

## Chronic Offenders and the Syndrome of Antisociality: Offending is a Minor Feature!

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**Summary:** The aim of this paper is to delve into the psychology of chronic offenders by exploring not only their criminal careers but also their life stories. The *syndrome of antisociality* is relevant in so far as it explains how delinquent behaviour is a relatively minor aspect of a life characterised by extremely abusive parental relationships, emotional neglect, substance abuse, unemployment, social rejection, and domestic violence. This examination allows for a more integrative quantitative and qualitative explanation of why chronic offenders remained entrapped in a life characterised by an accumulation of failures and losses, in which their persistent offending is only one feature of their life development.

**Keywords:** Chronic offenders, criminal career, life failure, syndrome of antisociality.

### Introduction

A criminal career is defined as a patterning of antisocial, delinquent, criminal and violent behaviour that characterises individual development over the life-course (Blumstein *et al.*, 1986). Not all offenders start their criminal careers at the same time: some are involved in only one offence and then switch back to a prosocial life for ever after; some persist in offending; while others become very prolific offenders, committing crimes frequently, escalating from less serious to more serious crimes, and following a lifestyle that precipitates them into a pattern of failure and maladjustment in many aspects of their life. These are called chronic offenders.

Little is known about who these offenders really are, and why they develop in the way they do. Nonetheless, research evidence (Zara and

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Farrington, 2016) shows that there is continuity and relative stability in offending. These individuals tend to have numerous criminal convictions, and mostly have an extremely versatile criminal career. Within the persisting chronic offender population, it is also possible to find some similarities in their personal, familial, and social features.

The aim of this paper is to explore the criminal careers of chronic offenders and to look at their case histories, in order to describe how and why their life has unfolded into an escalating antisocial pattern of personal, familial and social failure. Data from the Cambridge Study in Delinquent Development (CSDD) are used.

This paper will first briefly describe the CSDD, and then analyse who these chronic offenders are, and specifically explore the life histories of two of the most prolific offenders in the CSDD. Some aspects of prevention and intervention will be briefly addressed.

### **Criminal persistence**

Persistence in offending is at the basis of criminal recidivism. Psychological and clinical longitudinal studies (Farrington, 1995a, 2007, 2010, 2012; Farrington and Loeber, 2014; Loeber and Farrington, 1998a, 2001, 2011; Loeber *et al.*, 2003, 2008; West and Farrington, 1973, 1977) are concordant in pointing out the importance of identifying the risk processes and criminogenic needs that, acting as stepping-stones, direct a person towards a persistent antisocial trajectory. While it is never too late to intervene, the early promotion of programmes of social integration, family support and schooling is critical as a buffer against social exclusion, individual maladjustment, family conflicts, school dropout, unemployment, and mental health problems.

Scientists (Hodgins, 2007; Loeber and Farrington, 1998b, 1998c; Moffitt, 1993) studying criminal recidivism have consistently recognised that a small group of offenders are responsible for the majority of crimes. Members of this small fraction, defined as chronics, represent about 5% of the age cohort, commit a large proportion of all crimes, and are involved in a considerable number of antisocial and violent acts.

### **The CSDD study and sample**

The CSDD is a longitudinal prospective survey of the development of antisocial behaviour and offending in a sample of inner-city boys from

South London, who were mostly born in 1953. It is a unique project in criminology, and it is the longitudinal project that includes the most face-to-face interviews (nine, over a 40-year period from age eight to age 48) (Farrington, 2015). The sample was originally composed of 411 males first studied at age eight in 1961. These boys were chosen because they were in the second forms of six state primary schools in a working-class area of London, and therefore represented a traditional White, urban working-class sample of British origin.

The ethnicity of the CSDD sample reflected the ethnicity of families living in that area at that time: 357 boys (87% of the sample) were of British origin and White in appearance. Of the remaining 54 boys, 12 were Black, having at least one parent of usually West Indian or African origin. The other 42 boys were White and of non-British origin: from North or South Ireland, from Cyprus, or from another Western industrialised country (Australia, France, Germany, Malta, Poland, Portugal, Spain or Sweden) (West, 1969).

Moreover, these males were followed up to age 56 for their offending (Farrington *et al.*, 2013b) and criminal records (Farrington *et al.*, 2013a, 2014, 2015). Convictions were only counted for the more serious offences (excluding motoring offences) normally recorded in the Criminal Record Office or Police National Computer.

### **Chronic offending**

The definition of chronic offenders is not consistent across studies. Chronicity in offending is often confused with violent offending. While individuals who commit a large number of offences are more likely to commit a violent crime sooner or later (Farrington, 1991b), the fraction of crimes that are violent is not greater for chronic offenders than for other offenders (Farrington and West, 1993). Research findings (Hanson, 2005, 2009; Hanson and Bussière, 1998; Hanson and Morton-Bourgon, 2009) show that violent offenders are more likely to recidivate with a non-violent than with a violent crime, and this also applies to chronic offenders.

Chronic offenders are more likely to have an early onset and a later age for their last conviction, are more likely to be involved in a pattern of maladjustment and antisociality, are more likely to engage in a variety of offences as their criminal career continues, and are less likely to desist spontaneously from a criminal career. In most cases, their criminal interruption is the result of a tragic event such as illness or death, rather than an acted-out choice of changing their lifestyle.

