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## CHILDREN AND YOUNG WITH ANTISOCIAL PROPENSITY: THEORETICAL MODELS FOR IDENTIFICATION AND SOCIAL IMPORTANCE OF PREVENTION OF ANTISOCIAL BEHAVIOUR

### Deca i mladi sa antisocijalnom sklonošću: teorijski modeli za identifikaciju i društveni značaj prevencije antisocijalnog ponašanja

*ABSTRACT: Alarming increase of antisocial behaviour among children and young, eroding social values and weakening of the educational role of family and school has resulted in the fact that social integration of the younger generation actually becomes their adaptation on antisocial and deviant environment. The main precondition for overcoming such situation is early recognition of antisocial propensity of children and young because only then, at early age applying psychological and social educational interventions can be effective.*

*This article is founded on empirical findings in the area of psychology of conduct disorders and analysis early manifestations of antisocial propensity and gives us an overview of theoretical models relevant for the early identification of the risk group of children and young.*

*It points to the importance of the social context and prevention of antisocial behaviour including introducing institutional standards and procedures to identify children at risk, as well as strict adherence to the code of professional ethics.*

**KEYWORDS:** antisocial propensity, juveniles, psychopathy, identification, prevention

*APSTRAKT: Zabrinjavajući porast antisocijalnog ponašanja dece i mladih, erodiranje društvenih vrednosti i slabljenje vaspitne uloge porodice i škole dovodi do toga da socijalna integracija mlade generacije zapravo predstavlja njihovu adaptaciju na antisocijalno i devijantno okruženje. Osnovni preduslov za*

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*prevazilaženje takve situacije je rano prepoznavanje antisocijalne sklonosti dece i mladih radi ranog preduzimanja psiholoških i sociovaspitnih oblika rada jer jedino tada, na ranim uzrastima, njihova primena može biti uspešna.*

*U članku se na bazi empirijskih nalaza iz područja psihologije poremećaja ponašanja analiziraju rane manifestacije antisocijalne sklonosti i daje pregled teorijskih modela od značaja za ranu identifikaciju rizične grupacije dece i mladih. Ukazuje se na važnost društvenog konteksta i prevencije antisocijalnog ponašanja, uključujući uvođenje institucionalnih standarda i procedura u identifikaciji dece u riziku kao i strogog pridržavanja kodeksa profesionalne etike.*

KLJUČNE REČI: antisocijalna sklonost, maloletnici, psihopatija, identifikacija, prevencija.

## Introduction

An increasing rate of antisocial behaviour and delinquency among juveniles is serious problem of many countries and Serbia is faced with it, too (Lykken, 1995; Momirović i Popović, 2002; Radulović, 2014). Numerous authors talk about epidemic of conduct disorders and psychopathic delinquencies on global level, including economic developed countries (Eysenck, 1998; Lykken, 1995; Reid, 1998; Hare, 1993).

There is considerable scientific empirical evidence to suggest that an early detection and intensive response to the antisocial behaviour of the children and young with psychopathic<sup>3</sup> tendencies is necessary condition if we want to improve security and to reduce a risk of violence and delinquencies in schools and in society as a whole (Eysenck, 1998; Farrington, 1991; Hare, 1993; Hare et al., 1992; Hasek, et al., 2003; Lynam, 1996; Moffitt, 1993; Momirović et al., 2004).

Results of empirical researches revealed that juvenile psychopaths represent an important generator of school problems in general, and the acts of violence in particular (Farrington, 1991; Hare et al., 1992; Hošek et al., 2003; Lynam, 1996; Momirović et al., 2004; Marsall et al., 1991; Radulović, 2007). These juveniles top the list of risk factors of future antisocial and violent acts and must be considered as a strategically important issue in the field of early detection and prevention (Hare & McPherson, 1984). They have learning problems, higher rates of dropping out of school, academic underachievement, disruptive, maladaptive, tension seeking behaviour, problems in relations with parents, teachers and peers.

Therefore rather than ignoring, postponing or minimising the problem and hoping the child with antisocial propensity will become mature, or grow out of it, parents and teachers should, as soon as possible consult professionals who will refer them to one of the effective treatment. But the majority of parents and the most of preschools and schools teachers are not educated or skilled in detecting children and young with psychopathic antisocial propensity.<sup>4</sup> Because of that

3 term "psychopathic" is used to describe a kind of chronic antisocial style and behaviour .

4 beside the fact that in some cases, their parents and family members are antisocial and prone to deviancy, too.

even in the case of their serious externalized antisocial behaviour, they treat them not as a risk category, but in the same way as non-psychopathic children and youth. It is not only wasting time and effort, but enable to this risk category with antisocial propensity to develop into habitual incorrigible, deviant and antisocial adult psychopaths with criminal behaviour through whole life-span (Moffit, 1993).

Antisocial behaviours of juveniles as fighting, running away from school, peer violence, heavy smoking, heavy drinking, drug use, lying and conning, heavy gambling, early and risky sexual behaviours, sexual promiscuity, vandalism, property crimes as burglary, violent crimes etc., become common in society today (Radulović i Jugović, 2011; Momirović & Popović, 2002; Radulović, 2014). Some of these behaviours could emerge over normal course of development. For example, lying, aggression acts or stealing may occur in adolescent period among young without antisocial propensity, but they usually disappear over time, without bad consequences for their further development (Moffit, 1993, Radulović, 2014). However, antisocial behaviours of psychopathic children impair their academic, social and family functioning and often progress to serious delinquency if their *psychological pattern prone to antisocial acts is not identified and treated on early age, using psychological and socio-educational methods* (Radulović, 2014; Momirović et al., 2004).

