

THE RELATIONSHIP BETWEEN FAMILY DYNAMICS, PERSONALITY AND
MENTAL HEALTH OF YOUNG OFFENDERS IN NORTH WEST-PROVINCE,
SOUTH AFRICA

LEBURU KHUMBUDZO

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THE RELATIONSHIP BETWEEN FAMILY DYNAMICS, PERSONALITY AND
MENTAL HEALTH OF YOUNG OFFENDERS IN NORTH-WEST PROVINCE,
SOUTH AFRICA



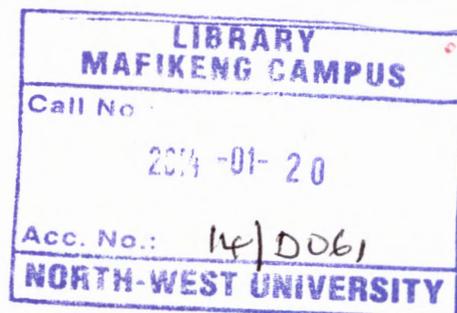
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in Masters of Social Science in Research Psychology of the North West University

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Supervisor: Professor E. S Idemudia

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DEDICATION

This study is dedicated to my caring, loving and supportive mother and three siblings

Tshililo Patricia Leburu

and

Thabang, Tshepang and Phemelo Rofhiwa Leburu

ACKNOWLEDGEMENT

To my omnipotent Lord, you are the best and nobody can match your strength. Thank you for lifting me from nowhere and making me what I am today. I am abundantly thankful for all the blessings.

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- I thank my mother for raising the sister and daughter that I am today. I wouldn't have reached this far had it not been for her unconditional love, support, guidance and words of wisdom. Thanks for believing in me. Yes, I made it.
- Special mention of the following bursaries that made my academic years simpler, saving my mother all the financial worries must be made: National Research Foundation (NRF) and NWU- Post Graduate Bursary together with the North West University (Mafikeng Campus).
- To my brother, Mashau Raymond Makhura and two sisters, Musiiwa Naomi Mulaudzi and Mokgadi Anastecia Makhura, thank you for all the advice and support you gave me when things seemed impossible. God bless you.
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- George Tlholatlung, I thank you for your support.
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SUMMARY

The aim of the study is to compare family dynamics, personality and mental health of young offenders in correctional institutions with a control group of non-offenders in the North-West Province, South Africa. The study was anchored on three hypotheses and thereby (1) compared offenders and non-offenders on family dynamics (parenting styles, emotional distance) and personality (2) compared mental health reports of offenders and non-offenders and (3) determined whether parenting styles, emotional distance and personality would predict mental health. The study used a questionnaire with four sections- A, B, C and D. Section A contained demographic items, Section B contained family dynamics that constituted parenting style scale and emotional distance, Section C contained personality measuring, using the EPQ with three subscales, and section D contained the General Health Questionnaire 28 scale used to measure mental health with four subscales- somatic complaints, anxiety and insomnia, social dysfunction and depression. Psychometric properties of all the scales used are valid and reliable. One hundred and forty seven (147) participants were randomly selected using a table of random numbers of 'yes' or 'no' from two (2) youth care centres and a secondary school in the North-West Province, South Africa. Non-offenders were (male= 33, female= 55) and offenders were (male= 52, female= 7). Age of participants ranged from 12-18 years, with mean age (\bar{X} = 15.9 years) (SD = 1.8). The first and second hypotheses were tested with a t- test and the third hypothesis with a hierarchical multiple regression.

Results for hypothesis one and two showed that there was a strong significance for (GHQ Anxiety), $t(145) = -1.22$, $p < .004$ with non-offenders scoring higher than offenders (\bar{X} -bar 13.0 versus \bar{X} -bar 12.25). GHQT, $t(145) = -1.23$, $p < .003$ with offenders reporting poorer mental health than non-offenders (\bar{X} -bar 46.16 versus \bar{X} -bar 44.46). Flexible, $t(145) = .93$, $p < .002$ with offenders scoring higher than non-offenders (\bar{X} -bar 30.62 versus \bar{X} -bar 29.77).

