Chapter 1

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INTRODUCTION

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Significance of the study
According to the Federal Bureau of Investigation’s (FBI, 2013), Crime in the United States, 2012 report, the estimated number of violent crimes (1,214,462) encompasses four offences: murder (14,827), forcible rapes (84,376), robbery (354,520), and aggravated assaults (760,739) reported to law enforcement increased 0.7 percent over 2011 figures. According to the latest crime statistics, released by National Crime Record Bureau (NCRB) - the statistical arm of Indian Police under Ministry Of Home Affairs (MHA) on 3 July 2012, among the total violent crimes (2,56,329) rape with 24,206 cases in 2011, emerged as one of the biggest crime in India followed closely by murder (34,305), and robbery (24,700) respectively. The Criminal Intelligence Bureau (State Crime Records Bureau; SCRB) maintains and analyzes crime statistics in the state of Kerala. According to SCRB crime report, 2012, amongst the total 1,58,989 cognizable crimes (Indian Penal Code; IPC), 374 murder cases were reported which were 365 in 2011, rapes (1019), sexual molestation (3735), robbery (725). The above mentioned statistics makes us to rethink about the authenticity of the existing policies and strategies of crime prevention and the need of proper early intervention strategies. Here comes the relevance of this particular research to analyze as to what causes people to commit crimes.

There is an urge in human beings to do something that deviate the rules and regulations set by the society (Hirschi, 1969). Social control theorists argue that people obey the law because their behaviour and passions are being controlled by internal and external forces (Siegel, 2007). They fear that their illegal behaviour will damage their relationships with friends, parents, neighbours, teachers and employers (Hirschi, 1969) as well as will portray one guilty when they deviate from the rules. At the same time some finds it difficult to stop the very Id (immediate and spontaneous fulfillment of desires) from fulfilling those urges that force them to deviate from the rules. Some people decide to commit a crime and carefully plan everything in advance to
increase gain and decrease risk; some even consider a life of crime better than a regular job as they believe that crime brings in greater rewards, admiration, and excitement (Rengert and Wasilchick, 1985), at least until they are caught; some get an adrenaline rush when successfully carrying out a dangerous crime; while some commit crimes on impulse, out of rage or fear (Kimberly, 2012).

In the present scenario what is usually seen is that all are interested in getting the accused punished meanwhile the risk factors or the root cause(s) that led an individual to commit the crime is ignored at large. In order to prevent crime it is important to have an understanding of its roots (Richard, 2005; Muhammad, 2008). The present research tries to do an exploration of the root causes of criminality which might provoke and enhance the situations for an individual to commit an act of crime, by giving more emphasis to the victim perpetrators as they landed up being a criminal themselves.

It should be noted that there are certain risk and protective factors in our societies, cultures (family values), system (educational, political, law-enforcement), economy, and so on that endorses as well as motivates the criminal activities of an individual (Lyman and Potter, 2007). Usually a combination of such factors is behind a person who commits a crime (Melkonyan, 2008). These factors can be associated with the child, the family, school, the community or cultural environment and with life events. Community related risk factors are availability of drugs, availability of firearms, community laws and norms favourable toward drug use, firearms, and crime, media portrayals of violence, transitions and mobility, low neighbourhood attachment and community disorganization, and extreme economic deprivation. Family related risk factors are family history of problem behaviour, family management problems, family conflict, and favourable parental attitudes and involvement in the problem behaviour.
School risk factors are early and persistent antisocial behaviour, academic failure beginning in late elementary school, and lack of commitment to school. Individual/Peer risk factors are alienation and rebelliousness, friends who engage in the problem behaviour, favourable attitudes toward the problem behaviour, and early initiation of the problem behaviour. Risk factors include among others, prematurity, prenatal brain damage, poor problem solving ability, lack of empathy, family violence and disharmony, long term parental unemployment, child abuse and neglect, poor supervision and monitoring of children, deviant peer group, peer rejection, death of a family member, poverty and social or cultural discrimination. Protective factors include social skills, attachment to family, easy temperament, supportive parents, responsibility for chores, sense of belonging, a positive school environment, opportunities at major transition points, access to support services and attachment to the community. These factors are interconnected, tend to occur together and operate cumulatively (Catalano and Hawkins, 1995).

Borrowing from public health and medicine, the risk-factor paradigm has become a popular approach to examining the longitudinal patterns of crime and delinquency (Farrington, 2000). The World Health Organization (WHO, 2002) promotes an ecological model for understanding risk factors for crime and delinquency which illustrates that individuals are affected not only by their personal histories, but are also affected by those in their immediate sphere, such as family members and peers, and by the wider community and society at large. There is the potential for risk factors to exist at every level. When these risk factors at different levels interact, the risk of crime and victimization increases. Various studies indicates two key categories of developmental risk factors for crime and delinquency are individual characteristics such as childhood disruptive behaviour (e.g. opposition, impulsivity, hyperactivity and aggression) (Juon, Doherty, and Ensminger,
2006) and family characteristics (e.g. parental deviance, family type, parental rejection, parental discord, ineffective discipline, and poor supervision) (Farrington, 1989; Hawkins, Von Cleve, and Catalano, 1991; Tremblay, 2000). In their article Tanner-Smith, Wilson, and Lipsey (2012) examined the developmental criminology perspective and the risk research paradigm, along with the developmental risk factors for crime and delinquency across five key risk domains (individuals, family, peers, schools, and community). Drawing on a meta-analysis of prospective longitudinal panel research studies, the article presents results that summarize the predictive strength of different risk factors for crime and delinquency during adolescence and early adulthood.

Over the past 50 years, it has become a well-established finding in criminology that “the past is prologue” (Glueck and Glueck, 1950). That is adult criminality has its important roots in childhood (Juon, Doherty, and Ensminger, 2006). There is no doubt that early experience influences later development. This influence could account for individual differences in many aspects such as cognition, behaviour, social skills, emotional responses and personality. Some developmentalists assert that early experience guarantees long-term developmental outcomes (Sroufe and Jacobvitz, 1989). Early experiences, especially emotionally or affectively charged experiences with other humans, induce and organize the patterns of structural growth that result in the expanding functional capacities of a developing individual. Schore (1994) points out that these early experiences shape the development of a unique personality, its adaptive capacities as well as vulnerabilities to and resistances against particular forms of future pathologies. Studies reveal that adverse events in childhood that have an impact on their later life (Duke, Pettingell, McMorris, and Borowsky, 2010; Black, Woodworth, Tremblay, and Carpenter, 2012; Reavis, Looman, Franco, and Rojas, 2013; Leschied, Chiodo, Nowicki, and Rodger, 2008). Farrington (1997) suggests that an understanding of developmental constructs in the context of criminal
behaviour contributes to an appreciation of the interaction and implications of life events at different ages that have certain predictable outcomes, characterized as factors that either relates to desistance or exacerbation of antisocial behaviour.