*How are chronic offenders defined in the literature?*

For Wolfgang and colleagues (1972), chronic offenders are individuals with five or more offences prior to age 18: a small percentage (6%) of the 1945 Philadelphia Birth Cohort was responsible for over 50% of the criminal acts.

Different explanations for chronic offenders have been proposed. It seems that chronic offenders are most likely to discount the future consequences of behaviour in favour of immediate rewards (Wilson and Herrnstein, 1985), and to make a general and subjective assessment of the causes of their offending that may reflect their belief in an *unjust world* and in an acquired *broken self*. It is likely that these self-perceptions sway their conduct (Agnew and Messner, 2015). According to the general theory of crime (Gottfredson and Hirschi, 1990), chronic offenders are the individuals who are lowest in self-control (i.e. they have the highest criminal propensity). It is not unusual for chronic offenders to develop from a combination of neuropsychological deficits and a disadvantaged environment (Moffitt, 1993), and to experience poor parental and coercive interactions in childhood (Patterson, 1982, 1995).

Chronic offenders are widely recognised as habitual offenders or career criminals (DeLisi, 2005), responsible for a disproportionate amount of crime (DeLisi, 2001). However, apart from the criteria adopted by Wolfgang and colleagues (1972) to distinguish chronic offenders from other persistent offenders, none of the above studies specified a *cut-off* point. Looking closely at the criteria of ‘five-plus’ offences to define chronicity (Wolfgang *et al.*, 1972), Blumstein and colleagues (1985) argued that it is arbitrary because it is unknown whether other definitions of chronicity, based on more objective criteria, would identify the same individuals and/or lead to similar substantive conclusions.

Piquero and colleagues (2007), using longitudinal data from the CSDD, assessed the criminal careers of offenders who accumulated five or more convictions up to age 40. In their analysis, 53 chronic offenders accumulated many offences, mostly non-violent (e.g. thefts and burglaries), and their average number of years between the first and fifth convictions was 6.35 years. Their analysis suggested that being a chronic offender significantly predicted whether an offender would commit a violent crime. Piquero and colleagues (2007: 138) concluded that the five-plus designation of offending chronicity ‘appears more arbitrary than a true reflection of the persistent population in the CSDD’.

In a more recent examination of chronic offending, Zara and Farrington (2016) focused their attention on chronic offending based on the CSDD data, but used a more conservative criterion of 10 or more convictions for inclusion in the high chronic category. Under this definition, 28 offenders qualified as high chronic offenders out of a sample of 118 recidivist offenders. This paper focuses on these chronic offenders.

### **Chronic criminal careers**

The CSDD sample analysed in the work of Zara and Farrington (2016) was composed of 404 men at risk, of whom 167 became offenders (41.3%) (see Table 1). Among this offending group, 118 were recidivists (70.7%), who persisted in offending after the first conviction and incurred at least two convictions.

These recidivists were distinguished into: *low* chronics ( $n = 62$ ), i.e. offenders who had two to four convictions; *ordinary* chronics ( $n = 28$ ), who had five to nine convictions; and *high* chronics ( $n = 28$ ), who had 10 or more convictions (see Table 1). This distinction was made as a result of assessing the *antisocial syndrome* that constituted the scaffolding for the offending continuity and was not based on the seriousness of their crimes. High chronics were more likely to come from a very unstable and neglectful family background, had an earlier age of onset (before age 14), had longer criminal careers (on average over 21 years), had a later age of the last conviction (over 35), had more offences and convictions (on average over 14), and developed a problematic and maladjusted lifestyle.

In their multivariate analyses, Zara and Farrington (2016) found that the 28 high chronic offenders (6.9%) were responsible for 417 offences (51.6%) out of the 808 total offences of the entire sample.

Because of their longer involvement in a criminal career, high chronic offenders in the CSDD were significantly more likely to be involved in a number of different crime types (having a *variety offending index* of 6.96) compared to ordinary chronics (4.43 different crime types) or low chronic offenders (2.32 different crime types), and one-timers (one crime type). They were more likely to be involved in a versatile criminal career (e.g. including acquisitive crimes and violent crimes) rather than being specialised in any specific or violent type of crime. Rather than escalating from a less serious to a more serious pattern of offending, they showed continuity in versatile criminal behaviour.

**Table 1.** Criminal careers of the CSDD offenders: one-timers, recidivists, chronics (age/time in years)

	<i>Offenders</i> ( <i>n</i> = 167)	<i>One-timers</i> ( <i>n</i> = 49)	<i>Recidivists</i> ( <i>n</i> = 118)	<i>Chronics</i> ( <i>n</i> = 28)
Average age onset	19.11	23.00	17.49	13.78
Average age last offence	28.18	23.00	30.33	35.15
Average career duration	9.07	–	12.84	21.37
Min. career duration	.00	–	.00	3.44
Max. career duration	41.42	–	41.42	41.42
Active career duration	8.82	–	12.48	20.09
Average no. of convictions	4.84	1.00	6.43	14.89
No. of men incarcerated	44	2	42	24
% incarcerated	26.3	4.1	35.6	85.7
Average time served	1.34	.85	1.37	1.86
Min. time served	.04	.72	.04	.17
Max. time served	15.84	.97	15.84	15.84

Adapted from Zara and Farrington (2016: 50). Recidivists = those with two or more convictions; chronics = those with at least 10 convictions; recidivists includes the 28 offenders who were chronics. Active duration career = time served in years. Max. career duration: one male was first convicted just after his tenth birthday and finally at age 51. Active career duration: excluding time served. Average time served was based only on men who were incarcerated. Six men were incarcerated only after their last conviction.