Bearing that in mind the *aim of this article is: a) to explore early manifestations of antisocial propensity of children and young with psychopathic profile based on analysis of results of empirical researches and theoretical models in the area of psychology of conduct disorders and b) to consider the influence of social milieu on antisocial propensity and point to the social importance of prevention of antisocial behaviour.*

### **Conceptual framework of antisocial propensity: psychopathic tendencies of children and young**

Variations in antisocial behaviours among children and young can be explored on the basis of individual differences in *antisocial propensity*. Nevertheless situational impact on conduct problems can be strong, a large amount of the empirical evidence suggests that origins of conduct problems dictate taking into account the *antisocial propensity* (Farrington, 1991, 1994; Moffitt, 1993; Radulović, 2009; Momirović i Popović, 2002). Individual differences relevant for antisocial propensity include *constellation of some psychopathic features, as higher levels of aggressiveness, impulsivity, hyperactivity and daring, lack of fears and empathy and lower cognitive abilities (verbal intelligences)* (Radulović, 2008a, 2014). The *antisocial propensity* as syndrome is given different names in different stages of social science development: moral insanity, exploitative or manipulative personality, sociopathy, antisocial or dissocial personality disorder and psychopathy as used in this article. Causes of antisocial propensity are not topic of this paper and deserve separate, more elaborative approach. They are subjects of great number of *theories of conduct disorders* where they are postulated

on different conceptual levels including: individual temperament, social and emotional information processing, modulation of response, psychophysiology, genetics, social interactions, neighbourhood factors, subculture, social anomie etc. Disagreement among most of theories are obvious. At the same time, many variations of the same problem are present even in the same classes of theories (for example in the theory of learning antisocial behaviour as – should theories be focusing on learning aggression or on learning to inhibit aggression). The great questions also derives from genders differences in prevalence of conduct disorders among children as they are much more prevalent among boys (6–16%) than among girls (4–9%) (Radulović, 2014).

*Delinquency* is behaviour against criminal code committed by an individual who has not reached adulthood (Bartol, 2002: 29).<sup>5</sup> *Antisocial behaviour* usually defines more serious habitual misbehaviour, especially behaviour pattern that involves direct and harmful actions against others (Bartol, 2002: 30). Social psychologists are interested in aggressive and antisocial behaviour of juveniles which becomes evident in early years and very often are diagnosed as *conduct disorder*. According DSM-IV (APA, 1994), the term *conduct disorder* denotes cluster of *repetitive and persistence* pattern of behaviour that *violates social norms and the basic rights of others*. Misbehaviour from this area includes stealing, fire setting, running away from home, skipping school, destroying property, rather frequently fighting, lying, aggression and cruelty toward animals and others.

Majority of psychologists consider conduct disorders as juvenile form of psychopathy (Lynam, 1996; Quay, 1965; Hare, 1993; Hošek et al. 2003; Momirovic et al. 2004; Rutter, 1993). Authors as Hare (1993) warn us that psychopathy by *its personality pattern naturally incline to committing antisocial acts, so delinquency is a logical outcome of early structured psychopath profile*. He treats conduct disorders as early sign of psychopathic personality profile.

Hare (1991) defines *psychopathy* as a cluster of mutually linked *affective, interpersonal and behavioural features* based on *two factors*. The first, *aggressive narcissism* is characterized by egotism, shallow affect, low level of anxiety, overdependence on admiration, exploitation, lack of empathy, remorse and guilt, conning, manipulative interpersonal behaviour, grandiose sense of self-worth and failure to accept responsibility for own action. It is correlated with narcissistic and histrionic personality. The second factor is *antisocial life style* characterized by irresponsible and impulsive behaviour, need for excitement, poor behaviour control, lack of realistic long term goals, parasitic lifestyle, and early behavioural problems, juvenile delinquency, revocation of conditional release, promiscuous sexual behaviour and many short-term affairs, unconventional and antisocial conduct. This factor is most prominently correlated with criminal conduct and the diagnosis of “behavioural disorder” and “antisocial personality disorder”.

Manifestations of psychopath pattern are most frequently connected with *high aggression and impulsivity* and they could be various at different ages (Farrington, 1991; Hosek et al., 2003; Momirović et al., 2004; Radulović, 2008b,

5 Dominant forms of juvenile delinquency in Serbia are property and violent offences (Ljubičić, 2006).

2008c). Preschool children with psychopathic tendencies are physical and verbal much more aggressive, negativistic, oppositional–defiant than other children of their age and they could have tantrums. Temper tantrums are not unusual on the age of three or four when it is expected developmental phase, but among six years old children it could be indicator of employing manipulative strategy to achieve desired goals from parents and teachers. School age children with psychopathic tendencies use to lie, steal, challenge classroom and teachers. They get whatever they want and act as they wish, using instrumental aggression, threats and intimidation (Cornell et al., 1996).

We have to know that the presence of *instrumental aggression* in behaviour of children and young is reliable *marker of psychopathy* (Cornell et al., 1996, Radulović, 2012a). As adolescents they fight, vandalize, violate school rules and law, commit delinquent acts against persons and properties, drive without license; they are accident prone and pronounced Machiavellianism.