Family relationships have been considered a major determinant of behaviour (Glueck and Glueck, 1950, cited by Siegel, 2007). In fact there is abundant evidence that parenting factors such as the ability to communicate and to provide proper discipline may play a critical role in determining whether people misbehave as children and even later as adults (Kandel, 1996, cited by Siegel, 2007). Other family factors with predictive value of externalizing and antisocial/criminal behaviour include inconsistent discipline, poor supervision, the lack of a warm, loving, supportive parent-child relationship (Rankin and Wells, 1990) lack of parental attachment (Hirschi, 1969; Chapple and Hope, 2003; Bowlby, 1944), and parental rejection (Ajdukovic, 1990; Farrington and Hawkins, 1991; Rothbaum and Weis, 1994; Simons, Robertson, and Downs, 1989; Ingoldsby, Shaw, Winslow, Schonberg, Gilliom, and Criss, 2006; Shaw, Winslow, Owens, Vondra, Cohn, and Bell, 1998; Fagan, 1995; Loeber and Stouthamer-Loeber, 1986).

Within the criminogenic risk context, early warning signs of protracted difficulty identified by a number of researchers suggest that such childhood factors as temperament, impulsivity, social withdrawal, aggression and hyperactivity associated with disruptive behaviour, family-based factors reflecting poor parenting practices, low supervision, physical punishment, neglect and poor communication, age, and gender (Loeber and Farrington, 2000; Hanish and Guerra, 2002; Lacourse, Cote, Nagin, Vitaro, Brendgen, and Tremblay, 2002; Moffitt, Caspi, Harrington, and Milne, 2002; Leschied, Chiodo, Nowicki, and Rodger, 2008) all are factors that can play a role in the
early prediction of later criminal conduct. A number of research efforts show that the quality of peer relations either enhance and or control criminal behaviour and that these influences vary over time. Empirical evidence shows that violence rates are highest in urban areas where subcultural values support teenage gangs whose members typically embrace the use of violence (Seigel, 2007).

On the basis of the above mentioned facts and studies it could be interpreted that patterns or combinations of childhood risk factors as a whole need to be considered for understanding the development and continuation of antisocial/criminal behaviour. Therefore, the present study adopts a person-oriented approach to investigate how different combinations of psychosocial factors i.e., individual risk factors (aggression, impulsivity), familial factors (parental attachment and rejection), and social risk factor (peer pressure and rejection) leads to later criminality.

**Attachment**

As infants, all humans form attachment relationships with their primary caregivers. Attachment is an early active, reciprocal emotional relationship which is exclusive between two individuals especially a baby and a caregiver (usually one or both parents). Attachment is an ongoing condition of an individual through which he or she seeks proximity to and contact with another person. Ainsworth states, “An attachment is an affectionate tie that one person forms to another specific person, binding them together in space and enduring over time” (Ainsworth, 1973). According to Bowlby, children who form an attachment to an adult—that is, an enduring social-emotional relationship, are more likely to survive (Bowlby, 1969). The development of attachment relationships between children and parents constitutes one of the most important aspects of development. Attachment is imperative for optimal
brain development and emotional health, and its effects are felt physiologically, emotionally, cognitively and socially.

Attachment is the result of the bonding process that occurs between a child and a caregiver during the first 2 years of the child’s life in which the first year of life is the year of needs and to express them, babies cry. The infants' primary needs are touch, eye contact, movement, smile and nourishment; ideally, the caretaker is able to recognize and satisfy these needs. Through this interaction, which occurs hundreds of thousands of time in a year, infants learn that the world is a safe place and their sense of trust develops. In addition, these lasting bonds provide infants with comfort and reassurance when threatened (Weinfield, Sroufe, Egeland, and Carlson, 1999); an emotional connection is formed, infants feel empowered in their environment, develop a secure base from which they could confidently and effectively explore the world.

Attachment can be divided into two main categories: secure and insecure attachments. The securely attached infant shows some behavioural characteristics which indicate the infant to be secure in his or her attachment relationships (Malekpour, 2007). The more secure a child’s attachment to a nurturing adult, the easier it seems to be for the child eventually to become independent of that adult and to develop good relationships with others. Insecure attachment can be defined as the bond between an adult and infant that is without trust or consistency. The adult or caregiver may fail to respond to the infants needs. Young children who do not have a relationship with at least one emotionally invested, predictably available, caregiver - even in the presence of adequate physical care and cognitive stimulation - display an array of developmental deficits that they endure over time. Some children develop intense emotional ties to parents and other caregivers who are unresponsive, rejecting, highly erratic or frankly abusive, and these
relationships can also be a source of serious childhood impairment (Greenough, Gunnar, Emde, Massinga, and Shonkoff, 2001).

Insecure attachment itself has three different types namely: insecure avoidant, insecure-ambivalent and insecure-disorganized. Avoidant attachment is a strategy often developed by an infant whose parents have discouraged overt signs of either affection or distress, and who do not readily offer sympathy or comfort (Karen, 1994) Children who avoid or ignore a parent’s presence, show little response when parents are close by, display few strong emotional outbursts, and may avoid or ignore a parent’s responses toward them. Ambivalent or Resistant Attachment stems from the infant’s experience of inconsistent parenting when the child is never quite sure if his or her expressions of anxiety and distress will be suitably attended to (Karen, 1994) and become upset easily and exhibit frustration with their parents’ responses to them. Disorganized attachment occurs when the parent either has so many unresolved emotional issues from their own past that they have no mental space left over for their baby or, when the threat is more grave (Karr-Morse and Wiley, 1997). Children seem unable to cope easily or be comforted when stressed, and show evidence of fear or confusion around a caregiver.

Seeking to establish and maintain a certain degree of proximity to the caregiver is the behavioural hallmark of attachment. This proximity may range from close physical contact under some circumstances to interaction or communication across some distance under other circumstances. Attachment behaviours can therefore be seen as those that promote proximity or contact, whereas exploratory behaviours are those that lead the infant away from the caregiver to venture forth and learn about his or her environment (Ainsworth and Bell, 1970). There is a delicate balance between attachment behaviours and exploratory behaviours, for if an infant is to competently explore the environment, he or she must remain confident that the caregiver will be
available if a threat arises. It is in this attachment-exploration balance that individual differences in attachment relationships can most easily be seen (Ainsworth, 1967). In addition to differences in the attachment-exploration balance, individual differences in attachment also reflect an infant’s perception of the availability of his or her caregiver in the face of threat and the subsequent organization of responses to the caregiver in light of those perceptions (Weinfield, Sroufe, Egeland, and Carlson, 1999).

When the attachment figure is also a source of fear (Lyons-Ruth, 1996; Main and Hesse, 1990; Main and Solomon, 1986) or is unpredictable or unresponsive to the needs of an infant or young child (Ainsworth, Blehar, Waters, and Wall, 1978), trust (Erikson, 1980) does not develop and by the time of school entrance, the child exhibits controlling and coercive behaviours (Granic and Patterson, 2006; Sroufe, Egeland, Carlson, and Collins, 2005). Such children are shunned by their peers because of these behaviours, and are likely to form deviant peer groups that reinforce their lack of positive connection with others and support their coercive behaviours (Granic and Patterson, 2006). The two attachment styles most commonly associated with problematic early child behaviours are insecure attachment and disorganized attachment (Lyons-Ruth, 1996; Van IJzendoorn, 1997). Disorganized attachment relationships constitute the most disturbed kind of attachment bonds in early childhood, referring to a temporary, but repeated, breakdown of secure or insecure attachment strategies. This particular style of attachment is over-represented in abused children (Cicchetti, 1991; Cicchetti, Toth, and Lynch, 1995; Lyons-Ruth, Repacholi, McLeod, and Silva, 1991). Disorganized attachment has also been found to be uniquely predictive of higher levels of aggression at age five (Shaw, Owens, Vondra, Keenan, and Winslow, 1996), the strongest single predictor of deviant levels of hostile behaviour (Lyons-Ruth, Alpern, and Repacholi, 1993), and has been shown to be related to individual behaviour problems in preschool, elementary school,
and high school, and diagnostic ratings of psychopathology at age 17½ (Carlson, 1998).