When an active offender is prolific (i.e. commits a considerable number of crimes) it is in fact quite unlikely that he would commit violence in any particular offending event. Violence, when detected, is more likely to be followed by incarceration. Thus, if chronicity were significantly related to violence, it would be unlikely that chronic offenders would be as prolific as they are, because of their lower time at risk. Farrington (1991b, 1998) studied the predictors, causes and correlates of male violence, from childhood aggression to adult male violence, and found that violent offences were committed randomly in criminal careers. While their antisocial persistence could be predicted, given their lifestyle and their past behaviour, it is this *randomness* (i.e. the lack of pattern or predictability of violent events) that constitutes a rather complicating factor, not least because it makes any risk assessment more difficult. Hence, any form of intervention becomes a sort of emergency response.

It therefore seems unlikely that antisocial chronicity could be understood if divorced from the *syndrome of antisociality*, which is its fundamental core.

## **The syndrome of antisociality**

The crucial aspect of chronic offending is the persistence over time of a prolific patterning of antisocial and delinquent activities, so that any previous experience of convictions seems not to have exerted any dissuading influence from offending. Is it adequate to focus only on the behavioural antisocial dimension of criminal careers, or, in order to understand chronic offenders, does one have to look beyond criminal behaviour? Research findings suggest the latter.

Farrington (1997: 363) describes how crime appears ‘to be only one element of a larger syndrome of antisocial behaviour which arises in childhood and usually persists into adulthood’. West and Farrington (1977) referred to this as ‘the delinquent way of life’, and similar conclusions were drawn by Walters (1990). Research findings are consistent in demonstrating that individuals who are persistently involved in delinquent behaviour also exhibit difficulties in adjusting to other areas of their life, which lead to familial conflicts, family disruption and marital breakdown (Lussier *et al.*, 2009; Maughan and Rutter, 2001; Theobald and Farrington, 2009, 2011, 2012a), broken homes and adult violence (Theobald *et al.*, 2013), domestic violence (Piquero *et al.*, 2006; Theobald *et al.*, 2016), pathological aggressiveness and hostility (Freilone *et al.*, 2015), procriminal and distorted thinking (Andrews and Bonta, 2010; Zara and Farrington, 2016), anti-establishment attitude (Farrington, 2003), poor physical health, accidents and injuries (Farrington, 1995b), unemployment and economic problems (Jennings *et al.*, 2016; Laub and Sampson, 2001; Moffitt *et al.*, 2002), drug abuse and heavy alcohol use (McCollister *et al.*, 2010), neuropsychological and emotional impairments (Raine, 2013), mental problems and personality disorders (Farrington, 1991a; Freilone, 2011; Fornari, 2015).

Criminal behaviour is in fact one of many manifestations of a *syndrome of antisociality* that is pervasive in an individual life and influences not just conduct but how the individual functions: ways of relating to people, of taking social and professional responsibilities, of bonding with others and building up a family life, and of educating children.

## **Understanding the psychology of chronic offending**

Chronic criminal careers do not appear in a psychological or familial vacuum. In the CSDD, the life development of the high chronic offenders was characterised by family disruption, parental negligence, abuse and

neglect, emotional solitude, social deprivation, and psychological desperation, with their delinquent behaviour being just one aspect of a bigger picture. Farrington and colleagues (2006) studied aspects of life success at ages 32 and 48 and how they were related to offending.

*Could these men have become prosocial rather than high chronic offenders?*

This is a question that touches upon the core issue of primary prevention. When we look back at the lives of chronic offenders, everything appears to fall precisely into a systematic pattern in which one event could not result in something other than offending, and offending persistently. Even though it is difficult to predict with certainty what a person will become or how they will react, research findings are concordant (Armstrong and Kelley, 2009; Fergusson *et al.*, 2005; Wolff and Shi, 2012) in recognising that continual exposures to early adverse and traumatic experiences have both an immediate and a distal impact in putting in motion a cumulative and escalating antisocial sequence.

Two life stories of high chronic CSDD offenders exemplify these ideas. They convey a sense of what it means to grow up in extremely problematic family conditions, where parental affection and support are optional rather than a secure basis to lean on.

The stories of two individuals, Jordan<sup>1</sup> and Matthew, epitomise the lives of many of the high chronic offenders in this study, in showing the development of criminal careers and their worsening transformation over time (for the case histories see Zara and Farrington, 2016). They elucidate the risk factors, criminogenic needs and risk processes that have played a significant role not only in early antisocial onset but in the maintenance of their long-lasting offending career.