GHQ-Depression, $t(145) = 3.88, p < .001$ with offenders scoring higher than non-offenders ($\bar{X} = 10.83$ versus $\bar{X} = 7.77$). Emotional distance from mother, $t(145) = -4.62, p < .000$ with non-offenders scoring higher than offenders ($\bar{X} = 6.70$ versus $\bar{X} = 5.25$). However, the third hypothesis expected that family dynamics and personality would predict poor mental health. The results for hypothesis three showed that permissive did not independently predict poor mental health ($\beta = .076$). While extraversion ($\beta = -.212$) and neuroticism ($\beta = -.167$) independently and significantly predicted mental health. The variables (permissive, extraversion and neuroticism) explained 10% of the total variance on poor mental health. The three variables jointly influenced and predicted mental health in the model, ($R = .31, R^2 = .10, P < .05$). In addition, the Durbin-Watson result (2.003) showed that the assumption of independent error is met for this model.

It was noted in conclusion that the study contributed to the body of knowledge by showing that there is a relationship between family dynamics, personality and mental health. It was also noted that family dynamics and personality can better predict poor mental health on offenders than the general population. A cognitively based intervention must be developed and offered to young offenders with a variety of mental health issues in different correctional homes. Other preventive recommendations were made in line with the findings of the study.

PREFACE

Article format

For the purpose of this dissertation, as part of the requirements for a professional master's degree, the article format as described by General Regulation A.7.5.1.b of the North West University was chosen.

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The target journal for submission of the current manuscript is Journal of Social Sciences (JSS). For the purpose of examination, tables will be included in the text.

Letter of consent

The letter of consent from the co-authors, in which they grant permission that the manuscript "The relationship between family dynamics, personality and mental health of young offenders in North West Province" may be submitted for purpose of thesis, is attached.

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I, the undersigned, hereby give consent that Khumbudzo Leburu may submit the manuscript entitled “THE RELATIONSHIP BETWEEN FAMILY DYNAMICS, PERSONALITY AND MENTAL HEALTH OF YOUNG OFFENDERS IN NORTH-WEST PROVINCE, SOUTH AFRICA” for the purpose of a thesis in fulfilment for the Masters of Research degree in Psychology.

.....

Prof E.S. Idemudia

Supervisor

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Work "in press": BhasinVeena 2004. Economic pursuits and strategies of survival among Damor of Rajasthan. *J Hum Ecol*, (in press).

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MENTAL HEALTH OF YOUNG OFFENDERS IN NORTH WEST-PROVINCE,

SOUTH AFRICA

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Abstract

Objectives: The specific objectives of the study are identified as follows: (1) to compare offenders and non-offenders on family dynamics (parenting styles and emotional distance) and personality (2) to empirically determine whether emotional distance and parenting styles will predict mental health and (3) to compare mental health of offenders and non-offenders

Method: Data was collected from one hundred and forty seven (147) participants randomly selected, using a table of random numbers of 'yes' or 'no' from two (2) youth care centres and a secondary school in the North-West Province. Non-offenders were (male= 33, female= 55) and offenders were (male= 52, female= 7). Age of participants ranged from 12-18 years, with mean age (\bar{X} = 15.9 years) and (SD = 1.8). The statistical analysis used included a t-test and a hierarchical multiple regression.

Results: Results for hypothesis three showed that family dynamics and personality jointly and significantly predicted poor mental health of young offenders. The variables, parenting styles and personality explained 10% of the total variance on poor mental health. The Durbin-Watson result (2.003) showed that the assumption of independent error is met for this model. Results for hypothesis two showed that offenders reported poor mental health when compared to the general population.

Recommendations: It is recommended that parents should be more authoritative than permissive or flexible in order to reduce the level of delinquency at an early age. A cognitively based intervention should be developed and offered to young offenders with mental health problems in correctional institutions as well as psycho-tropic medications. Other preventive recommendations were made in line with the findings of the study.

Keywords: Family dynamics/Personality/Mental health/Young offenders/North-West Province/South Africa.

Introduction and problem statement:

Many studies have identified high levels of mental health problems among young offenders in correctional homes and show that there is increasing evidence that mental health problems are associated with parenting styles, emotional distance and personality factors (Mitchell, Smedley, Kenning, McKee, Woods, Rennie, Bell, Aryamanesh & Dolan, 2011). Between 40% and 70% of offenders in correctional homes are affected mentally and as many as two thirds meet diagnostic criteria for one or more psychiatric disorder (Odgers, Burnette, Chauhan, Moretti & Reppucci, 2005). According to Gisin, Haller, Cerutti, Wolff, Bertrand, Sebo, Heller, Niveau and Eytan (2012) findings from the study conducted by Lader, Singleton and Mertzner (2000), Vandeveld, Soyez, Beken, De Smet, Boers and Broekaert (2011) found that in general, the prevalence figure in correctional homes show that a disproportionately high number of offenders have mental health problems. Personality, depression and psychotic disorders were among five of the disorders found in young offenders internationally.