Caregivers who are sensitive and consistently responsive to their infants' needs are likely to foster secure attachment to their children. In particular, security of attachment has been identified as having important implications for later close relationships (Elicker, Englund, and Sroufe, 1992; Kerns, Klepac, and Cole, 1996). When this initial attachment is not present, children lack the ability to form and maintain loving, intimate relationships. They grow up not trusting the world as a safe place and believe that others will not care for them. Without this sense of trust, children believe that they must be hyper vigilant about their own safety. Meanwhile, secure children are thought to develop a working model of themselves as lovable or worthy and of others as responsive to their needs. More specifically, a secure infant who is confident in the sensitive, responsive, and available caregiver will more likely be confident in later interactions with the world. Attachment can therefore be seen as an important construct in understanding future development and behavioural patterns of individuals.

Inconsistent or insensitive caregivers are likely to foster insecure attachment in their children (Ainsworth, 1978). An insecure infant, however, who has experienced not only inconsistency and insensitivity but perhaps also rejection from his caregiver will be more anxious about the availability of that caregiver. This individual will not develop the same degree of confidence in himself or mastery of his surroundings as his secure counterpart (Weinfield, Sroufe, Egeland, and Carlson, 1999). Thus, insecure children are likely to develop a working model of themselves as unworthy or incompetent and of others as rejecting or unresponsive to their needs. Children without proper care in the first few years of life have unusual high-level stress hormones, which effect the development of crucial aspects of their brain and body. In
addition, conscience development depends upon brain development and follows attachment. Thus, insecure attachment leads to aggressive-disruptive and antisocial behaviour, morality and lack of prosocial values.

For children with an insecure attachment, the parent/caregiver (who should be the primary source of safety and protection) becomes a source of danger or harm, leaving the child in irresolvable conflict (Hildyard and Wolf, 2002). Without the security and support from a primary caregiver, babies and infants may find it difficult to trust others when in distress, which may lead to persistent experiences of anxiety or anger (Streeck-Fischer and van der Kolk, 2000). Insecure attachments alter the normal developmental process for children, which can severely affect a child’s ability to communicate and interact with others and form healthy relationships throughout their life (Bacon and Richardson, 2001). Children classified more generally as insecure at age seven showed significantly higher levels of externalizing behaviour problems than secure children, even after accounting for family risk, which had been linked to children’s behaviour problems in the past (Easterbrooks, Davidson, and Chazan, 1993). These findings suggest that attachment is indeed linked to problem behaviours in childhood, such that children with insecure attachment strategies may be more likely than children with secure attachment strategies to display externalizing behaviour problems. The link between insecurity and deviant behaviour also remains in adolescence (Rosenstein and Horowitz, 1996). Allen, Moore, Kuperminc, and Bell (1998), however, found that a preoccupied attachment strategy, which is characterized by a preoccupation with attachment figures and memories, was a significant predictor of higher levels of externalizing problems and delinquent behaviours among an at-risk sample of teens. Criminologists have speculated on the association between attachment experiences and criminal offences (van IJzendoorn, 1997).
There has been much speculation regarding the mechanisms by which insecurity influences problem behaviours. One possibility concerns the internal representations of relationships (Greenberg, 1999; Greenberg, Speltz, and DeKlyen, 1993). Early expectations and experiences with the attachment figure result in the formation of internal working models, and these internal models are likely to affect future behaviour. An avoidant child may, for example, develop an aggressive or hostile behaviour pattern in response to a rejecting and emotionally unavailable caregiver (Greenberg, 1999). This response pattern transcends beyond the parent-child relationship, possibly leading to a variety of externalizing behaviour problems. It is thus possible that deviant behaviour is the result of specific aspects of the internalized attachment relationship and prior attachment experiences. A second possibility is seen at the level of observable behaviour. Negative attention-seeking behaviours, such as whining or noncompliance, may serve to regulate care giving patterns in situations in which other more adaptive strategies have been ineffective. Acting out may therefore serve to increase the caregiver’s proximity to the misbehaving child, thus allowing for the insecure child to receive some much needed attention (Greenberg, 1999; Greenberg, Speltz, and DeKlyen, 1993).

A third mechanism attempts to explain the link in adolescence by considering the unique developmental processes involved at this stage. A key task of adolescence is to develop autonomy, but as an adolescent explores new behaviours and values, his attachment relationships may be strained (Allen and Land, 1999). A secure adolescent is likely to maintain the expectation that the caregiver will remain available and the relationship intact even in the face of stress on the attachment relationship. This adolescent’s drive for autonomy, therefore, is unlikely to undermine the parental relationship, therefore maintaining parental control of deviant behaviour. In insecure dyads, however, an already fragile relationship may be further strained by the added
stress of a teen’s autonomy strivings. Specifically, in dismissing relationships, separations and autonomy struggles may cause emotional withdrawal and a minimization of attachment relationships. If an adolescent and parent then distance themselves, parents become less able to influence teen’s behaviour, thus removing a great degree of parental control (Allen, Moore, and Kuperminc, 1997).

Rejection Sensitivity

Humans have an innate desire to feel accepted in their communities, especially by close friends, family members, and intimate partners (Levy, Ayduk, and Downey, 2001). Close relationships and social groups are important for biological and psychological security and wellbeing (Baumeister and Leary, 1995). The desire to achieve acceptance and to avoid rejection is widely acknowledged to be a central human motive (Baumeister and Leary, 1995). Consistent with this claim, rejection is the sense of being unwanted, the feeling that although one wants people to love him/her, no one does or it is wanting to be part of a group, but feeling excluded -somehow always being on the outside looking in (New Wine magazine, 1977). Rejection is a common and potentially distressing human experience (Kross, Egner, Ochsner, Hirsch, and Downey, 2007). Yet, people vary considerably in how they react to it. Some people respond to rejection with equanimity, remaining calm and composed in the face of challenging interpersonal threats. Others respond to rejection in ways that compromise their well-being and relationships (Kross, Egner, Ochsner, Hirsch, and Downey, 2007). Rejection is known to diminish well-being and disrupt interpersonal functioning (Downey and Feldman, 1996).

When individuals’ needs are met repeatedly with rejection from their significant others, they tend to expect rejection in their future interactions (Downey and Feldman, 1996). The fear of being rejected by significant others
and the interpretation of perceived rejection from environmental or interpersonal experiences make the person actually feel and internalize rejection. This makes them hyper vigilant for rejection cues, such that even minimal or ambiguous signs of rejection are perceived as intentional rejection and makes them feel rejected. The feeling of rejection triggers an affective or behavioural overreaction, which may include anger and hostility, despondency, emotional withdrawal, and jealousy (Baumeister and Leary, 1995; Coie, Lochman, Terry, and Hyman, 1992; Coyne, 1976; Romero-Canyas and Downey, 2005; Dodge and Somberg, 1987; Fauber, Forehand, Thomas, and Wierson, 1990; Lefkowitz and Tesiny, 1984; Rohner and Rohner, 1980; Salovey and Rodin, 1986; Downey and Feldman, 1996; Kross, Egner, Ochsner, Hirsch, and Downey, 2007). This over reaction is typical characteristic of someone with high rejection sensitivity.