### **The case of Jordan**

Jordan was born in 1953 and lived with his parents and siblings in a rambling and deteriorated maisonette, part of a public house. Jordan's parents were very unhappy but they stayed together for over 10 years because of the children. Jordan had two sisters. He had a paternal half-brother and half-sister, and also a maternal half-sister.

When Jordan was five years old, his mother left home without explanation. Jordan's father looked after the children on his own until his

<sup>1</sup> Names and some details have been changed to protect confidentiality and ensure anonymity.



remarriage. Neither father nor stepmother was punitive, though it was very difficult for them to be affectionate, effective and coherent in their attitude to the education of the children.

### *Childhood*

The sudden separation from his biological mother was extremely traumatic for Jordan. He needed constant reassurance and was always looking for attention.

Despite being sociable, Jordan was described by his father as a bit callous and insensitive towards others. At school Jordan did quite well in some subjects, such as English, but lacked concentration. He did not show any particular behavioural problem in childhood and his level of antisociality at age 10 was low.

### *Adolescence*

In adolescence, Jordan became uninterested in school; his school reports were poor and he truanted frequently. His parents had difficulty in dealing with Jordan's transgressive behaviour, and relied on the school to exert discipline.

At age 14, Jordan's rebellious behavior was continuing, with frequent displays of immaturity. He also held an anti-police attitude, became a quite aggressive adolescent, often involved in daring or risk-taking activities, and self-reported (at ages 14 and 16) high levels of involvement in delinquency with peers. When 14, he went before the juvenile court for using a motor scooter without a licence.

Jordan left school rather precipitously at 15. Between ages 15 and 18 he had various short-term employments including office work, garage attendant and furniture removals. According to his parents, the general situation with Jordan had improved when he applied for a job as a clerk in a computer firm, in which there was scope for future prospects.

In late adolescence, Jordan appeared fairly self-contained; he had a number of friends but no particular interests. He was happy to spend evenings watching television, and Sunday afternoon at the cinema.

### *Young adulthood*

At age 19, Jordan became a soldier in the Army, but he described this experience as terrible: he was dishonourably discharged because of drug possession and supply. When he was interviewed at age 19, his general health was good, even though he smoked compulsively. He complained of

uneasiness with his sleep, and he recollected that even when he was younger he had interrupted sleep patterns.

Jordan was quite impulsive, was a frequent consumer of cannabis and other drugs, and often drove after drinking. He had no significant intimate relationships but many casual girlfriends. He was an active football hooligan, and had some gambling problems.

He self-reported high delinquency and violence, and manifested a high level of antisociality. Jordan recounted his antisocial experiences with a sense of pride and lack of remorse. During the interview, it seemed that he used the interviewer as an audience to vent his anxiety over his experiences, especially during military service in Northern Ireland.

### *Adulthood*

At age 21, Jordan's job pattern was quite unstable. He had left his job as a barman in the family's pub after a year, following a disagreement with his father. He was then employed as a caretaker and handyman, but lost the job through absence. He started to work as a roofer's labourer. During the interview, Jordan was collaborative, though his tendency to recount his convictions, aggrandising them with fantasy, was still strong.

Jordan left home at age 21 to live with his common-law wife, with whom he had a child at age 24. His lifestyle was untouched by his fatherhood, and he continued to smoke compulsively, drink heavily, and be involved in numerous fights. He went out every evening, and was sexually promiscuous.

When Jordan was 26 years old he was re-interviewed. He was working for a roofing and tiling firm, and was happy with it. At this time, Jordan separated from his partner, towards whom he was physically abusive. His lifestyle was characterised by heavy drinking and cannabis and cocaine use, his involvement in fights was always central in the description of his social activities, and he had no stable relationships.

Jordan had another child with his previous cohabitee but contact with this child was limited. At this stage, Jordan lived with two friends, and all three were involved in drug dealing.

Jordan was re-interviewed at age 32. He reported a high level of anxiety and depression as measured by the General Health Questionnaire. His aggressiveness and antisociality levels were extremely high. He continued to consume large quantities of alcohol and drugs. By this stage, Jordan was living in a rented flat with his second wife, and they had a daughter. Jordan had infrequent contact with three daughters from his previous

marriage. He described the relationship in positive terms, despite frequent episodes of physical violence.

When Jordan was aged 48, he was interviewed again. He was now single, unemployed and lived on benefits. Jordan described his life as a disaster, not least because he had been a heroin addict for 20 years, and had been in and out of court and prison almost all his life. Figure 1 shows Jordan's time-line, characterised by many of the significant events that marked his antisocial life in a continuum from sad to bad to worse.