Dressing, Kief and Salize (2009) indicate that the available data on causes of mental health problems of offenders in correctional homes is alarmingly scarce. It is therefore important to look at contributing factors of 'young offenders' delinquent behaviour as they are well outlined in the study. It is clear that families are expected to serve as a critical support system to their children, providing them with warmth, a nurturing and stable environment (Denmark, Krauss, Wesner, Midlarsky & Gielen, 2005), and that parents are also expected to be more proactive in their approach of raising children, in order to shape the values of their children (Garret, 2001) but instead, the opposite of all these expectations is experienced by most of the families from where young offenders come.

The question that arises from this research is, why do some children become delinquent and others don't? Is it because of their family dynamics or what? Does parental style and emotional distance play a vital role in shaping their personality and their offending behaviour or not? Is there a relationship between parenting styles, emotional distance, personality and mental health of young offenders?

According to Bowen (1988) families are complex units that are bonded by strong emotional connections. The way in which family members interact with each other and interrelation to the group as a whole is often referred to as family dynamics. Parental styles, behavioural patterns and emotional interdependence all influence the dynamics between family members especially children (Bowen, 1988). Bowen also notes that parents have a primary role in the formation of a child's values and behaviour. The parents are there to teach social roles, moral standards and discipline their children who fail to comply with those norms and values in different ways. The family provides for the psychological needs of the child. Failure to provide for such needs can have a profound effect upon the shaping of the child's attitudes, values and overall, the personality (Lerner & Spanier, 1980). The authors are of the opinion that negligence of children's emotional and psychological needs can have deleterious consequences for their behaviour over the course of life. The longer the negligence continues, the more severe the effects will be, especially on their personality and mental health.

Meanwhile, there are consistent relationships between family dynamics and an offending behaviour according to several studies, and these relationships have been found in both males and females. In addition, if both parents (mother and father) are there to apply the parental styles to their children as they grow, offending behaviour can be avoided, rather than having to deal with it when it's already rooted. Therefore, the emphasis on the availability of both mother and father figure is of utmost importance. Poor family management practices, involvement and interactions of the parent with the child, and lack of bonding by all family

members have been viewed as risk factors for an offending behaviour (Loeber & Farrington, 1998).

Family dynamics:

PARENTAL STYLES: Two perspectives have been adopted in the parenting literature: the research that focuses on both dimensions of parenting and typologies (O'Connor, 2002). Dimensions are concepts to categorize parenting behaviours such as punishment and monitoring, whereas typologies are constellations of parenting dimensions such as an authoritative parenting style which includes supportive parenting, attachment and guiding the child's behaviour by explanation and appropriate expectations for conformity (Hoeve, Dubas, Gerris, Van der Laan & Smeenk, 2011). From a typological view of point, single parenting dimensions do not properly account for the interactional nature and dynamics of families and therefore, parenting dimensions should not be examined in isolation (O'Connor, 2002). Identifying differences among families on single dimensions, such as harsh parental discipline, supervision and control, does not consider how these various dimensions come together to form one larger group within specific families. For example, the effect of very strict parenting on the development of the child may be dependent on the degree to which parents provide warmth, support and love to their child (Henry, Tolan & Gorman-Smith, 2005; Mandara, 2003; Mandara & Murray, 2002).

To the researcher's knowledge, the association between both parents' parenting styles and offending has only been analyzed by Fletcher, Steinberg and Sellers (1999), Bronte-Tinkew, Moore, and Carrano (2006), and Simons and Conger (2007). Although the first study found very few differences in delinquency between combinations of parenting styles, the two more recent studies found some important effects. Authoritarian fathers increased the risk of the adolescent delinquent behaviour, regardless of the mothers' parenting styles and other control

variables (Bronte-Tinkew *et al.*, 2006). Furthermore, having two neglectful parents was associated with high levels of delinquency, compared to other combinations, whereas having at least one authoritative parent was linked to low delinquency rates (Simons & Conger, 2007).

According to Bezuidenhout and Joubert (2003), in some households in South Africa, mothers are absent as a result of work responsibilities. Some are employed a distance from home and therefore, leave home during the early hours of the day and come back home late in the evening. Some have no time to supervise their children as they stay at their work place during the week, away from their spouses and families. They often visit their families only one weekend in a month. In some households, guardians such as the grandparents or older brothers and sisters have to take care of the younger children. These children may lack parental love and care and tend to show signs of behavioural problems at an early age.