Rejection sensitivity is formally defined by Downey and Feldman (1996) as a, cognitive-affective processing dynamic or disposition to anxiously expect, readily perceive and react in an exaggerated manner to cues of rejection in the behaviour of others (Romero-Canyas and Downey, 2005). Perceived rejection has been found to result in two different (but not mutually exclusive) responses – anxiety and anger. It has been proposed that angry expectations of rejection result in externalizing behaviours such as aggression, hostility, and delinquent acts in response to mild or ambiguous threat (Downey, Irwin, Ramsay, and Ayduk, 2004). Anxious expectations of rejection, in contrast, result in internalizing symptoms such as depression and social withdrawal (London, Downey, Bonica, and Paltin, 2007). The fear of being rejected can make an individual retreat into isolation or search for validation in relationships. Rejection sensitivity is considered one of the core symptoms of extreme social avoidance and extreme social preoccupation. Social avoidance is characteristic of social phobia and avoidant personality disorder, while social preoccupation is characteristic of dependent depression,
dependent personality disorder, and borderline personality disorder (Romero-Canyas and Downey, 2005).

It is easy to see how the threat of experiencing rejection is what rules rejection sensitive individuals’ lives. Their involvement and interactions with family, friends, and even strangers, as well as their choice of activities, hobbies, and interests can and will be affected by this anticipated fear of rejection. In highly rejection sensitive people, the threat or actual experience of rejection causes extreme stress in their daily lives. When highly rejection sensitive people are rejected, they typically react with hostility and aggression against the agents of the perceived rejection. Not everyone shows the same intensity or behavioural manifestation of the reaction, but a feeling of hostility persists (Romero-Canyas, Downey, Berenson, Ayduk, and Kang, 2010a). A high rejection sensitive individual may avoid rejection by spurning relationships (Levy, Ayduk, and Downey, 2001). An avoidance strategy may lead the high rejection sensitive individual to have more complex and difficult interpersonal problems as they won’t engage socially. Withdrawing from any social stimulation will not provide the individual the opportunity to receive any social support that would combat rejection expectancy. As a result, the individual can enter into a downward spiral of loneliness and depression. If the high rejection sensitive individual manages to stay in the relationship, no matter how unhealthy, they believe that they have not been rejected. The high rejection sensitive individual believes that, if an individual is loved by another person, then that person would not think of hurting that individual (Levy, Ayduk, and Downey, 2001). This method of avoiding rejection may push a high rejection sensitive individual to neglect his/her personal needs and boundaries in favour of maintaining a relationship.

The sensitivity portion of the Rejection Sensitivity model (Romero-Canyas, Downey, Berenson, Ayduk, and Kang, 2010a) refers to individuals’
heightened awareness in regard to their perception of possible rejection. Romero-Canyas et al. (2010a) described three components of this awareness. First, the person has a heightened vigilance for indicators of rejection and is on the constant lookout for signs of social rejection. Second, the person is able to detect differences between signals of rejection and other types of signals that occur in his or her social environment. Lastly, a high rejection sensitive person's sensitivity occurs as a kind of “allergic reaction” to rejection, where he or she is able to mobilize his or her defensive resources quickly and respond forcefully through aggression or hostility. Activation of the rejection sensitive system orients and prepares the individual to detect cues of social threat, to use his or her prior experiences to determine if the danger is personal, and to be ready to act to avoid the danger through self-defense or escape (Downey, Mougios, Ayduk, London, and Shoda, 2004). Highly rejection sensitive people perceive more threat when the situation apparently or potentially involves the self, and even simply thinking about rejection makes people high in rejection sensitive feel aggression (Romero-Canyas, Downey, Berenson, Ayduk, and Kang, 2010a).

The causes of individual differences in rejection sensitivity are not well understood. Because of the association between rejection sensitivity and neuroticism, there is a likely a genetic predisposition (Butler, Doherty, and Potter, 2007). Others posit that rejection sensitivity stems from early attachment relationships and parental rejection (Butler, Doherty, and Potter, 2007); also peer rejection is thought to play a role (Butler, Doherty, and Potter, 2007; London, Downey, Bonica, and Paltin, 2007). Therefore, rejection sensitivity is described as a process that mediates the link between early relational experiences and responses to current situations (Feldman and Downey, 1994). More specifically, Feldman and Downey (1994) identified a history of parental and peer rejection, and the combination of the two as the potential precursors to rejection sensitivity.
Parental rejection refers to the absence or significant withdrawal of the feelings and behaviours, and the presence of a variety of physically and psychologically harmful behaviours and affects (Rohner, Khaleque, and Cournoyer, 2012). Extensive cross-cultural research reveals that parental rejection can be experienced by any combination of four principal expressions: (1) cold and unaffectionate, the opposite of being warm and affectionate, (2) hostile and aggressive, (3) indifferent and neglecting, and (4) undifferentiated rejecting. Undifferentiated rejection refers to individuals’ beliefs that their parents do not really care about them or love them, even though there might not be clear behavioural indicators that the parents are neglecting, unaffectionate, or aggressive toward them (Rohner, Khaleque, and Cournoyer, 2012). Parental rejection is conveyed to children through abuse, cruelty, hostility, and physical and emotional neglect and abuse, all of which carry a message of rejection. These experiences are internalized into a legacy of rejection experiences that will impact the person’s functioning in interpersonal relationships (Feldman and Downey, 1994), can lead to loss of self-esteem, hurt feelings, and negative affect (Leary, Koch, and Hechenbleikner, 2001, cited by Park and Harwin, 2010).

Some research has examined associations between parent–child relationships and rejection sensitivity. Perceived parental acceptance-rejection by itself is universally a powerful predictor of psychological and behavioural adjustment (Rohner, Khaleque, and Cournoyer, 2005). In one of the early studies testing the theoretical underpinnings of rejection sensitivity (Feldman and Downey, 1994), higher levels of parental neglect during childhood were associated with more rejection sensitivity in adulthood (Downey, Khouri, and Feldman, 1997). Parental rejection appears to be a major predictor of almost all forms of behaviour problems, including conduct disorders, externalizing behaviour problems in early childhood (Shaw, Winslow, Owens, Vondra, Cohn, and Bell, 1998), delinquency (Ajdukovic, 1990; Farrington and
Hawkins, 1991; Rothbaum and Weis, 1994; Simons, Robertson, and Downs, 1989), depression, aggression, social withdrawal, substance abuse (Campo and Rohner, 1992; Parker, Tupling, and Brown, 1979; Whitbeck, Hoyt, Simons, Conger, Elder, Lorenz, and Huck, 1992) and antisocial behaviour (Ingoldsby, Shaw, Winslow, Schonberg, Gilliom, and Criss, 2006; Shaw, Winslow, Owens, Vondra, Cohn, and Bell, 1998; Fagan, 1995; Loeber and Stouthamer-Loeber, 1986).