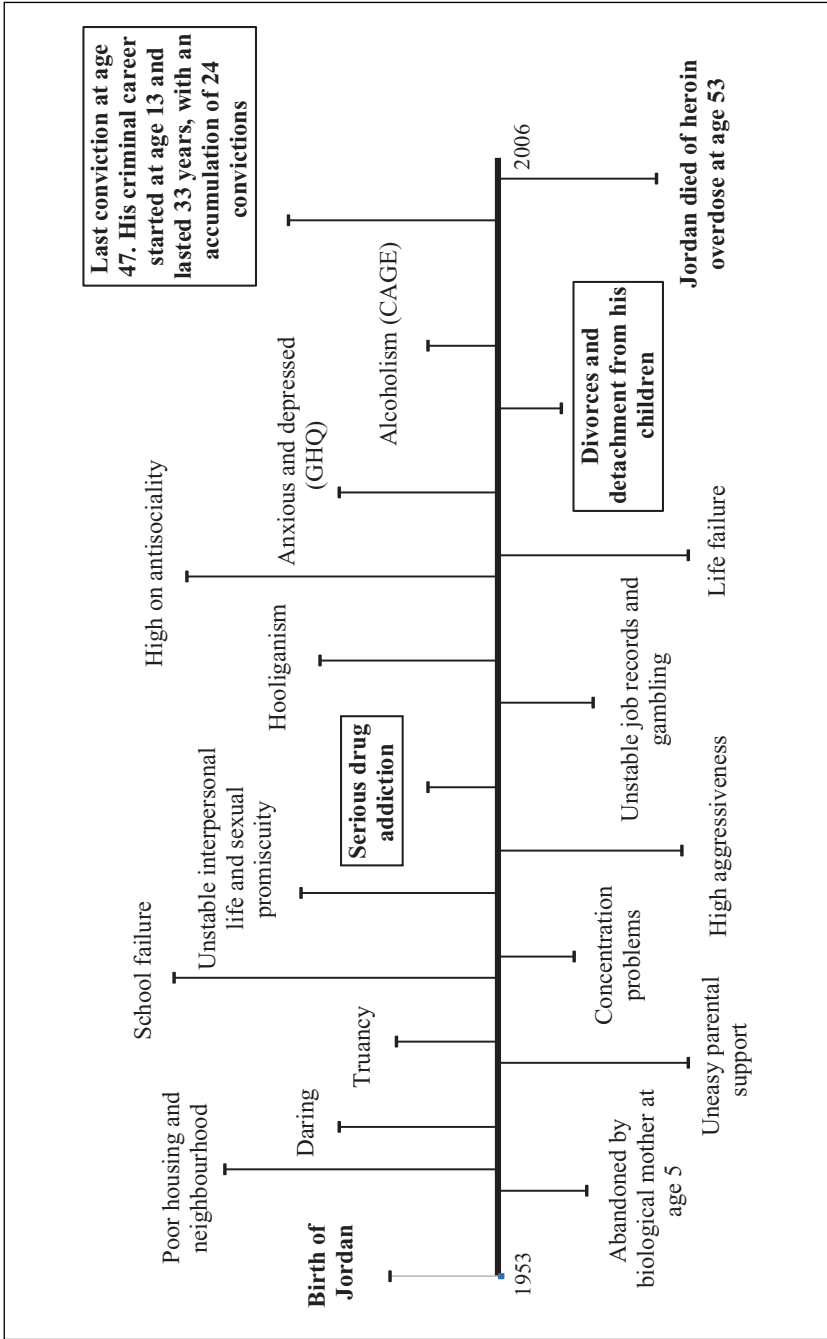
After four overdoses, Jordan was admitting that he had had a serious drug addiction. He wanted to start a new life, and mentioned that he would soon be going into rehabilitation again. This never occurred, because he died at age 53 from heroin abuse.

Jordan's life was marked by failure. His criminal career started when he was aged 13, and lasted until he was almost 47 years old. His first criminal offence with others was taking and driving away a motor vehicle. The length of his criminal career was 33 years, of which over five years was spent in prison. He was convicted for 24 offences (committed on different days), and his index variety of offences was 10, indicating that he committed 10 different types of offence out of 18. His most serious convictions were armed robbery and antique theft. He frequently appeared in court for cannabis possession.

According to the personality disorder examination at age 48 (using the SCID-II; Spitzer *et al.*, 1990), Jordan showed severe signs of lack of remorse, callousness, irresponsibility, and difficulties in investing in intimate and personal relationships. While he expressed regret for failure in his personal relationships, he seemed almost resigned to a solitary life in which other people were important only in so far as they could be temporarily useful. It seems that his life was a desperate search to find a 'holding harbour' to build up a sense of confidence and trust in significant others.

Jordan met the criteria for a schizoid personality. He was extremely antisocial and his tendency to disrespect social norms was assessed as pathological, as was his level of impulsivity, his reckless behaviour, and his lack of remorse; he met the criteria for antisocial personality. The Psychopathy Checklist – Screening Version (PCL:SV; Hart *et al.*, 1995) was administered to him; his level of psychopathy was 15 (very high), with 5 points on Factor I (affective/interpersonal) and 10 on Factor II (irresponsible/antisocial lifestyle).

Figure 1. Unfolding events in Jordan's life



## **The case of Matthew**

Matthew was born in 1953 and was of English–Irish origin. The family was composed of two parents and seven children: four boys and three girls. All the older children had been in care. They lived in a four-bedroom terraced house, which was reasonably well furnished, although it did not have a bathroom or hot water. Matthew's parents struggled with financial difficulties. The father had made a bigamous marriage and he continued paying money to his first wife, with whom he had three other children.