Meanwhile, one may ask why authoritative parenting seems to enhance children's social competence. This could be because authoritative parents set sensible expectations and realistic standards. They always make their rules clear and are consistent. They let their children know what is expected of them. At times, in an authoritarian home, children are so strictly controlled that they often cannot make independent choices about their own behaviour, while in permissive homes children don't receive enough guidance and they end up being uncertain and anxious about whether they are doing the right thing or not (Papalia, Olds & Feldman, 2009).

Although authoritative parents are characterized by the consistent way in which they balance the two dimensions of parenting, it is important to note that they vary in the application of these elements as their child changes and develops. During the first two years of life, research shows that the responsiveness dimension is critical (Sroufe, 2005). Caregivers must attune themselves to the physiological and safety needs of their infants. Correct reading of their

child's signals is especially important in this regard as the provision of sensitive care hinges first upon the specificity and appropriateness of the support offered. As episodes of successful signalling and care accumulate, the infant comes to trust the parent and to anticipate on-going need fulfillment in the infant-parent relationship. This process underlies the formation of a secure emotional attachment, the critical milestone of this developmental period (Wolfe & McIsaac, 2011). Parental styles that do not balance responsiveness with demandingness and control generally fall under the umbrella of poor child-rearing methods.

For example, some parents may be out of balance because they are overly permissive; the support they provide their children is generally unmitigated by behavioural or mastery expectations, nor do they use proper discipline to manage socially inappropriate behaviour. The children of permissive parents tend to have difficulty regulating their emotions and, in adolescence, these youth are highly susceptible to engaging in risky behaviours such as substance use and precocious sexuality (Wolfe, Jaffe & Crooks, 2006). Other parents may be out of balance in that their approach to child-rearing is overly rigid and strict. These parents may place unrealistic expectations on their children, without couching these messages in the context of praise and encouragement.

Child development experts term this the authoritarian style of parenting (Bornstein, 2006). Authoritarian parents tend to have children who are stifled in their ability to solve problems creatively and who are more likely to resort to unilateral or antisocial means of solving conflict. In adolescence, these youths readily conform to peer norms that may put them at risk for rule-breaking and acting-out behaviours, especially if they belong to a relatively delinquent peer group (Chang, Schwartz, Dodge & McBride-Chang, 2003).

Moreover, in authoritative homes, children are aware when they meet expectations and can decide whether it is worth risking parental displeasure to pursue a goal. These children always know the satisfaction of accepting responsibilities and achieving success (Papalia *et*



al., 2009). According to Grusec and Goodnow (1994), when conflicts arise, an authoritative parent can teach the child positive ways to communicate his or her point of view and negotiate acceptable alternatives. Styles of parenting have more potential in affecting children's competence when they have to deal with their own world (Papalia *et al.*, 2009). When family violence and conflicts are very bad, and parents' response to the adolescents' challenging behaviour is harsh, negative, and their parenting style is inconsistent, then these adolescents are more likely to be hostile. This aggressive interaction style and inconsistent discipline usually can cause low family engagement and a lack of family bonding (McWhirter, McWhirter, McWhirter, & McWhirter, 2004).

EMOTIONAL DISTANCE: a number of authors define emotional distance in different ways, yet give the same picture of what emotional distance is. In general terms, emotional distance between children and their parents includes abusive or neglectful behaviours by the parents or caregivers that have caused, or could cause, serious behavioural, cognitive, emotional, or mental problems (Trickett, Mennen, Kim & Sang, 2009). According to Krug, Dahlberg, Mercy, Zwi and Lozano (2002) emotional distance can be defined as failure by the child's caregiver to provide a supportive environment which is appropriate, including acts that have negative effects on the emotional wellbeing, mental health and the development of the child's personality. It can also be defined as a pattern of behaviour that impairs the emotional development of the child and a sense of self-worth, e.g., rejection, withholding love, support or guidance (Krug *et al.*, 2002).

According to Regoli, Hewitt and Delisi (2011), emotional distance is when parents or guardians fail to adhere to the emotional and psychological needs of a child and allowing them to engage in anti-social behaviour as well as not taking into consideration some other developmental needs that may be important in building a good personality of a child and positively impact on their mental health state. What these authors are implying is that, the

behaviour and personality of the child is influenced by the emotional closeness of parents with their children. These children pay some respect to their parents and do as their parents wish, which could be the reason why these children are less likely to be found in trouble. These authors also maintain that the love from parents has the ability of curbing delinquency since it's something that their children cannot afford to lose.