Children and young with psychopathic tendencies have no empathy and concern for feeling, rights and needs of others (Hare, 1993; Radulović, 2012b, 2014; Radulović i Radovanović, 2007). They misperceive the good intentions of teachers and others as manipulative, hostile and threatening and respond aggressively without realistic reason. They have very low tolerance to frustration, besides apparent irritability, temper outbursts and recklessness. Other students and teachers often perceive them as difficult and uncooperative. It is very difficult to manage and distrust them as they often break schools and society rules but their psychopathic profile usually stays unnoticed and teachers treat them as they are only school underachievement (and because of that high aggressive). These children have different emotional response style attributions and lack of moral reasoning; they blame others and externalize problems. They simulate normal affects but they *have not guilt and loyalty*. They appreciate the pleasure principle and disinhibition and are never prepared to accept mature responsibility principle of reality. In that matter distinguishing between *deprived psychopaths* (who had often experienced a *harsh upbringing*) and the *indulged psychopath* (who had experienced parental *permissiveness, overvaluation and overprotection*) is important (Levy 1951, in Radulović, 2006: 53).

Socio-biological orientation in exploring antisocial propensity postulates the thesis that young psychopaths accept self image of social predators. It does not mean that they are predators, but they themselves deeply *identified with predators* as they wish to possess *aggressiveness, destructiveness, evil intentions and malicious powers of social predators*. Their behaviour is based on *strategy of cheating, lying, manipulation and violence, as they deeply believe that only in that way they could successfully acquire resources and all that they desire* (Mealey, 1995).

Hare (1993) himself describes young social predators as individuals *who use charm, intimidation and violence to control others and to satisfy personal egocentric, deviant needs*. Their aggression and violence is predatory and it has nothing to do with psychiatry and psychopathological processes. Their response on emotional words are as they are neutral (Goleman, 1997; Radulović, 2006). They lie, staying calm and without expected physiological response (low Galvan reflex, low heart rhythm, low cortical activity) so they could not be detected even when the polygraph is used.

This category of young is positioned in the border area *between* mental health and mental illness and it is primarily psychological by its nature, since the same traits, evident in other people, are also found in young psychopaths but they are of a different degree of expression (intensity) (Radulović, 2008a, 2008c). So we could explore early psychopathy as a dimension. But our law on juvenile offenders recognizes only categorical approach with two dichotomy groups: mental health and mental ill juvenile delinquents (Ignjatović, 2014). Mental illness refers on process, contrary to *psychopathic antisocial propensity* that means *state* and have a different personality structure which naturally gives an emphasized antisocial quality in manifest behaviour (Radulović, 2008a). According to a definition *psychopathy is a relatively permanent state of structural psychological personality profile* which is characterized by: (a) *unique compose of personality traits dominated by aggressiveness*, (b) *antisocial, egocentric and hedonistic value orientation with a marked lack of moral code and even presence of malevolent intentions*; and (c) *behavioural manifestations of conduct disorders in which committing unlawfully acts stands out* (Radulović, 2006). The listed aspects of psychopathy such as distinctively heightened aggressiveness, lack of moral or so even “*inverse moral*” which operates as if mirrored and according to the principle “the worse the better” (Švrakić et al., 1991, in: Radulović, 2006: 153) and antisocial behaviours are already evident in children aged between four and eight. Children of four age, future psychopaths, are already verbally and physically considerably *more aggressive* than their peers (Farrington, 1991; Gray & Huntichision, 1964; Hare et al., 1992; Robins 1966; Radulović, 2008c); they are aggressive towards people and animals alike; and at that age *they do not distinguish moral values* (righteousness, virtue, correctness pertaining to social context) *from conventions* (behavioural uniformity determined by a social system), although other children of the same age of 4 do that; they display a *lack of inhibition of forbidden behaviour* and a *lack of positive social emotions* (compassion, feeling of guilt and remorse, empathy, etc. (Hoffman, 1991; Goleman, 1997) necessary for development of moral (Turiel, 1983).

*Narcissism and grandiosity* of young psychopaths Kirmayer (1983) described as “*pronoia*”. This construct explains *unrealistic, always positive expectations of these children and young of acceptance, success, and admiration from parents, teachers, peers and others in every situation and every circumstances, nevertheless how good or bad their behaviour is and how their efficiency and their performance, in reality, is*. They express either euphoria of the confident of the narcissist, or irritability, hostility, maliciousness, arrogant violence; they create chaos: at home to parents, at school to teachers.

The first step of reducing psychopathic chain of chaos that could be resulted in violence is to recognize presented psychopathic manifestation among children and young with antisocial behaviour. We could not have good education system while children without antisocial propensity are in risk of antisocial attack in schools. Schools must not tolerate antisocial student’s disrupting another student’s opportunity for education. Important task of teachers and experts is to recognize risk group as professionals could find a way to help in early treatment

and social integration of those children. Forms of treatment are not a topic of this article and they will be mentioned shortly.