Matthew's mother came from a family of eight children. Her early life was difficult and she reported a criminal record. When she left her husband in 1963 because of one of his extremely bad drinking bouts, she took the children with her. Eventually she returned; her husband did not drink subsequently and started to work on a more regular basis.

At times she was very depressed, and suffered from sleeplessness and headaches. Her considerable strength was her adeptness in telling a sorry story to people in such a convincing and appealing manner that she left any listener overawed. She was quite attached to Matthew, who was her eldest son, and was very concerned about Matthew's first offence at age 10.

Matthew's father was Irish and was the third of 14 siblings. He had some health problems, drank heavily and had a quick temper. He had been arrested at various times, and had five convictions. One burglary was committed with two of his children, one of them being Matthew. He had a very unstable history of employment.

### *Childhood*

Matthew was very much an unwanted child. The climate in which he grew up was poor, not only because of the deprived and neglectful parental attitude but also because of the disharmony of family interactions. The first years of Matthew's life were characterised by loss and continual disappointments. When he was aged three, there was an application to place the children in care. Matthew spent the next five years in residential care, an experience that precipitated him into emotional turmoil. His mother rarely visited him. He suffered from a sense of rejection that became stronger as the periods between visits grew longer. In 1961 his mother suffered a health problem, which delayed the return home of the children. When Matthew first returned home he was eight, and started to show some signs of emotional problems, being afraid of the

dark, being moody, and wandering off without telling his mother where he was going.

From age 10 Matthew started showing a daring attitude, a high level of antisociality and impulsiveness, and behavioural problems. When he was aged 11, a psychiatric report indicated that there was no sign of physical disorder nor any evidence of formal illness or severe emotional disturbances, even though he started to manifest some signs of neuroticism (on the NJMI<sup>2</sup>) and was assessed as a quite vulnerable and high-risk child, not least because of his long period of institutionalisation. Matthew was of low intelligence, his verbal and performance IQs being 87 and 86 respectively on the WISC; his reading age was five years, indicating his continuing need for remedial tuition.

Matthew was a shy and small boy for his age, and attempted to compensate through fantasy and by identifying with bigger, older boys. He was never at a loss for words, especially when defending his rights or his innocence, and despite his dislike of criticism, he was able to listen. At around age 12, Matthew started to truant from school to feed pigeons. He became a regular smoker at 13 years of age, and his antisociality began to emerge and continued to be high throughout his adolescence. He had a bullying attitude, and frequently he lied to justify his behaviour.

It was evident that Matthew needed a great deal of encouragement and affection from significant adults. In 1965, with the help of a Probation Officer, Matthew made excellent progress at school, and he was developing considerable self-confidence. He no longer associated with the local delinquents but spent some of his time indoors playing with his brothers or with his classmates. At age 14, Matthew failed to achieve expected educational standards; he started to exhibit some concentration difficulties that led to poor school attendance. His peers rated him as dishonest and unpopular.

### *Adolescence*

Matthew left school at age 15, and subsequently had intermittent work as a metal worker, a packer, a waiter and also as a greengrocer's assistant, which was the longest spell of work (six to seven months) until the firm closed. He continued to have difficulties in concentrating, and was aggressive and daring. He developed a strong anti-police attitude, was involved with delinquent friends, started to steal outside home, and self-reported high involvement in delinquency.

<sup>2</sup>The New Junior Maudsley Personality Inventory (Furneau and Gibson, 1966).

When Matthew was 16, he was remanded in a detention centre. The psychologist who met Matthew in 1969 said that he functioned at the low average level of ability, but potentially his ability was within the good average range. His verbal and performance IQs were 89 and 93 respectively (on the Wechsler Bellevue Scale for adolescents and adults). Matthew could read for practical purposes, but he came within the dyslexic category when he had to do spelling and written work. On the other hand, he was able to perform at a good average level of ability in practical tasks.

The encouragement Matthew received from school and the Probation Officer who supervised him was not sufficient to compensate for the pangs of loneliness and neglect he endured during his childhood and adolescence. He tended to opt out of difficult situations. He was quite malleable and gullible, and easily influenced by delinquent friends.

#### *Young adulthood*

At age 18, Matthew's antisociality continued to be high: he was a consumer of cannabis, other drugs and alcohol. He had a high level of neuroticism and a very aggressive attitude. He often got involved in fights, and had some problems in finding a job. His criminal career was by this stage very active and prolific. Matthew got married at age 20 and had a son. However, he had frequent rows with his wife, and because he continued to consume large amounts of alcohol and drugs, he was quite unstable and abusive at home.

#### *Adulthood*

When Matthew was interviewed at age 32, he lived with his wife and son. His level of life failure was extremely high, and he was assessed as very high in alcoholism on the CAGE test (Mayfield *et al.*, 1974). Something significant was his interest in his son. His son was not a problematic boy but, at times, he was disobedient, got involved in fights, and had some temper tantrums. Matthew wished to give his son the love, warmth and affective parental presence that he had never experienced. At age 32, Matthew's health condition seemed good. He was banned from driving because of a drink driving offence. His working pattern continued to be unstable, and he went through some unemployment periods over the years.