Good interactions, as well as parents being involved with their children and a strong family bond have been reported as having the potential to guard against children developing offensive behaviour (Arthur, 2007). Low-engaged family members who lack a strong bond are not able to meet their social and emotional needs. They also fail to learn appropriate ways of meeting others' needs. The unfortunate part of these families is that they produce adolescents who create inadequate or dysfunctional relationships outside their families due to unlearned good relationships within their families. It is quite obvious that such adolescents are at a higher risk of different problem behaviours including poor mental health state (McWhirter *et al.*, 2004).

Coll, Juhnke, Thobro, Haas and Robinson (2008) conducted a study on family disengagement of young offenders and the results revealed that young offenders who came from families that lacked emotional support were more likely to be associated with negative antisocial behaviour such as destruction of property, serious violations of the rules and theft; such behaviour is also likely to negatively affect their mental health. When a child is failed by his/her parents or the nuclear family, he/she starts to feel anxious because he/she is growing and hopes that trying another framework apart from home will make him/her feel loved and free. The child also feels that the love can still be received from friends at school because these are the people he/she feels will not make him/her go mad and will provide him/her with the emotional needs during the early stages of emotional growth (Winnicott, 1976). Winnicott (1976) maintains that, a child with a good mental health comes as a result of receiving

emotional needs and help at an early stage of life and his capacity of control over his behaviour ultimately grows because of his surroundings. According to Shahar (2001) interactions between emotionally neglectful parents and their children are characterized by less sympathy. These parents tend to perceive their children and the parent- child relationship differently as compared to non-emotionally neglectful parents.

Given the challenges posed by the adolescent years (Barnes, 1995), it is hardly surprising that teenagers have been earmarked as a group at risk for behavioural problems and emotional distress (Hendry, Shucksmith, Love & Glendinning, 1993). The environment of the family is seen as being critically important when considering the behavioural and emotional well-being of young offenders (Bahr, 1991; Noller & Callan, 1991). The family, as it is considered to be the primary source of socialisation, has often been implicated in the emotional adjustment of adolescents. It was found that higher delinquency scores were significantly associated with low parental care for both males and females (Mak, 1994). Those from less affectionate families displayed significantly higher levels of delinquency than did those from optimally bonded families. Emotional distance has also been linked to personality disorders (Frank, Zweig & Paris, 1991). Adolescents who perceive their parents as exerting fewer emotions are even more likely to have suicidal thoughts when compared to adolescents who report a warm bond with their parents (Martin & Waite, 1994).

In addition, the revived interest in fathers is widely manifest in legal, social and economic spheres. With increasing employment of mothers of young children, fathers are assuming more active roles in rearing their children (taking responsibility for caregiving tasks, spending more time alone with them) (Easterbrooks & Goldberg, 1984). Children who live apart from their fathers, compared with children who reside with both parents, face a number of economic and social disadvantages that appear to increase the risk of behaviour problems,

subjective distress, and school failure (McLanahan & Sandefur, 1994). Many family scholars believe that non-resident fathers can mitigate some of these negative outcomes by maintaining close and supportive relationships with their children. Consistent with this assumption, researchers have found positive links between active and emotionally supportive involvement on the part of non-resident fathers and multiple dimensions of children's well-being (Amato & Gilbreth, 1999). With respect to non-resident fathers, when children experience emotional and behavioural problems and school failure, fathers may withdraw from these relationships, perhaps because visits are unrewarding. In contrast, when children are well-adjusted and academically successful, non-resident fathers may seek out more frequent contact and a deeper level of involvement (Hawkins, Amato & King, 2007).

Personality:

The importance of personality factors in relation to an offending behaviour has well been established (Eysenck & Gudjonsson, 1989 & Farrington, 1994). Eysenck (1990b) suggested the presence of three personality factors, extraversion, neuroticism and psychoticism (ENP) and each was linked to an act of offending. Despite the criticism on Eysenck's personality theory, (Costa & McCrae, 1994b), there is growing evidence that the Eysenckian super factor of psychoticism (Eysenck & Eysenck, 1976) is one of the strongest personality predictors of offending (Levine & Jackson, 2004; Heaven, 1996). The consistent influence of psychoticism on offending during adolescence had also been well established (Heaven, 1996). Because personality features are relatively stable and predict overt behaviour, personality's role in predicting offending behaviour has been extensively researched (Krueger, Schmutte, Caspi, Moffitt, Campbell & Silva, 1994).