Children who are rejected at home and by their significant others gets emotionally disturbed all the more if they are very sensitive. The only way they get acceptance other than that is from their peers. But when they are rejected by their peers also, it hurts them a lot (Siegel, 2007). Children who are rejected by their peers are more likely to display aggressive behaviour, disrupt group activities, anti-social behaviour (Siegel, 2007; Wright, Caspi, Moffitt, and Silva, 2001) criminal offending (Ollendick, Weist, Borden, and Greene, 1992), conduct disorder (Bierman, Smoot, and Aumiller, 1993; Miller-Johnson, Coie, Maumary-Gremaud, Bierman, and The Conduct Problems Prevention Research Group, 2002), engage in juvenile and adult criminality (Parker and Asher, 1987), and substance abuse than did non-rejected children (Taylor and Biglan, 1998).

Children are rejected by peers and others for many reasons; it is often the case that they are rejected due to violent or aggressive behaviour (Patterson, 1982; Bierman, Smoot, and Aumiller, 1993) or disruptive behaviour (Miller-Johnson et al., 2002). Children who are seen to be not that popular, lack of control are usually rejected by their most popular socially skilled peers (Siegel, 2007; Dodge, 1983; Coie and Kupersmidt, 1983; Snyder and Brown, 1983). Children who have trouble making friends and getting along with other children tend to be excluded from peer-related activities (Dodge, Coie, and Brakke, 1982; Ladd, Price, and Hart, 1990). In turn, early
peer relationship problems and rejection by socially competent peers may increase the likelihood that these children will form affiliations and social networks with other rejected and antisocial children (Cairns, Cairns, Neckerman, Gest, and Gariepy, 1988; Dishion, Patterson, Stoolmiller, and Skinner, 1991; Simons, Whitbeck, Conger, and Conger, 1991; Bartol and Bartol, 2009). Hoping to belong and to be accepted in at least one peer group, no matter its damaged reputation, these rejected individuals feel compelled to engage in more anti-social activity in an effort to gain standing and approval (Siegel, 2007). This association often leads to the promotion of violent, aggressive and deviant behaviour.

**Aggression**

In its most extreme forms, aggression is human tragedy unsurpassed (Anderson and Bushman, 2002). Human aggression is defined as any behaviour directed toward another individual that is carried out with the proximate (immediate) intent to cause harm (Loeber and Hay, 1997; Baron and Richardson, 1994; Bushman and Huesmann, 2010; Carlson, Marcus-Newhall, and Miller, 1989) to another person who does not want to be harmed. In addition, the perpetrator must believe that the behaviour will harm the target, and that the target is motivated to avoid the behaviour (Bushman and Anderson, 2001; Berkowitz, 1993; Baron and Richardson, 1994; Geen, 2001). The definition includes three important features. First, aggression is behaviour; it is not an emotion; and it is not a thought.

Aggression varies in its forms and functions (DeWall, Anderson, and Bushman, 2012). By forms it means how the aggressive act is expressed, such as physically (hitting, kicking, stabbing, shooting) or verbally (yelling, screaming, swearing, name calling). Different forms of aggression can be expressed directly or indirectly. With direct aggression, the victim is physically present. With indirect aggression, the victim is absent. Physical
aggression can be direct (hitting a person in the face) or indirect (burning a person’s house down while they are on holiday). Likewise, verbal aggression can be direct (screaming in a person’s face) or indirect (spreading rumours behind a person’s back) (DeWall, Anderson, and Bushman, 2012). In displaced aggression, a substitute aggression target is used (Marcus-Newhall, Pedersen, Carlson, and Miller, 2000). The substitute target is innocent of any wrong doing and just happens to be in wrong place at the wrong time. In triggered displaced aggression the substitute target is not entirely innocent, but has committed a minor or trivial offense (Pedersen, Gonzales, and Miller, 2000). People displace aggression for two main reasons. First, directly aggressing against the source of provocation may be unfeasible because the source is unavailable, or because the source is an intangible entity. Second, fear of retaliation or punishment from the provoker may inhibit direct aggression (DeWall, Anderson, and Bushman, 2012). To capture different functions or motives for aggression, psychologists make a distinction between reactive aggression (also called hostile, affective, angry, impulsive, or retaliatory aggression) and proactive aggression (also called instrumental aggression; Buss, 1961). Reactive aggression is “hot,” impulsive, angry behaviour that is motivated by a desire to harm someone. Proactive aggression is “cold,” premeditated, calculated behaviour that is motivated by some other goal (obtaining money, restoring one’s image, restoring justice) (DeWall, Anderson, and Bushman, 2012).

Multiple longitudinal studies have shown that people are more aggressive between ages 1 and 3 than at any other time in their lives (Cote, Vaillancourt, LeBlanc, Nagin, and Tremblay, 2006; Tremblay, Nagin, Seguin, Zoccolillo, Zelazo, Boivin, Perusse, and Japel, 2004). Campbell, Shaw, and Gilliom (2000) point out that it is often not until the school entry age that aggressive behaviour patterns become apparent. Tremblay (2000) has shown that in day care settings, 1 out of 4 interactions children involved have
aggressive behaviour. A consistent finding is that aggressive behaviour begins early in life and, in most children, reaches a peak at about four years of age, declining after that (Sydney, New South Wales (Department of Community Services), 2004) which is when children learn to inhibit their aggression.

These reassurances are contradicted by the mounting research evidences which suggest that although absolute frequency of aggression tends to decrease as people grow older, relative frequency is very stable over time. Aggressive children tend to become aggressive adolescents, and aggressive adolescents tend to become aggressive adults (Bushman and Huesmann, 2010). A substantial proportion of aggressive, defiant, overactive toddlers and pre-schoolers continue to have problems at school entry age (Campbell, Pierce, Moore, Marakowitz, and Newby, 1996; Shaw, Winslow, and Flanagan, 1999). Aggression at five was a stronger predictor of delinquency than gender (being male), poverty, family structure and maternal education (Bor, Najman, O’Callaghan, Williams, and Anstey, 2001). Where problem aggressive behaviours are present in preschool children, as many as 50% of these children maintain these behaviours into adolescence (Campbell, 1995) and a substantial number of these will engage in antisocial behaviour. Longitudinal studies have shown that chronic physical aggression during the elementary school years is the best behavioural predictor of violent behaviour during adolescence (Nagin and Tremblay, 1999; Broidy, Nagin, and Tremblay, 1999, cited by Sydney, New South Wales (Department of Community Services), 2004). Most high-aggressive children do not end up as adult criminals. Nevertheless, early aggression predicts a greater risk for becoming an adult criminal (Moffitt, 1993; Huesmann and Moise, 1998; Loeber and Stouthamer-Loeber, 1998).

It is particularly difficult to know to what extent early aggressive behaviour becomes the driving factor that creates longitudinal correlations. Because so many potential risk variables co-occur in children’s lives, and
each child’s behaviour can change the child’s environment, it is difficult to disentangle their effects on later criminality (Huesmann, Eron, and Dubow, 2002). Longitudinal studies that relate a combination of potential childhood risk factors, including early aggression, to adult criminality are thus particularly valuable in elucidating the contribution of early childhood factors (Huesmann, Eron, and Dubow, 2002). Nevertheless, studies indicate that early aggression predicts a greater risk for becoming an adult criminal.