There was no doubt that Matthew's life was complicated by his antisocial attitude and social behaviour. Matthew mentioned that he felt

downtrodden by life events, less able than usual to face up to his own problems, and was continuously feeling nervous.

When Matthew was 49, he was interviewed again. His situation had evolved rather dramatically in the previous 17 years. Matthew had split up with his wife about a year earlier, and he did not have a stable occupation. He was in debt, and homeless.

There was no doubt that Matthew's problems stemmed from his childhood. It was too painful for him to answer many of the questions about his childhood or even about his siblings. He freely admitted that he drank to block out the pain of his past.

Matthew was trapped in a vicious circle: his life history was characterised by a succession of failed attempts to stop drinking and drug abuse. The alcohol interfered with his work, his work was sporadic, and his need to drink increased. Matthew admitted that he could fly into a rage, described as 'a red mist that comes into me'. That rage had contributed significantly to destroying his interpersonal world.

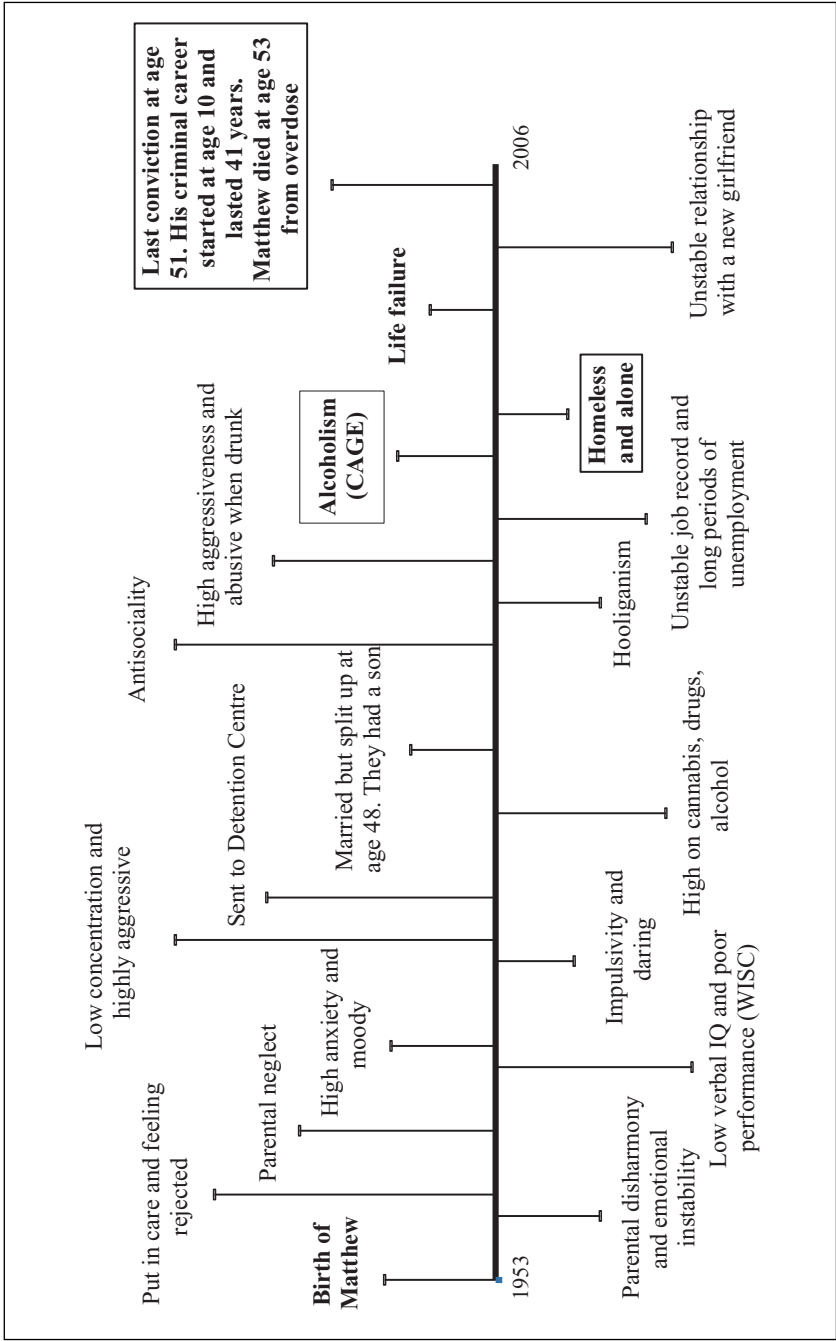
Matthew seemed powerless to stop his destructive ways, despite much intervention. He continued to be extremely antisocial, and was actively involved in criminal activities. At the time of the last interview, he had a new girlfriend, but it sounded like an unstable relationship which seemed to strengthen his need to drink.

Matthew's criminal career was long. He had offended all his life since age 10, was an active football hooligan, and was involved in violent acts from an early age. His last offence occurred when he was aged 51, and his criminal career lasted over 41 years. He spent just over one year in prison. He was a prolific and versatile offender who was convicted for 31 offences. His variety index indicated that he was involved in 12 different types of crime, and four of them were violent and sex offences.