Many researchers have used personality theories to hypothesise the causes of offending, where Hans Eysenck's theory of personality has been the most influential in this body of

literature (Raine, 1993). An offending behaviour, although multifactorial in nature, can partially be accounted for by a pattern of personality traits (Eysenck & Gudjonsson, 1989) and most of the researchers have been focusing on Eysenck's personality theory where psychoticism, neuroticism and extraversion are predicted to be positively associated with offending behaviour (Eysenck & Gudjonsson, 1989; Idemudia, 1997, 2000 & 2007).

However, Heaven (1996) and Levine and Jackson (2004) have argued that primary traits, for instance, impulsivity, need for stimulation or sensation seeking of personality rather than the three super- factors, i.e., psychoticism, extraversion and neuroticism, are better predictors of an offending behaviour. Caspi and his colleagues linked offending behaviour to personalities that were high in negative emotionality and low in constraint (Krueger *et al.*, 1994). John, Caspi, Robins, Moffit and Stouthaner-Loeber (1994) found that young offenders (males) had significantly lower scores on the factors of agreeableness and conscientiousness when compared to non-offending males. Heaven (1996) reported that agreeableness, conscientiousness and neuroticism were associated with offending. Collectively, these results suggest that there are differences in personality between offenders and non-offenders. Sadock and Sadock (2007) believe that it does not take only a single factor to account for an adolescent's behavioural problem or development of a good or bad personality. These authors state that there are bio-psychosocial factors that may have contributed to these young offenders' personality, namely: parental factors and psychological factors. According to Liabo and Richardson (2007), adolescents with behavioural problems are more likely to show high levels of ENP. An open aggression tends to show up between the child and the parent at early adolescence. As soon as rudeness or uncooperative behaviour starts to characterise the parent- child communication, the child starts to have or reveal hostile problematic behaviour, which impacts badly on the child-parent interactions (Buehler, 2006). Weiss, Bates and Luciano (2008) believe that it is because of our personality that we react the way we do in

different situations and personality has the ability of creating an effective reserve, which is in most cases used during a stressful and recovery period. Therefore, it can be concluded that personality is one of the predictors that has an influential value in our lives. Criminologists have also postulated that offenders have less empathy than non-offenders (Burke, 2001; Bush, Mullis & Mullis, 2000).

Mental health:

According to the results obtained from a study conducted on mental health issues by Denton, Prus and Walter (2004), the on-going family dynamics, as outlined in this study, play a vital role on the outcomes of our mental health state. Exposure to parenting related stress, family health stress and emotional distance are positively linked to mental health problems (Denton *et al.*, 2004). Mental health problems have very high rates of prevalence, onset is generally at a much younger age, often of long duration, and have adverse effects on many areas of people's lives, including their relations with other people and personalities (McDaid, 2007 & Friedli, 2007). Offenders' mental health problems have a range of factors contributing to greater prevalence, whereby in this study, factors include family dynamics & personality (Osborn, 2007).

Angold *et al.*, (2002) suggest that between 10% and 20% of adolescents in the general population experience mental health problems. However, studies with young offenders, internationally (Vermeiren, Jaspers, & Moffitt, 2006) have found much higher prevalence rates. These young offenders have high rates of disorders such as depression and anxiety (Abram, Teplin, McClelland, & Dulcan, 2003). There is now considerable evidence that young offenders are at increased risk of psychosocial and health problems by comparison with young non-offenders (Teplin, Abram, McClelland, Duncan, & Mericle, 2002; Vermeiren, 2003) Young offenders' behavioural problems are said to be related to poor

parenting styles and emotional neglect. (Van Zeil, Mesman, Van Ijzendoorn, Bakermans-Kranenburg, Juffer, Stolk, Koot & Alink, 2006).

Young offenders have been internationally reported as having a high incidence of mental health problems when compared to general population adolescents (Dianna, Christopher & Paul, 2007). Several studies have found that the association between mental health and an offending behaviour is very strong (Gordon, Kinlock & Battjes, 2004; Hammersley, Marsland & Reid, 2003; Prichard & Payne, 2005) even though it is difficult to identify the real risk of mental health concerns in young offenders found in correctional homes in South Africa compared with the general adolescent population (Dianna *et al.*, 2007).

Although several scholars state that the influence of parenting decreases as children become older, in a recent study of McKinney and Renk (2008) a link was found between different combinations of maternal and paternal parenting and emotional adjustment of 18 to 22-year-old: late adolescents who had at least one authoritative parent showed better adjustment in terms of high self-esteem and low levels of depression and anxiety. Thus, parents may influence their children even during late adolescence, which is a unique developmental period in which adolescents are about to transition to adulthood.

