

A Practitioner's Response to 'Chronic Offenders and the Syndrome of Antisociality: Offending is a Minor Feature!'

Lisa C. Anderson*

Summary: This paper is a practitioner's response to 'Chronic Offenders and the Syndrome of Antisociality: Offending is a Minor Feature!' by Georgia Zara and David P. Farrington, published in *Irish Probation Journal*, October 2016. That thought-provoking article focused on the psychology of chronic offenders through the exploration of both their criminal careers and their life stories. This response reflects on key themes that Zara and Farrington identified, based on their analysis of quantitative and qualitative data from the Cambridge Study in Delinquent Development (CSDD). These include: the definition and characteristics of a chronic offender; the syndrome of antisociality and its trajectory in the lives of chronic offenders; the pervasive themes of hopelessness, failure and loss; and the challenge for professionals in identifying and pursuing interventions that can break (or at least modify) the syndrome of antisociality. Similarly to that article, based on two extensive case histories, the reflections in this paper draw from the experience of a probation practitioner working, within an assessment framework, with people whose lives have been characterised by patterns of abuse, neglect and social rejection as well as criminality.

Keywords: Chronic offenders, criminal careers, antisociality, probation, assessment, change, hope, desistance, multi-agency working.

Introduction

My primary task, as a Probation Officer on the Court Liaison Team in Dublin, is to undertake assessments with offenders, in both a community and a custodial setting, for the purpose of preparing reports for the Circuit Courts. Offender assessment underpins the work of the Probation Service: it informs sentencing decisions, looks at an offender's needs in relation

* Lisa Anderson is a Probation Officer on the Dublin Court Liaison Team (email: lcanderson@probation.ie).

to the risk of reoffending and/or the risk of causing future harm, and determines an offender's suitability for a community sanction, as well as the interventions required to promote change and facilitate reintegration.

Reading the 2016 article 'Chronic Offenders and the Syndrome of Antisociality: Offending is a Minor Feature!' by Georgia Zara and David P. Farrington, and their consideration of the psychology of chronic offenders, I recalled assessments with offenders that were the subject of much debate with colleagues and supervisors. Phrases such as 'reinventing the wheel', 'the revolving door' and 'how to make a difference' came to mind. The offenders' Garda criminal records detail their criminal persistence, and their Probation Service files outline traumatic backgrounds and complex and unstable needs. In addition, there is frequently a pattern of intermittent engagement with a series of what can only be described as failed interventions.

The challenge for me, as a probation practitioner, has been one of identifying effective interventions that include engagement with the Probation Service and other therapeutic services, while balancing the management of the risk factors associated with criminal behaviour. The Zara–Farrington article prompted me to re-evaluate my own definition and understanding of chronic offenders, and to consider how the authors' presentation of the syndrome of antisociality could influence practitioner interventions with chronic offenders, in order not to perpetuate the cycle of failure.

Zara and Farrington present a review of the literature that suggests substantial variation in the definition and description of chronic offenders or, as DeLisi (2005) suggests, offenders who can also be considered as career criminals or habitual offenders. For example, Wolfgang *et al.* (1972) determined chronic offenders as those accruing five or more convictions prior to adulthood. Zara and Farrington's article identifies highly chronic offenders as those with 10 or more convictions.

It is interesting that these differing methodological considerations seem to echo the lack of agreement inherent in the definition and conceptualisation of desistance. Bushway *et al.* (2001) propose that the determination of cut-off points for offenders who desist is random, suggesting there may be little correlation across studies regarding the factors influencing desistance. This is similar to the varying definitions of chronic offenders presented in research.

My own reading and experience lead me to believe that there is a much higher cut-off point of criminal convictions in the initial determination of

chronic offenders. In my experience, chronic offenders tend to present with a persistent and extensive history of offending behaviour stretching from childhood to adulthood, where any significant lull or crime-free gap appears to occur because of incarceration or other externally imposed factors rather than by an individual or autonomous choice or significant behavioural or attitudinal change.

Would the identification of a chronic offender at assessment stage alter my evaluation of an offender or the proposed interventions to address their criminal behaviours? Or would the classification 'chronic offender' result in the further labelling of clients, a significant number of whom already struggle with being deemed a high or very high risk offender? Case (2006: 173) warns against 'stigmatising, marginalising and criminalising young people through risk-based targeting', recommending that assessments should be accompanied by qualitative processes.

O'Mahony's (2009: 113) review of the Risk Factors Prevention Paradigm (RFPP) in juvenile justice outlines the failure of this approach to account for 'personal agency, socio-cultural context, psychological motivation and the human rights dimension'. Many practitioners are mindful of the limitations of the risk paradigm while at the same time recognising the important contribution that risk-focused epidemiological research has made in the field of criminology.

What attracts me about this article is that it seems to soften what are often perceived as the more hardened contours of risk assessment/management. In highlighting the psychology of chronic offenders, the fraught nature of their life development and their internalised reality, the conclusions bring together many of the lessons learned from the risk/need/responsivity paradigm and the desistance literature.