A wide spectrum of factors has been associated with the development and persistence of aggressive behaviour. Amongst them attachment and rejection occupies the main position. It is not always clear whether harsh disciplinary practices were used from the beginning or were evoked by the child’s high level of aggression or transgressions (Dodge, 1990; Lytton, 1990, Shaw and Bell, 1993; Wahler, 1990). Nonetheless, there are findings that clearly point to social rejection as a situational factor that causes people to engage in direct and displaced aggression (DeWall and Bushman, 2011) more than any other risk factor (Leary, Kowalski, Smith, and Phillips, 2003). Evidence is accumulating that preschool children are more likely to show overactive, noncompliant, aggressive and impulsive behaviour in the context of uninvolved, rejecting or harsh parenting (Campbell, 1995). Among potential early child-rearing factors, parental rejection, harsh punishment of children and inconsistent or overly permissive discipline are related both to childhood aggression and to adult aggression, antisocial behaviour and criminality (Eron, Huesmann, Zelli, 1991; Dishion, Patterson, Griesler, 1994; Farrington, 1994; McCord, 1994).

Troy and Sroufe (1987) were some of the first to empirically reveal the relationship between attachment history in toddlerhood and verbal and physical bullying behaviour at preschool age. Renken, Egeland, Marvinney, Mangelsdorf, and Sroufe (1989) found that a quasi-continuous score on
avoidant attachment towards the mother measured in toddlerhood was positively related to boys’ aggression in early elementary school years. An early study by Lewis, Feiring, McGuffog, and Jaskir (1984) found that boys at age six who were avoidantly attached to their mothers at age one had higher scores on aggression than securely attached peers. In an older sample, Roelofs, Meesters, ter Huurne, Bamelis, and Muris (2006) observed high scores of aggression in children of mid to late elementary school age who were insecurely attached to their mothers and fathers in the mean time, compared to those with secure parental attachment. Lyons-Ruth and others also reported that a comparable sample with a history of disorganized attachment had higher teacher- and mother-reported scores on aggression later at age seven than control groups with a record of secure or avoidant attachment (Lyons-Ruth, Easterbrooks, and Cibelli, 1997). Reid and Patterson (1989) state that poor parental supervision playing an especially important role in late onset (adolescence-limited) aggressive behaviour.

In addition, among other variables associated with aggression, peer relationships receive the most attention. People who feel socially rejected are more likely to see others' actions as hostile and are more likely to behave in hurtful ways toward people they have never even met (American Psychological Association, 2009). From a developmental perspective, the early elementary school years are pivotal for the emergence of the maladaptive pathway, in which aggressive behaviour at school entry contributes to problematic peer relations, which lead to isolation and hostile peer treatment, thus impairing the development of prosocial skills and exacerbating aggressive behaviour (Bierman, 2004; Coie, 1990). The experience of social alienation in elementary school, combined with a well-developed repertoire of aggressive behaviours, often fuels escalations into more serious antisocial activities and violence as children move into adolescence (Patterson, Capaldi, and Bank, 1991). A child's perception of peer
rejection is sufficient to create a potential for developing physically aggressive behaviour and, although physical aggression is more typical of peer rejected boys, girls may become physically aggressive, although relational aggression is more common. While aggressive peer rejected children have been excluded from most school cliques, they still desire belongingness, and will typically seek out peer groups consisting of other aggressive and rejected children. The reinforcement of aggressive behaviours resulting from belonging to such a group of friends may potentially lead to a variety of aggressive expressions in adolescence (Guerra, Asher, and DeRosier, 2004). Bierman and Wargo (1995) demonstrated that being aggressive and rejected increased the stability of aggressive behaviour.

Highly aggressive children are rejected by their peers, partly as a function of the poor social skills that accompany their aggression (Parker and Asher 1987; Pope, Bierman, and Mumma, 1989). Aggressive children, who are rejected, compared with those who are not, show more diverse and severe conduct problems (Bierman, Smoot, and Aumiller, 1993). By the onset of adolescence, most aggressive youths have formed social networks with other deviant peers (Cairns, Cairns, Neckerman, Gest, and Gariepy, 1988). Research indicates that rejection by peers and having a delinquent peer group are linked to juvenile offending (Van Lier, Vuijk, and Crijnen, 2005). The glamour associated with groups of delinquent peers may contribute to the late onset of aggression in adolescents with no prior history of serious problems (Moffitt, 1993). Later in, association with deviant peers becomes a good predictor of delinquency or criminality (Elliot, Huizinga, Ageton, 1985; Dishion, Patterson, Griesler, 1994).

Not only is childhood physical aggression - a precursor of the physical and mental health problems - but also aggressive children themselves are at higher risk of alcohol and drug abuse, accidents, violent crimes, depression,
suicide attempts, spouse abuse, and neglectful and abusive parenting (Tremblay, et al., 2004). Aggression is often combined, or confounded, with conduct disorder, behaviour problems, externalizing behaviours and is often equated with antisocial behaviour (American Psychiatric Association, 2000). Early aggression appears to be the most significant social behaviour characteristic to predict delinquent behaviour before age 13. In one study, physical aggression in kindergarten was the best and only predictor of later involvement in property crimes (Haapasalo and Tremblay, 1994; Tremblay, Pihl, Vitaro, and Dobkin, 1994). A longitudinal study by Tuvblad, Eley, and Lichtenstein, (2005) proposes that aggressive and nonaggressive antisocial behaviour represent different pathways toward delinquency. Some of the clearest findings have been that high levels of childhood aggression predict later persisting aggressive, antisocial and criminal behaviour (Moffitt, 1990; Silva, 1996; Olweus, 1979).

**Peer Pressure**

When children move out from the family to child care centres, school, and the community at large, they begin to form attachments and friendships that emerge through their play. Even infants and toddlers are observed reacting to other infants by touching them, by crying when others cry and later by offering nurturance or comfort (Mukama, 2005). By about age three, early friendships begin to form and children’s peers begin to have a more lasting influence (Barbour, Barbour, and Scully, 2002). These children begin to think and act like their friends and they begin to see that there are other values, opinions, and rules besides those set by their parents.

As children grow older from the age of 12 years onwards, the importance of parents’ decreases as a reference group and as a model for conformity and they begin to relate more with their age mates (Carter and McGoldrick, 2005) who act as an important source of social support (Brown
and Klute, 2006). Although parental influence is important for some young people than for others, peer influence is a more dominant factor for many teenagers (Carter and McGoldrick, 2005). In a peer group, it is the place where the young people feel accepted and where they feel free to speak of things important to them (Mukama, 2005). Peer groups are usually cliques of friends who are about the same age. A peer group is a source of great influence during the time of adolescence (Chauhan, 2007). Peer groups are among the most significant social contexts in adolescence (Palmer, 2008). Such groups have a considerable influence on the behaviour and attitudes of the individual (Mukama, 2005).

Adolescents are members of a minority group at home, but in the peer group, their status is equal to that of others in the group. At home adults largely determine the course of events, whereas within the group they enjoy some degree of self-determination. They are not only free from adult control; they are free from what they consider as over protection (Lindgren, 1980). Adolescents often experience peer influence like other peers at a time when they are trying to be more independent (Tutamwebwa, 2006, cited by Mukama, 2005). Peer influence is the pressure, planned or unplanned, exerted by peers to influence personal behaviour (Palmer, 2008) and peer pressure is the persuasive influence ones friends have over them, which can cause one to associate with certain people, to wear certain clothes, to use certain words and to use certain language (Palmer, 2008). Peers provide the opportunity to learn and rehearse social skills, learn to self-regulate and solve interpersonal conflict, and learn social norms, rules and processes that are involved in interpersonal relationships (Rubin, Bukowski, and Parker, 1998).