However, other findings have shown that one third of young offenders aged 16-18 were found to have a mental health problem (Gunn, Maden & Swinten, 1991) and meet diagnostic criteria for mental health disorder in the DSM-IV. More recently, the Prison Reform Trust reported that over 90% of young offenders found in correctional homes have at least one or a combination of a personality disorder, psychosis or neurotic disorder (Farrant, 2001).

Strong links have also been established between mental health problems in young people and offending. The term 'mental health problems' is used generally to cover a range of types and severity of psychological and psychiatric difficulties and disorders that are experienced by

young people, including emotional disorders, development disorders and psychotic disorders (Arthur, 2007). Rutter (1990) found that the rate of mental health problems is high in young offenders, particularly the persistent young offenders. Certain groups of children are at greater risk of developing mental health problems than others. Poor and inconsistent parenting is linked with mental health problems in young children and adolescents (Arthur, 2007).

Poor supervision, parental disharmony, neglecting the child and being less affectionate to the child has been consistently shown to contribute to mental health problems in children (Cleaver, Unell & Aldgate, 1999). The lives of young offenders with mental health problems are often characterised by chronic residential instability and difficult family relationships. These children are reported as being more likely to come from families with single parents (Frensch and Cameron, 2002).

Theoretical background:

While family dynamics are hypothesized as contributing factors to the young offenders' behaviour, the study used Bowen Murray's family system theory which stipulates that, the concept of the nuclear family emotional system describes the basic relationship patterns that govern where problems develop in a family (Bowen, 1988). People's attitudes and beliefs about relationships play a role in the patterns, but the forces primarily driving them are part of the emotional system. Bowen's family systems theory is a theory of human behaviour that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit. It is the nature of a family that its members are intensely connected emotionally. There are people who often feel distant or disconnected from their families, but this is more a feeling than fact. Family members so profoundly affect each other's thoughts, feelings and actions that it often seems as if people are living under the same "emotional skin." People solicit each other's attention, approval, and support and react to each other's

needs, expectations and distress. The connectedness and reactivity make the functioning of family members interdependent. A change in one person's functioning is predictably followed by reciprocal changes in the functioning of others. Families differ somewhat in the degree of interdependence, but it is always present to some degree.

Emotional interdependence is presumably evolved to promote the cohesiveness and cooperation that families require for protecting, sheltering and feeding their members. Heightened tension, however, can intensify these processes that promote unity and teamwork, but can also lead to problems. When family members get anxious, the anxiety can escalate by spreading infectiously among them. As anxiety goes up, the emotional connectedness of family members becomes more stressful than comforting. Eventually, one or more member feels overwhelmed, isolated or out of control. These are the people who accommodate others the most to reduce tension in others. It is a reciprocal interaction. For example, a person takes too much responsibility for the distress of others in relationship to their unrealistic expectations of him. The one accommodating the most literally "absorbs" anxiety and thus is the family member most vulnerable to problems such as depression, alcoholism, affairs or physical illness (Bowen, 1988).

Bowen also describes emotional distance as a pattern that is consistently associated with the others. People distance themselves from each other to reduce the intensity of the relationship, but then risk becoming too isolated. The basic relationship patterns result in family tensions coming to rest in certain parts of the family. The more anxiety one person or one relationship absorbs, the less other people must absorb. This means that some family members maintain their functioning at the expense of others. People do not want to hurt each other, but when anxiety chronically dictates behaviour, someone usually suffers for it (Bowen, 1988).

The study also used a developmental and ecological model of antisocial, delinquent and gang behaviour, adapted from Patterson, DeBaryshe and Ramsey (1989), where the focus of the study on that model is more on four factors identified as follows: poor parental discipline, inconsistent discipline, poor monitoring and supervision. In this model, the family's influences contribute to the ecology of the behavioural problem. "Because parents who are struggling with social, economic and community problems are often less able to provide the structure that young teenagers need, many young people are drawn to gangs that often provide structure (such as rules and norms) and a sense of belonging and group and individual identity" (Levy, 2000, p 161).

Eysenck' theory of personality, consisting of three dimensions, was also used in this study. Eysenck identified three dimensions as follows: psychoticism, extraversion and neuroticism, where he pointed out the fact that psychoticism is often found high in most of offenders when compared to other two dimensions (Eysenck & Eysenck, 1976).