The effective treatment for this children and young include combinations of various approaches as: home based interventions and parents training and classroom based behaviour modification. Integration of the cognitive and behavioural based treatment interventions appear to reduce aggressive and antisocial behaviour shortly. It seems that socio-education programs of teaching effective discipline practices could improve social desirable behaviour of antisocial juveniles (Radulović, 2014). Parent management training could be useful in teaching parents to respond constructively and to avoid interaction patterns that maintain maladaptive communication with antisocial child. Besides family therapy, multisystem treatment which include parents, schools and community is applied relatively often as expected to be effective intervention. We have to learn that some of the traditional clinical treatments of this group of children and young have not demonstrated their effectiveness, even they could make their behaviour worse than without treatment (Radulović, 2012b). It is important that interventions designed to reduce antisocial behavior are founded on well validated theories just as it is the case for antisocial propensity detection.

### **Possibility of early detection of antisocial propensity applying psychological models of early psychopathy**

Reliable empirical evidence about the continuity of psychopathic symptoms from early childhood to adult inspires relatively high percent of authors from the area of psychology of conduct disorder to suggest that we could identify psychopathy during adolescence and even much earlier (Eysenck, 1977, 1998; Farrinton, 1991, 1994; Hare, 1993; Hošek et al., 2003; Lykken, 1995, 1998; Lynam, 1996; Quay, 1972; Momirovic et al., 2004; Marsall et al., 1991; Reid, 1998; Robins, 1966; Radulović, 2008c). In a sample of Canadian psychiatrists, 79% believed that the disorder could be identified before age of eighteen, and among them nearly 13% were convinced that the juvenile psychopathy could be diagnosed *prior to age eight* (Gray & Huntichision, 1964). American classifications of disorders: DSM-III-R (APA, 1987) and DSM-IV (APA, 1994) specified that in order to qualify as having an *antisocial personality disorder* in adult, certain antisocial behavioural patterns diagnosed as *conduct disorders must be evident before age fifteen*. In three decade longitudinal study conducted by Robins (1966) it was found out that 95 percent of adult psychopaths from the investigated sample, had demonstrated psychopathic behaviours as *children*, having had *high levels of verbal and physical aggression*. Quay (1972) suggests that psychopathic psychological profile in childhood is the most frequently labeled as “*conduct disorders*” or “*excessive aggressiveness*”. The main characteristics of children behaviours that elicit those labels include *extreme disobedience, disruptiveness, fighting, temper tantrums, irresponsibility and attention seeking*. He gave empirical prove that their proneness to boredom is in direct connection with

their antisocial behaviour. Other empirical researches identified the pointers in behaviour of children at risk that have tremendous predictive value, not only for adult psychopathy but for extreme forms of crime as well. Thus it was proved that a triad of symptoms: *enuresis, animal torture and fire setting*, known as “*Mac Donalds Triad*” (MacDonalds, 1963) has an exceptional prognostic value for detection of future potential extreme psychopathic serial homicide violence (Radulović, 2006).

Among numerous of theoretical models of early psychopathy from the area of psychology of conduct disorders we are going to shortly present some of them, that could be helpful to recognize that category among children and young.

*Rygaard's and Blatt 's models of  
“early emotional frustration “ (EEF)*

The concept of “*early emotional frustration*” (EEF) is a diagnostic term used by Scandinavian child psychiatry adopted by Blatt (1988, in: Radulović, 2009: 199–200) and Rygaard (1998) for their models of children with psychopathic tendencies (Radulović, 2009). The distinguishing moment for the EEF in Rygaard's theory is the influence of constant, mutual and multiple stressors before the age of 3, more precisely, the existing connection between the experience of *social trauma* (deprivation, emotional neglect, violence) and *unfavorable somatic events* during pregnancy and birth that are known to cause so called „organic dysfunction“– (lower birth weight, maternal substance abuse during pregnancy, high frequency of birth complications, preterm births, etc.). A high frequency of these problems and the lack of mutual bonding between the mother and the child in the first years of life (attachment), according to Rygaard (1998) results in a lack of object representation in the psychological structure of the child's personality and antisocial propensity. This approach to detecting antisocial propensity using EEF syndrome is actualized in regard to war traumatized children in recent years, as well as children found to be living in orphanages or foster homes and suffering from severe deprivation (Rygaard, 1998).

Blatt (1998, in: Radulović, 2009: 199–200) proposed EEF model integrating Piagean's cognitive and psychoanalytic developmental theories using the term „consistency“. This concept denotes the stabilization of emotional and intellectual perception into consistent organizing concepts of self and others until five years of life. Development passes through four levels of constancy. The psychopathic child stays between the first and the second levels of constancy development. Because of that, even as adolescents and adults, they *could not see or treat others as active subjects in social field. They see other persons partially, as object to be „consumed“.* Others, including parents, family members, peers and teachers are only there to be used as instrument to achieve their goals and to be blamed for everything what is undesirable for them. Emotions of psychopathic children are short and depend on immediate situation. Their play and joy becomes hysteria, anger becomes rage. They have very low frustration tolerance and are unable to delay satisfaction. To much permissive parents shape unsocialized self-centered children with psychopathic tendencies. In schools teachers have problems with



both, that young and their parents who perceive every constructive teachers' comment as a sign of hurt. EEF children act very aggressive and regress quickly in a frustrate and stressful situation; they exhibit „fight or flight“ behaviour in interpersonal relations. As very young children they have not separation anxiety or fear of strangers and often imitate others. As students their desire to be evaluated unrealistically better than others puts them in conflict with teachers. When a teacher asks a question they answer so quickly lacking selfcriticism, or any doubt. They have concrete level of thinking. They are bored by schoolwork and homework, by routines, by classes and take it as a reason for skipping school. They are able to manipulate to solve their problems. They are proud of own manipulative skills and wrongly treat them as indicator of high „intelligence“ instead of character defect as it is. They become masters of manipulation of parents, teachers and authority in general, and Burnstain (1972, in: Radulović, 2012b: 351) suggested to call them *manipulative personalities* instead of early psychopaths.