Peer Pressure may be either positive or negative. As an individual one has the choice of whether to surround oneself with friends who will positively or negatively influence them. One also has the responsibility of deciding
whether one would have a positive or negative peer influence on others. When one does something that shall initiate a positive outcome for his/her peers in doing something right is known as positive peer pressure. Negative peer pressure occurs when a group coerces someone into doing something inappropriate (Langholt, 2013) that is either harmful to their body or is against the law. Examples include drinking alcohol, taking drugs, smoking cigarettes, bunking classes, vandalizing, stealing and engaging in sex. The intensity of peer pressure differs from situation to situation. Children and adults alike are influenced by their peers, but children who are still in the process of developing a value system are more vulnerable to negative influences. Though peer pressure is naturally found to be high during adolescence, it decreases as individuals enter into young adulthood. But it is expected to be influencing criminals, even in their middle age. That maybe due to their lack of proper indulgence in peer influence which can be both positive and negative in their adolescence. This is not found to be empirically tested among criminals. To study peer pressure and its influence amongst other individuals is very essential as it is noted as a hot topic that is being discussed by many in the present era.

The power of the peer group becomes more important when the family relationships are not close or supportive. If the parents are largely unavailable, the children may turn to their peer group for emotional support. Most children in this situation are not discriminatory about the kind of group they join. They will often turn to a group that accepts them, even if the group is involved in illegal or negative activities. For some young people, the need for affiliation or closeness is often greater than the need to do the right thing (Barbour, Barbour, and Scully, 2002). Research suggests that parental monitoring may mediate the relationship between attachment and peer formation (Ingram, Patchin, Huebner, McCluskey, and Bynum, 2007; Warr, 2005). Warr (2005) finds that parental supervision affects the type of friends that adolescents
acquire. Parents who provide monitoring are less likely to have children who associate with deviant peers (Forgatch and Stoolmiller, 1994; Oxford, Harachi, Catalano, and Abbott, 2001; Patterson and Dishion, 1985). Higher levels of parental supervision during childhood have been found to predict less antisocial behaviour during adolescence (Dishion and McMahon, 1998; Dishion, Patterson, Stoolmiller, and Skinner, 1991; Farrington, 1995; Stouthamer-Loeber, Loeber, Farrington, Zhang, VanKammen, and Maguin, 1993). Less parental supervision allows youths to spend more time with delinquent peers.

Although teens usually know when something is bad for them, they often choose to do it because they want to be liked, to fit in, to be accepted, because they care more about what their friends think of them, they are more likely to go along with the crowd (Brown, Clasen, and Eicher, 1986). It is possible that this heightened conformity to peer pressure during early adolescence is a sign of a sort of emotional “way station” between becoming emotionally autonomous from parents and becoming a genuinely autonomous person (Steinberg and Silverberg, 1986). It was further noted that people often accept to be influenced just for the desire to achieve a sense of security within a group that is of a similar age, culture, religion, or educational status. Any unwillingness to be influenced carries with it the very risk of social rejection and this is what young people fear most (Dewey, 2008). Young people in their adolescence join different peer groups and identify themselves with these groups by participating in their activities in order not to be rejected. He follows the ideals of the group; he wants fully to be accepted. Nothing can be more devastating to the adolescent than to be rejected by his age mates (Vishala, 2008). In general, most studies show that conformity to peers is higher during early and middle adolescence than during preadolescence or later (Berndt, 1979; Brown, 1990; Krospnick and Judd, 1982; Steinberg and Silverberg, 1986).
It is well documented that adolescents are more likely than adults to engage in risky behaviour like, to drive recklessly, to drive while intoxicated, to use varied illicit substances, to have unprotected sex, and to engage in both minor and more serious antisocial behaviour (Arnett, 1992). An alternative and entirely compatible account in risky behaviour emphasizes the role of peers and, more specifically, peer influence. That is, adolescents may engage in more risky behaviour than do adults because they are more susceptible to the influence of their similarly risk-prone peers (Cauffman and Steinberg, 2000). There is also some emerging evidence, albeit preliminary, that brain systems important in the processing of social information may undergo re-modelling around the time of puberty that conceivably could lead to an increase in adolescents’ awareness of and attentiveness to the opinions of their peers (Nelson, Leibenluft, Mc-Clure, and Pine, 2005; Steinberg, 2008).

When adolescents commit crimes—act that is inherently risky—they generally do so with their peers (Erickson and Jensen, 1977; Zimring, 1998). One of the most consistent findings in the literature on the social circumstances of juvenile versus adult offending is that adolescents are significantly more likely than adults to commit crimes in groups (Zimring, 1981). Adolescents are usually accompanied by one or more persons when committing crimes that range in seriousness from vandalism and drug use (Erickson and Jensen, 1977) to rape and homicide (Zimring, 1998). Although a number of researchers have found that risk-taking tendencies are greater when individuals are in groups than when alone (Blascovich and Ginsburg, 1974; Blascovich, Ginsburg, and Howe, 1975; Blascovich, Veach, and Ginsburg, 1973; Lamm, Trommsdorff, and Rost-Schaude, 1972; Vidmar, 1970; Yinon, Jaffe, and Feshbach, 1975).
In fact, some aspects of peer relations have been frequently associated with aggressive behaviour and related outcomes (Coie and Dodge, 1998; Rubin, Bukowski, and Parker, 1998). A large body of research supports the influence (both direct and indirect) of antisocial peers on adolescents’ negative behaviours, including externalizing problems (Allen, Porter, and McFarland, 2006), risky sexual behaviour (Crockett, Raffaelli, and Shen, 2006), and delinquency (Sullivan, 2006). The influence of delinquent peers on later-onset (adolescence-limited) antisocial behaviour appears to be much stronger, however, heightened susceptibility to peer pressure of individuals in middle adolescence is most consistently seen when the behaviour in question is antisocial, such as cheating, stealing, or trespassing, and it is especially true among boys (Erickson, Crosnoe, and Dornbusch, 2000). Association with antisocial peers was related to the emergence of antisocial behaviour at adolescence among youths who had not previously exhibited behaviour problems (Bartusch, Lynam, Moffitt, and Silva, 1997; Fergusson, Lynskey, and Horwood, 1996).

**Impulsivity**

Impulsivity is an important psychological construct. It appears, in one form or another, in every major system of personality (Whiteside and Lynam, 2001). Most people, at some time or another, have engaged in impulsive behaviour. But, even if it is easy to identify examples of impulsive behaviour, there is considerably more difficulty in defining impulsivity precisely and there is likely to be a great deal of disagreement as to what differentiates socially acceptable impulsive behaviour from the unacceptable – that varies from one culture to another, from one era to another, and depends upon the age of the person involved (Evenden, 1999). Impulsivity is the tendency to act with less forethought than do most individuals of equal ability and knowledge (Dickman, 1993). Impulsive individuals demonstrate less ability to inhibit
behaviour as well as show a lack of reflection upon the consequences of their behaviour (Patterson and Newman, 1993).