What emerged was that Matthew did not have much hope about being able to do anything to change his life. He died suddenly at age 53, possibly because of a drug overdose and alcohol abuse (according to his wife). His time-line (see Figure 2) is a description of the syndrome of antisociality, which shows that offending was the minor problematic aspect of his life. In adulthood, what represented an impediment to his recovery was a pervasive suffering, a rooted sense of powerlessness and a fatalistic sense of unchangeability. It is evident that this damage was caused by intense experiences of marginalisation, emotional neglect, early institutionalisation and antisocial maladjustment.



Figure 2. Unfolding events in Matthew's life



## Conclusion

Jordan's and Matthew's lives provide a picture of the complexity of variables involved in a high chronic criminal career. Their case histories 'breathe life into dull statistics' by describing how negative and traumatic events were strongly associated with a wide range of behavioural problems and clinical symptoms that impaired their personal lives.

In most chronic offenders in the CSDD, and especially in Jordan and Matthew, the representation of their ideas about themselves, their lives, and significant others tended to be rigid, maladaptive and defensive. The world was perceived as a place in which they had to be prepared for combat and attack. They became disincentivised to take another person's point of view arising from the abuse, neglect, abandonment, disappointments, ambivalence and loneliness they experienced.

Mental health and personality disorders are relevant in understanding how Jordan and Matthew functioned in the world and *disregulated* their social behaviour. Their lives were characterised by a constant struggle to solve adaptive tasks relating to identity or self, intimacy and attachment, and prosocial behaviour. It appeared that they were left almost disarmed, and this may have contributed to their failure to establish coherent representations of self and others and respond to them accordingly (Freilone, 2011; Livesley, 2007).

Beyond the individual differences that highlighted the uniqueness of Jordan's and Matthew's stories, a pattern of similarity seems to be present in all of the chronic offenders in the CSDD. Their life development was tainted by rejection, insecure parental attachment, solitude, ambivalence and aggressiveness.

Research shows that it is not unusual for individuals who come from such an environment, and experience systematic forms of family difficulties, to become vulnerable both in terms of adjustment to life and in terms of their *reactive mental state*: they are likely to emotionally rebuff, 'mentally expel, impulsively discharge, refuse, distort, or inhibit what is currently being activated, thus defending themselves against it' (Bouchard *et al.*, 2008: 49).

Jordan and Matthew learned that the way to cope with life events was by denying or dismissing environmental threats. Their interpersonal pattern was characterised by detachment and lack of commitment, and it was no surprise that they had difficulties in establishing long-term relationships. They seemed to exhibit what Bowlby (1980) called

*compulsive self-reliance* in so far as they reacted as if disclaiming the need for and the importance of close relationships (Lapsley *et al.*, 2000). Moreover, they also appeared to have accepted the burden of continuing to experience a sense of frustration as an inevitable part of their destiny (Bennett, 2005). An underlying pattern of antisociality and maladjustment cast a shadow over their childhood, adolescence and adulthood.

Later life events were also relevant in contributing to ongoing offending and especially to impaired psychological and family life. The level of continuity between the development of antisociality in children and adolescents and involvement in partner violence in adulthood was remarkable, as shown in other studies (Lussier *et al.*, 2009; Theobald and Farrington, 2012b). Even though, in the CSDD, childhood antisociality did not predict intimate partner violence (IPV) independently of offending (Piquero *et al.*, 2014), antisociality that started early, persisted in adolescence and throughout adulthood was the main risk factor that influenced later partner violence.

Jordan's and Matthew's lives were handicapped by their difficulty in gaining emotional mastery and a sense of trust in themselves and in significant others. The void of loneliness became the tunnel that contained their adult lives, and that led them to dramatic and premature ends.

Research (Farrington, 2003; Sanders, 2004; Schindler and Black, 2015; Sherman *et al.*, 1998, 2002; Webster-Stratton and Taylor, 2001; Webster-Stratton *et al.*, 2001, 2004; Welsh and Farrington, 2012; Zara and Farrington, 2014) shows that specific multimodal levels of intervention could be really effective with chronic offenders, given the variety of criminogenic needs burdening their life, and also because 'it takes severe biographical shocks [better described as 'turning points'] to disintegrate the massive reality internalized in early childhood' (Berger and Luckman, 1966: 142).

Desistance from an antisocial life style is not a *private matter* that is accomplished once the risk factors and problematic aspects in the person's life are identified. Assessing the risk is in fact just the first step of planning intervention.

Interventions should not just target antisocial behaviour, but should address the psychosocial reality and the emotionally distressed climate experienced in the family, at the earliest stage. Empirically supported interventions for chronic offenders require active and sustained participation of their families, the school and the social services; they are resource-intensive and they are long-term. The most effective early

intervention programmes include cognitive behavioural skills training, general parent education, parent management training, preschool enrichment programmes, and mentoring (Farrington and Welsh, 2007).

Intervention programmes to promote mental and social well-being, to assist families at risk, to restore a sense of self-confidence, to encourage educational interests, to develop vocational skills, to reduce social isolation, and to treat drug or alcohol abuse contribute to curtailing the chances of people like Jordan and Matthew entering the stark reality of the chronic offender. It is never too late to intervene...

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