### *Eysenck's dimension of psychoticism*

Eysenck (1977, 1998; Eysenck & Zuckerman, 1976) used his empirically derived dimension of *psychoticism* to define *early psychopathy* in children age from 5 to 6. Children with a *high level of psychoticism* differ from their peers. They are antisocial, loners, eccentric, hateful or indifferent towards people and animals; they need not to have any close friend. They are cold, cruel toward people and animals, disregard for danger; always seek new stimulations, adventures and excitement and enter into irrational and risky situations. They are very hard for socialization, as they are bondless, untouchable, emotionally flat. They do not care about others including parents, brothers and sisters, peers etc., and do not have a sense of guilt. But, unlike serious mentally ill (psychotic) children, those with a high level of *psychoticism* (psychopaths) have the reality test intact. Psychoticism is especially prominent in hardcore, habitual juvenile delinquents and it is reliable predictor of future adult violence crime.

By Eysenck's opinion modern penal practice that very young antisocial children with high psychoticism are cautioned countless times for their unlawful acts, instead of being punished, is wrong. Learning conditioning process has the main role in attempt to build up a conscience and if it lacks consequences are irreversible. When conditioned stimuli is not followed by proper unconditioned aversive response or effective punishment at the beginning of antisocial acts and delinquency, it could be much more difficult or even impossible to form the proper links later because of process of „latent inhibition“ (Eysenck, 1998: 47). Behaviour approaches based on learning theory are *effective in reducing antisocial behavior* of these juveniles if we apply them *early, after their first or second antisocial act and if sanction is intensive and relevant for them*. Prosocial oriented conditioning experience should not be missed with these children and reinforcing wrong experience (acceptance of deviancies or encouraging aggression) pushes them in delinquency. Helping parents to leave permissive practice is very important, too.

### *Cloninger's three dimensional model*

Cloninger (1987) proposed three dimensional model of personality, indicating that juvenile psychopaths are risky in all three dimensions of temperament: *Novelty Seeking, Harm Avoidance and Reward Dependence*. He designed personality questionnaire (TPQ) to measure these distinct domains of temperament useful for detection children and young with psychopathic tendencies and risk of substance abuse (Cloninger et al., 1988). Juvenile psychopaths are scored higher than average on the *Novelty Seeking* scale of TPQ (where they are characterized as impulsive, excitable, quick-tempered, exploratory, fickle, and extravagant) and higher on *Reward Dependence scale*, but they are scored lower in *Harm Avoidance scale*(connected with low aversive learning and hence temperamentally predisposition to risky behaviour).

### *Cleckey's psychopathic syndrome and Hare's two factors model of early psychopathy*

Cleckey (1976) defined juvenile psychopathy as syndrome whose main characteristic is *tendency to say one thing and to do another*. Symptoms of psychopathy could be seen from the early age and include: *superficial charm, lack of anxiety, lack of guilt, egocentricity, undependability, dishonesty, bondless and failure to form last intimate relationships, failure to learn from punishment, poverty of emotions, lack of the insight into the impact of one own behavior on others and failure to plan ahead*.

Early presented Hare's two factors model of psychopathy is founded on Cleckey's syndrome, just as his scale for assessment of psychopathy in childhood and adolescence known as *Psychopathy Checklist: Youth Version* (Forth et al., 2003; Kosson et al., 2002). *Hare's psychopathy scale PLC-R*, for adult in which some items are *modified* (Frick et al., 1994) has also been developed as a tool for identifying of *early psychopaths*. It is suitable for *detection risk group* among *children aged 6 to 13* and could be *rated by parents and teachers*. The psychopathic scale for children has the same *two factors structure* similar as it was found for adults. One dimension, labeled "*conduct problems*" was associated with impulsivity and conduct problems (similar to earlier mentioned PCL-R Factor2 for adult psychopathy, defined as *antisocial life style*); the other "*callous emotional traits*", was linked with the interpersonal and motivational aspects of psychopathy, such as lack of guilt, lack of empathy and superficial charm (similar to PCL-R, Factor 1, defined as *aggressive narcissism*).

### *Cooke's and Michie's three dimensions model of early psychopathy*

According *Cooke and Michie* (2001) early psychopathy is better described by three factors model. In fact they have separated first factor of traditional Hare's model into two components: interpersonal and affective. As a result, they proposed detecting juvenile antisocial psychopathic propensity on the basis of three dimensions: 1) *callous/unemotional dimension*, 2) *narcissism* and 3) *impulsivity*. By their opinion the most appropriate way to assess these dimensions

is *Antisocial Process Screening Device* (APSD). Beside Psychopathy Checklist: Youth Version (PCL:YV) (Forth et al., 2003; Kosson et al., 2002), APSD is among most often used reliable and validate formalized tools for assessment psychopathy in childhood and adolescence (Frick & Hare, 2001). It is scored on the basis of *parental /teacher review*. First component of APSD measures *callous and unemotional* features and includes next items: lack of concern about schoolwork, failure to keep promises, does not feel bad or guilty for the bad things done, lack of concern for the feelings of others, does not show emotions, could not keep the same friends. Second component of this scale is *narcissism* operationalized by next item: shallow emotions, brags excessively, uses or cons others, teases others, can be charming but seem insincere, becomes angry when he is corrected, thinks he/she is better than others. Third component *impulsivity* is measured with next described item: blames others for mistakes, acts without thinking, gets bored easily, engages in risky activities, does not plan ahead.