Impulsivity is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others (American Psychiatric Association, 2000). Two types of impulsivity have been described: functional and dysfunctional impulsivity (Dickman, 1990). Functional impulsivity is the tendency to act without forethought when this tendency is optimal or beneficial. Dysfunctional impulsivity is the tendency to act with absence of forethought when this tendency could have a negative consequence. Use of the term “impulsivity” also reflects the extent to which a person is considered to have exercised control of his or her impulses and/or actions (Coles, 1997). There are 3 basic assumptions regarding the nature of impulsivity: an impulsive response is one that is rapid, undesirable, and/or error-prone; it is likely to occur in the presence of appealing stimuli; and/or it is likely to occur in the absence of strong cognitive control.

The construct of impulsivity goes by many names, including disinhibition (Gorenstein and Newman, 1980), self-control (Gough, 1956), ego-control (Block and Block, 1980), and deliberation (a facet of conscientiousness) (Costa and McCrae, 1992). It is also closely related, conceptually and empirically, to other constructs such as the inability to delay gratification (Funder, Block, and Block, 1983; Wulfert, Block, Ana, Rodriguez, and Colsman, 2002), the behaviour inhibition and activation systems (Carver and White, 1994), sensation-seeking (Zuckerman, 1993), psychoticism (Eysenck, 1997), and conscientiousness (Bogg and Roberts, 2004).

The concept of impulsivity covers a wide range of “actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation and that often result in undesirable outcomes”. As such it plays an
important role in normal behaviour, as well as, in a pathological form (Evenden, 1999). Some research suggests that impulsivity is maladaptive: higher levels have been linked to personality disorders, substance abuse and criminality (Barratt, Stanford, Kent, and Felthous, 1997; DeWit, 2008; Moeller, Barratt, Dougherty, Schmitz, and Swann, 2001, Jones and Paulhus, 2011). An apparently contradictory body of research has tied impulsivity to positive outcomes such as fast information processing, spontaneity, and venturesomeness (Dickman and Meyer, 1988; Gerbing, Ahadi, and Patton, 1987; Miller, Joseph, and Tudway, 2004).

The inclination to associate criminal behaviour with impulsivity has been popular among researchers working from various disciplines and theoretical perspectives. This tendency to view impulsivity as a cause of criminal conduct is consistent with the longstanding criminological tradition of explaining crime with individual traits (Zimmerman, 2009). Relative to nonimpulsive people, impulsive people tend to be more delinquent (Krueger, Caspi, Moffitt, White, and Slouthamer-Loeber, 1996; White, Moffitt, Caspi, Bartusch, Needles, and Stouthamer-Loeber, 1994), engage in more risky sexual behaviour (Kahn, Kaplowitz, Goodman, and Emans, 2002) and driving behaviour (Bogg and Roberts, 2004), engage in more substance abuse (Bogg and Roberts, 2004; Wulfert, Block, Ana, Rodriguez, and Colsman, 2002), have poorer academic performance (Merrell and Tymms, 2001), be more aggressive (Krueger, Caspi, Moffitt, White, and Slouthamer-Loeber, 1996; Tangney, Baumeister, and Boone, 2004), be more violent (Bogg and Roberts, 2004), choose short-term over long-term rewards (Funder, Block, and Block, 1983), be unable to cope with stress or distress (Tangney, Baumeister, and Boone, 2004), and commit more crimes (Wulfert, Block, Ana, Rodriguez, and Colsman, 2002).
Impulsivity is perhaps the most common personality trait associated with individual difference research on offending (Eysenck, 1977; Lynam, Wikstrom, Caspi, Moffitt, Loeber, and Novak, 2000; Miller and Lynam, 2001; Moffitt, 1993). Wilson and Herrnstein (1985) states that the key determining factor in an individual’s decision to engage in or refrain from crime is the extent to which the benefits of crime outweigh the consequences. Since impulsivity is characterized by a present orientation (the inability to plan for the future or defer gratification), impulsive individuals will more likely engage in offending behaviours that provide immediate gratification but are associated with negative consequences in a devalued future. Consequently, Wilson and Herrnstein (1985) consider impulsivity the major determinant of offending (Farrington, 1994).

Deficits in impulse control are the source of poor judgment as consequences fail to become internalized. This may result in a more risky lifestyle, including disregard for rules and the law, which may ultimately lead to delinquent behaviour. Impulsivity is an individual characteristic that has been found to be positively associated with child delinquency (Eysenck and Eysenck, 1977; White, Moffitt, Caspi, Bartusch, Needles, and Stouthamer-Loeber, 1994; Carroll, Hemingway, Bower, Ashman, Houghton, and Durkin, 2006; Loeber, 1990; Tremblay, Pihl, Vitaro, and Dobkin, 1994; Vitacco and Rogers, 2001). The association between childhood behaviour problems and later criminality has been studied in a number of longitudinal studies. Tremblay, Pihl, Vitaro, and Dobkin (1994) have shown that impulsivity in the kindergarten period carries the highest risk of later stable delinquent behaviour. Some psychiatrists consider impulsivity the foremost predictor of antisocial and delinquent disorders (Tremblay, Pihl, Vitaro, and Dobkin, 1994). Cloninger (1987) discussed the fact that factors of personality-related temperament such as marked sensation-seeking, can predispose one to delinquency, and rejection by parents and peers, as well as behavioural...
problems. Although there are fewer descriptive studies of impulsivity for adult offenders, there are many demonstrations that juvenile offenders are more impulsive than normals (Eysenck and McGurk, 1980).

Aggressive adolescents who have been rejected by peers are also more likely to have a hostile attribution bias which leads people to interpret the actions of others (whether they be hostile or not) as purposefully hostile and aggressive towards them. This often leads to an impulsive and aggressive reaction (Dodge and Pettit, 2003). Hostile attribution bias however, can appear at any age during development and often lasts throughout a person’s life. On the other hand, there is evidence to suggest that impulsive children are rejected by peers and as a result are posited to exhibit delinquent behaviour based on low social status and individual factors (Olson, 1992). The deficits in self-regulatory capacities may be associated with unskilled, socially uncoordinated, and high amplitude means of relating to peers, interfering with efforts to successfully establish and sustain constructive play and social interaction. Impulsivity may also lead to increase reliance on coercive and aggressive means of negotiating disagreement and conflict. Frequent use of uncoordinated, high amplitude bids for social engagement, and of coercive and aggressive solutions to disagreement quickly lead to rejection and counter-coercion by peers. These peer reactions, in turn, provide social contingencies that further elaborate the coercive-aggressive behaviours from which they arose, creating an ongoing set of social experiences that engender, perpetuate, and intensify the array of behaviours that comprise conduct problems (Coie and Kupersmidt, 1983; Pope and Bierman, 1999; Snyder, Horsch, and Childs, 1997).

Gottfredson and Hirschi (1990) propose that low self-control develops early in life and remains stable into and through adulthood. They trace the root cause of poor self-control to inadequate childrearing practices. Parents or
guardians who refuse or are unable to monitor their child’s behaviour; who do not recognize deviant behaviour when it occurs; and who do not punish that behaviour will produce children who lack self-control. Giever (1995, cited in Siegel, 2007) explains, children who are not attached to their parents, who are poorly supervised, and whose parents are criminal or deviant themselves are the most likely to develop poor self control. Consequently, a lack of self-control occurs naturally in a child when steps are not taken to stop its development.