/8/08 [www.news.com.au/mercury/tasmania](http://www.news.com.au/mercury/tasmania)
- Moffitt, T. (1993) *Adolescence-Limited and Life-Course Persistent Antisocial Behaviour: A Developmental Taxonomy*. *Psychological Review*, 100(4) pp 674-701.
- Moffitt, T. and S. A. Mednick (Eds) 1988) *Biological Contributions to Crime Causation*. Marinus Nijhoff Publishers.
- Penman, R. (2006) *Psychosocial Factors and Intergenerational Transmission of Welfare Dependency: a review of the literature*. Major Article No. 3. Australian Social Policy. Department Families and Community Support and Indigenous Affairs (FaCSIA).
- Prescott, J. W. (1996) "The Origins of Human Love and Violence" *Pre and Perinatal Psychology Journal* (10)3 Spring, 1996. pp143-188.

- Scott, J. (2000) *Understanding Contemporary Society: Theories of the Present*, (ed) G. Browning, A. Halcli and F. Webster. Sage: London.
- Smart, D., Richardson, N., Sanson, A., Dussuyer, I., Marshall, B. and the Australian Temperament Project team John W. Toumbourou, Margot Prior and Frank Oberklaid (2005) *Patterns and Precursors of Adolescent Antisocial Behaviour: Outcomes and Connections*. pp125-128.
- Stepanski, Paul (2007) *Sydney Morning Herald* Article, 31<sup>st</sup> July, 2007.
- Tasmanian Literacy and Numeracy Plan (April, 2007) "Tasmanian Jurisdictional Action Plan for Literacy and Numeracy" *Department of Premier and Cabinet*.
- Van Wagner, K. (2005) *Child Development Theories: Major Theories of Child Development*.  
<http://psychology.about.com/od/developmentalpsychology/a/childdevtheory.htm>
- Vila, B. (1996) "A General Paradigm of Criminality" in Cordella, P. and L. Siegel (eds) *Readings in Contemporary Criminological Theory*. Northeastern University Press. Boston.
- Wallace, H. (1998) *Victimology: legal, psychological and social perspectives*. Boston: Allyn and Bacon.
- Weatherburn, D. and B. Lind (2001) *Delinquent-prone Communities*. Cambridge, U.K. (pp. 177-178).
- Wiles, P. (2002) "Criminology in the 21<sup>st</sup> Century: public good or private interest" – The Sir John Barry Memorial Lecture" *Australian and New Zealand Journal of Criminology*. Vol 35, No. 2 pp. 238-52.
- Wiley, J. & Sons (1996) *Genetics of Criminal and Antisocial Behaviour* Ciba Foundation Symposium 194.
- Zubrick, S. R. Smith, G. J., Nicholson, J. M., Sanson, A.V. and T. A. Jackiewicz and the LSAC Research Consortium, June (2008) *Parenting and Families in Australia* Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) Social Policy