### *Moffitt's model of two prototypes of antisocial behaviour*

Moffitt (1993) suggested model of two prototypes of antisocial behaviour of juveniles. The first is the *life course persistent antisocial behaviour* that starts in childhood, on early age of 3 years and continues throughout whole life, worsening with age. (Her work was basis for typology of conduct disorders in DSM-IV (APA, 1994), where this form is called *childhood-onset type of conduct disorder* and starts before the age of ten). It has its origins in under-controlled temperament, lower cognitive ability and hyperactivity. These juveniles have poor scores on the memory test, reading difficulties, poor school achievement. Persistent antisocial propensity is predicted by neglectful, harsh parenting, inconsistent discipline, many family conflicts and disrupted family bonds or single parents (for example teenage mother). Second prototype is the *adolescence limited antisocial behaviour* that has its origins in social processes and begins in adolescence, but desists in young adulthood (the term for this type in DSM-IV is *adolescent-onset type of conduct disorder*). It is transient, influenced by desire to demonstrate autonomy from parents, to affiliate and demonstrate belonging to peers and to reach social maturation gap.

### *Impulsive type of ADHD and Lynam's model of „fledging psychopaths“*

Other researches beside Moffitt's, stand to prove that about *one third* of children with *hyperactive syndrome* develop into delinquent psychopaths (Robins, 1966, 1978). The "*hyperactive syndrome*" also called "*attention deficit hyperactivity disorder*" (ADHD) includes heterogeneity of behaviours, but the central three are: *inattention, impulsivity and excessive motor activity*. From the research results, it appears likely that *some* childhood hyperactivity forms are precursors of adult psychopathy. Studies of the childhood of psychopaths found that they may have followed the hyperactivity syndrome as children, causing serious problems to parents and teachers (Bartol, 2002).

In the thirty years follow-up study of 524 children, Robins (1966) found that one third of the sample that had hyperactivity symptoms in the age of 4, were diagnosed psychopathic in adult. Similar to neurophysiological features of psychopathy, hyperactivity appears to be closely linked to *low levels of cortical arousal*. The hyperactive children consistently demonstrate *low skin conductance levels* too, as psychopaths. The lower their cortical arousal and skin conductance level, the greater their restlessness, hyperactivity and impulsiveness as reported by their teachers. Satterfield (1987) examined the relationship between official arrests and hyperactivity. His eight years longitudinal study analysis antisocial behaviour of 150 hyperactive and eighty-eight normal children. The data revealed that *hyperactive were twenty five times more likely to have been institutionalized for antisocial behaviour than other children*.

Recent researches made distinction between “*pure hyperactivity*”, characterized by high degree of impulsivity and “*aggressive hyperactivity*”, characterized by hostility and aggressiveness. Their results indicate that *impulsivity* is even better predictor of adult psychopathic criminal behaviour than *aggressiveness* (Bartol, 2002). Lynam (1996) offers experimental proof for his thesis that early psychopathy can quite reliably be diagnosed in children who have already been identified as having *attention deficit hyperactivity disorder* and *conduct disorder* at the same time. He calls those youngsters “*fledgling psychopaths*”, giving reliable psychological, neurophysiological and behavioural arguments that special need to detect and treat them very early is of substantial importance for prevention of deviances, violence and crime in society.

#### *Lykken's two-types model of early psychopathy and parental licensure*

Lykken (1995, 1998) made differentiation between two types of antisocial children and young depend on dominant etiological factors: the first is *genotype* psychopathy (characterised by fearless and temperament hard for socialization) and the second is *phenotype* psychopathy also called sociopathy (product of failed socialization, incompetence parenting and antisocial peers, deviant and poor schools' and society's models). In both cases he points out the importance of poor parental skills, broken family and “infection” effects of antisocial models in social environment. Parenting and teaching are one of “the most difficult and most important duties, unfortunately, underappreciated and underpaid” (Lykken, 1998: 131). To improve the quality of life and social health of society, parental competence and skills are so important that Lykken (1998: 131) suggests to *introduce parental licensure*. The license is necessary to drive a car and to do less important things than to take care of offspring. Parents' and teachers' role is very responsible. To provide effective use of help and guidance of children and young they themselves should be good and social mature persons, with satisfactory parental competence.

\*

All presented models could be applied in identifying and exploring antisocial propensity of juveniles, but a question is could social context influence on emergency of psychopathic pattern and could we find differences in incidence of aggression and psychopathic life style among various society.

