

**Submission to House of Representatives Standing Committee on Legal and  
Constitutional Affairs  
Crime in the Community Enquiry  
PRESENTATION by Stephen J Woods**

RECEIVED  
10 OCT 2002

BY:.....

1. A significant part of my work as a consultant clinical and forensic psychologist is to carry out personality profiles of Offenders and in some instances their immediate family.

This is done to

- a) assist with sentencing
  - b) assist with the management of these people
  - c) to assess their suitability for inclusion in "special programmes" and if included, potential management problems.
2. Having now profiled a great many Offenders and/or family members, it has become apparent that many (indeed the vast majority) share certain personality traits and characteristics. Certain types of Offenders also share certain socio-economic features and educational history.

To illustrate this point I have chosen two (2) Offender Profiles and one (1) family member profile. All of these people have been seen through my Campbelltown Practice.

- 
- This is apparently not uncommon

### **Outcome**

Became a member of what on the surface would seem a “Lebanese gang” – the reality of the gang is “it’s an ideology gang” made up of people from different racial and ethnic backgrounds, including Anglo-Saxon background and not only Lebanese (the leader was of Lebanese background)

The ideology driving the gang’s behaviour:

- They are:- angry and always looking for an opportunity to express the anger

Belief Patterns:-

- see self as not fitting into “conventional society” and therefore were rejecting of “social norms”
- don’t trust anyone
- violence is normal
- the end “justifies the means”
  - will tell you what they think you want to hear
  - will do whatever is “necessary” without any concern

**The Diagnosis:** Anti-Social Personality Disorder with paranoid features

---

→ Perceived social status

- Initially, given a minor role distributing drugs – eventually “worked way up”
- The gang – not racially driven, ideology driven (same as Case Study 1)

### **The Diagnosis**

Anti-Social Personality Disorder

### **(iii) Case Study 3 – Female – (Offender’s Partner)**

#### **Background**

- Raised in dysfunctional home – sexually assaulted by uncle for first time at age 4 years. Further sexual assaults occur – the uncle, a neighbour
- Very close relationship to father
  - Mother has numerous affairs/promiscuous – no time for children; too busy attempting to meet own needs
  - Both parents heavy alcohol use
- Father died when she was 13 years
- Mother moved boyfriend in – sexual assaults occur
- She escapes home at 14/15 years
- By 17 years, had 1<sup>st</sup> child and in a defacto relationship

- 
- B. Cognitive (i.e., ways of perceiving and interpreting self, other people and events)
  - C. Affectivity (i.e., the range, intensity, lability and appropriateness of emotional response)
  - D. Interpersonal functioning
  - E. Impulse control
  - F. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations
  - G. The enduring pattern lead to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
  - H. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood
  - I. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder
  - J. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medication condition (e.g., head trauma).

### **Children**

There is overwhelming evidence to prove that children raised in environments characterised by: chronic violence and instability are predisposed to suffer Major Depression and/or Major Anxiety Disorders in later life.

- 
- a) mother telling another that it is normal for men to bash women
  - b) thieving vs. stealing

The reality is, this cycle is not going to be stopped by punishment alone.

What is required is a shift in attitude and perception in these people as to what is Normal and what is Dysfunctional.

With regard to this point, I would like to devote some time to a Project that I am attempting to develop. This programme has, through a systemic approach, the ability to break this cycle.

### **The Airs Project**

1. Present stats – give handout – explain the figures will have greatly increased
2. Developed out of my early volunteer work with under privileged people
- 3.** The play group (currently 55 families registered)
  - children parenting children who don't even know how to play with their child
  - Have observed that most of the people in the estate are depressed and angry → many appear to have symptoms of P.T.S.D.

As already stated, if we are to have any real chance of breaking this cycle in which the Offenders of tomorrow are developing, we must adopt a systemic approach to the problem. One that helps these people redefine their concept of what is Acceptable Behaviour and thus, what is “normal”.

Note            Contact S. J. Woods for full details of Airds Project, including budget and business plan.