Zara and Farrington's article clearly asserts that in isolation, a rigid quantitative tool will not identify, or assist us in understanding, chronic offenders, and therefore consideration must be given to the qualitative analysis of such offenders' lives. Based on the CSDD data they conclude that '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' (2016: 42).

This proposition brings to mind an offender I worked with whose criminal career commenced in his early teens, arising from a childhood with minimal parental controls, domestic violence and an environment of

poverty and substance misuse. A period of desistance only occurred when he tragically suffered a cerebral haemorrhage.

In Zara and Farrington's exploration of case studies, they present the life stories of two chronic offenders, demonstrating the cognitive distortions, personality disorders, rejection, solitude, aggressiveness, and ambivalence present at different stages in their lives. They suggest that 'an underlying pattern of antisociality and maladjustment casts a shadow over their childhood, adolescence and adulthood' (2016: 25). The conclusion that 'delinquent behaviour [for chronic offenders] is a relatively minor aspect of a life characterised by extremely abusive parental relationships, emotional neglect, substance abuse, unemployment, social rejection, and domestic violence' (2016: 40) is a simple but profound message which can sometimes get lost in the wider rhetoric of criminal justice policy and practice.

Probation practice places significant focus on maintaining a social work perspective in its interventions with offenders insofar as it aims to encourage and support desistance, within a care versus control framework. The argument with regard to the psychology of chronic offenders and their syndrome of antisociality encouraged me to reflect on where the focus of my own work should lie. Zara and Farrington prompted me to reconsider how interventions targeting criminal behaviour must be balanced with interventions that 'address the psychosocial reality and the emotionally distressed climate experienced' by the chronic offender (2016: 58).

All criminal justice agencies will agree with Zara and Farrington's assertion that 'Empirically supported interventions for chronic offenders ... are resource-intensive and they are long-term' (2016: 58). The presentation and characteristics of many high-risk offenders (with whom I previously worked as part of an Intensive Probation Supervision programme) are reflected in the description of chronic offenders by Zara and Farrington. Using the classification, which focuses on previous convictions and assessing the syndrome of antisociality, some of the high-risk offenders with whom I worked could also have been categorised as chronic offenders (high chronics).

Whatever the category, interventions with high-risk offenders require a multidisciplinary approach comprising individual and group-work programmes, education and training programmes, and practical and emotional support while attempting to foster an offender's social capital. As Zara and Farrington (2016: 46) argue, 'Criminal behaviour is in fact one of the 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' (emphasis in original).

In conducting a study (in fulfilment of my Master's Programme in Social Work) on how desistance works for those who desist, the personal processes of their desistance journey were explored with a small number of what were termed high-risk, but could also be considered chronic, offenders. Their reported experiences echoed the patterns outlined above and highlighted the importance of a 'systemic approach which supports positive social bonds, pro-social institutions and significant life events that can provide turning points for offenders to desist from crime' (Anderson, 2012: 45)

A recurring theme in the syndrome of antisociality is the degree of hopelessness, failure and loss that is inherent in the lives of these chronic offenders. Experiences from the education system and as a probation practitioner have apprised me of the reality that offenders often present with histories of failure – at school or work, in relationships, and even in crime – and they may feel that there is little that can be done to positively change their lives.

Zara and Farrington further illustrate the 'rigid, maladaptive and defensive' worldview of many chronic offenders whereby 'Their lives were characterised by a constant struggle to solve adaptive tasks relating to identity or self, intimacy and attachment, and prosocial behaviour' (2016: 57). The impact of these cognitive distortions often results in an offender's continued acceptance of the inevitability of their situation. Intervening effectively to assist chronic offenders to desist will therefore require a strong focus on their mental health and personality and the potential for a narrative transformation, as is suggested for persistent offenders by McNeill (2005).

How, as a probation practitioner, does one undertake appropriate assessments and engage more effectively with a chronic offender? Chronic offenders, like all offenders, need support to desist from an antisocial lifestyle (Zara and Farrington, 2016: 58); the process of desistance from criminal behaviour is only a minor part of the focus of required interventions. The question remains: how do criminal justice agencies balance the management of criminogenic risks and needs with the psychological and social interventions necessary to positively and effectively impact on the lives of chronic offenders?

Despite the challenge of life histories punctuated with persistent failures and losses, and a criminal justice agency that must prioritise its resources, Zara's and Farrington's article is a valuable resource to inform assessment and intervention with chronic offenders, which can increase the potential for better outcomes for these offenders and their communities.

The Probation Service is well placed, within a multi-agency setting, to carefully delve beneath the chaos and hopelessness with which chronic offenders present, and to uncover and promote protective factors, while addressing the multifaceted risk factors, in order to foster behavioural and psychological change. A Probation Officer's fundamental belief in the possibility of change for chronic offenders is key in this process. We must guard against adopting a no-hope response (i.e. the offender is not motivated to change) while equally being cautious not to propose interventions that set the bar too high, as unrealistic, unattainable goals will simply perpetuate the very cycle that the engagement is intended to interrupt.

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