## Social milieu and antisocial propensity: psychopathy and individualistic culture

There is a reliable scientific evidence of cross-cultural variation in norms and values concerning aggression and violence as an essential part of psychopathic syndrome (Ekblad, 1988). Societies vary in the extent to which they permit children and young to express aggressive behaviour and in the methods adopted by parents to deal with that aggressive behaviour. Modes of behaving are strongly influenced by the processes of enculturation and socialization (Berry et al., 1992). Cross-cultural researches found out significant cross-cultural variation in the incidence of psychopathy (Cooke, 1998). Social context in collective culture with cooperatively egalitarian male-female relationships is unfavorable for development of antisocial traits. "There will be no pay-offs for antisocial behaviour and bearer of the trait will be readily detected and ostracized" (Harpeding & Draper, 1988: 297). Cultural transmission within collectivistic societies promotes individual's contribution and subservience to the social group, stable family and group relationships and the acceptance of authority. On the contrary, in individualistic societies cultural transmission is likely to enhance egoism, grandiosity, glibness and superficiality, a lack of responsibility for others, short lived relationships, promiscuity and multiple marital relations (Cooke, 1998). Competitiveness inherent in individualistic societies leads to an increased use of Machiavellian and deceptive, manipulative and parasitic behaviour and produces higher rates of antisocial and criminal behaviour (Wilson & Herrnstein, 1985). Mahatma Gandhi (in: Radulović, 2006: 26) mentions seven signs of psychopathic style in society: wealth without labor, enjoyment without conscience, knowledge without character, business without moral, science without humanity, worship without sacrifice, politics without principle. Antisocial traits are favored in competitive cultures where egoistic hedonism is high and parental effort is low. Hare (1993) noticed that extreme manifestations of the behaviour that are characteristics of individualistic societies can be regarded as elements of the syndrome of psychopathy. He gave evidence that cultural processes may be of great significance in the emergency of psychopathy, as acceptance and promotion of certain values may influence the development of psychopathic traits. He comments that North American as prototype of individualistic culture "is moving in the direction of permitting, reinforcing and even valuating some of the traits listed in the Psychopathic Checklist as impulsivity, irresponsibility, lack of remorse and so on" (Hare, 1993: 177). Reid (1998) agrees with this view suggesting that there are ways to stop much of antisocial behaviour preventing it by society. Antisocial children and young should be detected and corrected by adults through education, discipline and modeling, strictly without imbue children with full adult rights. He points not only financial costs<sup>6</sup> of crime and injuries to victims from antisocial individuals, but deeper costs of tolerating widespread psychopathic behaviour as: eroding

6 American's estimations are that each psychopath delinquent costs the state 50.000 dollars per year (Westman, 1994).

social values, flawed development models, decreasing personal responsibility and loss of ordinary citizens' freedom in everyday life.

In our country we have not data about incidence and costs of psychopathy, but we have problems of *eroding social values, weakening of the educational role of family and school and alarming increase of deviancy and antisocial behaviour among children and young in schools and in the environment* why prevention of antisocial behaviour ought to be priority task of society.

### **Social importance of prevention of antisocial behaviour of children and young in risk**

The need for early detection of juveniles with antisocial propensity and prevention of their future antisocial behaviour is dictated by the fact that antisocial propensity impairs development prospective of children and young and causes damage for their family and for society. This category represents the core problem of crime in society, taking into the account their early delinquency, high volume of crimes, serious offenses of violence, recidivism and the longest criminal career (Radulović, 2012a).

Antisocial propensity and psychopathy is close related with high risk of drug and alcohol abuse, so its early recognition could be helpful for solving problem of the lack of program of prevention of substance abuse (Dragišić-Labaš i Milić, 2007). Besides that, psychopathy has high comorbidity with other mental disorders (as bipolar disorder) why its early detection would be useful for needed valorisation of social influence on social deviation and mental disorders (Opalić, 2007).

Unfortunately, in our country majority of local municipalities have not, or have very poor preventive work with antisocial juveniles. Society could not still stay passive and enable to nongovernment sector to have leading role and to fill a gap in the area of prevention of antisocial behaviour of children and young, as their programs do not recognize distinctive characteristics of juveniles with psychopathic tendencies, they are fragmented, unrelated and unsystematic, dictated by their own interest, nevertheless they are very often realized with support of social, health or educational institutions. Their programs are without strict scientific methodology and evaluation and they are often realized by staff without qualification for that kind of expertise, why these practices have not long lasting results in decreasing antisocial behaviour of juveniles. Consequently, families stay alone to struggle with antisocial offspring, teachers are helpless to deal with student's behavioural problems and each school solves problems of peer violence and deviancy among students in a way that their possibilities and knowledge enable them.

Prevention of juveniles antisocial behaviour could not be reduced only on prevention of peer violence, nor it can be only a part of prevention of crime, as it includes various deviant behaviours that are precursors of delinquency. We need *strategic state approach in the area of prevention of antisocial behaviour that will*

*ensure reducing psychopathic behaviour and crime, but also the providing of the social context in which expression of psychopathic traits and predatory lifestyle is unprofitable and unsustainable.* Society has to create safe environment, especially in schools.

A strategy of early prevention of antisocial behaviour should be designed on national level, compounding all segments of children and young with antisocial propensity and their parents, families, schools and social environment. The strategy should be based on purposely planned set of programs and activities of all relevant institutions such as social services, education institutions, law enforcement and health protection system, media etc. Necessary precondition for successful prevention is increasing the professionalism of specialists and the *elaboration of methodology for identifying behavioural risks and antisocial propensity of juveniles in preschools and primary and secondary schools.*

## Conclusion and suggestions

Reliable empirical evidence indicates that one of the best predictors of which children and youth with antisocial behavior are most likely to continue to show antisocial behavior into adulthood is the onset of *conduct problems prior to adolescence* (Loeber, 1991; Lynam, 1996; Hare, 1993; Moffitt, 1993; Robins, 1966). As we could see from the analysis made in this article majority approaches provide identification of children at risk at *early age*, before their serious antisocial and delinquent behaviour is developed. Moreover we can conclude from the presented empirical and conceptual argumentation that the early age is the best predictor, not *per se*. – *The appearance of antisocial acts in the early age*, as Hare (1991) argues, is the first *open manifestation of early psychopathic personality tendency*.

Recognizing it without losing time is essential, because opportunity to learn them the prosocial skills are going to be lost with age, as that kind of learning is not only cognitive, but its nature is socio-emotional also (Goleman, 1997; Radulović, 2012b). Juvenile psychopaths represent group with, at first glance, *unnoticeable emotionally lack* which, if it develops into its full form, puts them in risk of serious violent behavior.

Identifying antisocial propensity is not easy as it consists of multiple components, ranging on the personal (i.e. emotional), interpersonal and behavioural segments. All together they constitute syndrome of psychopathy that could be reliably measured by any of a number of rating scales for children and young (as APSD and PCL: YV).

By our opinion the problem of identification of children and young with antisocial psychopathic personality tendencies should be dealt systematically, as a necessary part of broader national strategy of prevention of antisocial behaviour of juveniles. Two aspects are important in that matter: One is *training* parents and family members, pedagogues from preschool and school system, social workers, social pedagogues, police officers and others, to recognize antisocial

predisposition, at first place psychopathic signs in behaviour (and to be able to seek expertise on time if it is needed which will definitely confirm or refuse a suspicion of psychopathic tendencies). That requires *continuous education* which would, among other things, include detection of discrete pointers of deviance and behavioural and personality feature signs that are connected to verbal and non-verbal communication of early psychopaths. Very often early psychopaths' deviancy is wrongly taken as open mind by parents and teachers. School psychologists also need to have more education in psychology of conduct disorders; they ought to apply social psychology orientation, instead of inappropriate clinical approach in their work with this category of children and young. The second aspect is *cooperation and coordination among professionals* and *harmonization* of experts' detection tools: *diagnostic criteria and instruments* used by professionals for identification and exploration of early psychopathic tendencies among children and adolescent. Nowadays various instruments of not always satisfactory measuring features are applied in clinical practice for detection of psychopathic tendencies of juveniles. Because of that it is necessary to develop methodology and procedures for systematic psychological testing of antisocial propensity of children and adolescent with signs of behavioural problems and to define a set of reliable psychological instruments for that purpose. It is also desirably to set the age border for application of preventive social behaviour programs. In fact, prevention must start even before manifesting open symptoms, why parents, teachers, professionals and society as a whole ought to be moved from a passive, reactive position into a *proactive position* in order to *anticipate and prevent antisocial behaviour* of children and young. With this category, more so than any other, it is necessary to act inside the earliest developmental phases, as soon as possible, as chances for their correction and rehabilitation at older age are very low (Eysenck, 1998; Farrington, 1994; Radulović, 2012a, 2012b). This means that efforts of involvement of family, school system and community has to be *integrated* and *synchronized* in the *consistent* and *complementary* way as in the fields of education, social pedagogy, social protection, mental-hygiene and social health, so that *optimal synergetic effect may be achieved* in the area of *prevention* of majority of antisocial behaviours including *school violence*. It is warned that detection of psychopathic tendencies in children has to be confidential. The detection of category in risk would require *introduction of strict institutional procedures and standards*, but also an unconditional regard for the *professional ethic code* in order to prevent abuse or any other kind of undesired consequences for the children who have been identified as open to risk.

Attempts to detect children in risk to prevent full development of antisocial psychopathic pattern may appear to be in conflict with modern trends to protect children's and adolescents' rights and to hold them irresponsible for their behaviour. Wrong approach to that matter of their rights is in the fact that they hurt both children with antisocial propensity and society. It is not responsible behaviour of professionals and social representatives to deprive children and young of leading away of antisocial behaviour and leaving them to stay firmly oriented toward incorrigible antisocial development they are prone to, without socio-education modeling. That is just depriving them of "instruction and



training for their mind“, what John Stuart Mill called “moral crime, both against the unfortunate offspring and against society“(Mill, 1859/1956: 121). Without recognizing antisocial propensity of juveniles with psychopathic tendencies, other children and young might lose a sense of what is socially acceptable behaviour. In those conditions we have their *adaptation to life in an antisocial surrounding*. New generations should be without experience of what are the positive social values. As they are born in a social environment with eroded social values they might perceive and accept deviancies and sub-cultural and pro-criminal values as “normal” (Radulović, 2006; Radulović i Jugović, 2011). When it happens to the large proportion of young population and when they become parents, the sense for good and bad, for prosocial open mind and open mind for deviancy could disappear and enable destructive psychopathic models to put antisocial deviancies as society’s rules; and as Reid (1998: 113) said they then are going to “promote an environment in which good is fodder for the bad”. Children and young may conclude that it is better to be powerful social predator than powerless prey and families, the school and law system could be powerless to struggle against that way of life in antisocial society.

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