Extraverts are described as sociable people who prefer the company of other people; they are more dominant, adventurous, impulsive and assertive than introverts. The results obtained being the Eysenck personality inventory, indicated that people experiencing pleasant emotions score high on extraversion, while introverts display an opposite character (Lucas & Fujita, 2000). According to Eysenck (1990b), extraverts have a lower base level of cortical arousal when compared to introverts as a result of the cortical arousal levels of extraverts being low because such people need and actively seek, excitement and stimulations, while on the other hand, introverts shy away from excitement and stimulation since their cortical arousal levels are already high.

Eysenck argues that in neurotics, the sympathetic nervous system overreacts even to mild stressors, resulting in chronic hypersensitivity. This condition leads to heightened

emotionality in response to almost any difficult situation. According to Eysenck, it is evident that neurotics react emotionally to events that other people consider insignificant. People who are high in neuroticism seem to have great activity in the brain areas that control the sympathetic branch of the autonomic nervous system.

Most young offenders are the victims of psychoticism, as they tend to be aggressive, antisocial, tough-minded, cold and egocentric. In addition, most have been found to be cruel, hostile and insensitive to the needs and feelings of others when compared to people who score low in psychoticism (Sher, Bartholow & Wood, 2000). Moreover, authoritarian and controlling parents have reported higher scores on psychoticism than those who scored low (Heaven & Ciarrochi, 2006). A study conducted on 660 adolescents in Australia has shown that both boys and girls who were high in psychoticism scored lower on emotional well-being (Ciarrochi & Heaven, 2007).

All these findings led Eysenck to speculate that people who score high on all three dimensions may have the tendency to display delinquent behaviour (Eysenck & Gudjonsson, 1989). In support of the above statement, results obtained from a research conducted in China also indicated that there was a significant correlation between a delinquent behaviour and high scores on the psychoticism and neuroticism dimensions (Huo- Liang, 2006).

The study also used Baumrid's model of parenting styles, where the focus is on the most three basic parental types, i.e., authoritarian, permissive and authoritative/flexible. Baumrind who popularized the concepts permissive, authoritarian, and authoritative parental styles, described a permissive parenting style as being non-demanding and non-controlling, but also relatively warm. Children raised in such families were found to be low on self-reliance and were also the least self-controlled and explorative. Parents manifesting an authoritarian style

were described as being detached from their children, yet controlling. These children were discontent, withdrawn, and distrustful (Baumrind, 1971).

Permissive parents make few demands and allow children to monitor their own activities as much as possible. When they have to make rules they explain the reasons for them. They consult with children about policy decisions and rarely punish. They are warm, non-controlling and undemanding. Their preschool children tend to be immature- the least self-controlled and the least exploratory.

Authoritative parents have confidence in their ability to guide children, but they also respect children's independent decisions, interests, opinions and personalities. They are loving and accepting, but also demand good behaviour and are firm in maintaining standards. They impose limited, judicious punishment when necessary, within the context of a warm, supportive relationship. They favour inductive discipline, explaining the reasoning behind their stands and encouraging verbal give- and- take. Their children apparently feel secure in knowing both that they are loved and what is expected of them.

Finally, authoritative parents were viewed as being controlling and demanding, yet were able to mix this with warmth and rationality, as well as receptiveness to the child's communication. In short, such a style was viewed as being high in control and positive encouragement, with the result that these children tended to be the best adjusted, exhibiting high levels of autonomy and independence (Heaven & Ciarrochi, 2006).

In summary, from the literature and theoretical statements reviewed above, it is expected that offenders will experience poor parenting styles, have emotional distance problems, and have high levels of ENP and report poorer mental health than the general population.

Aim of study

The aim of the study is to compare family dynamics, personality and mental health of young offenders with those of non-offenders in North-West province. Family dynamics will include parental styles and emotional distance, while personality is measured using ENP meaning, extroversion versus introversion, neuroticism versus emotional stability and psychoticism versus impulse control (or superego functioning) and mental health will be measured using GHQ 28.

Objectives of the study:

The specific objectives of the study are identified as follows:

- To compare offenders and non-offenders on family dynamics (parenting styles and emotional distance) and personality.
- To compare mental health reports of offenders and non-offenders.
- To empirically determine whether emotional distance, parenting styles and personality will predict mental health.

Significance of the study:

The study has both practical and theoretical significance. Conclusions made from this family study will help to advance the understanding of young offenders' behavioural problem in the North-West Province, their personality and mental health, thereby facilitating effective policies and practices to reduce behavioural problems that drive them to an offending behaviour, improve their health and come up with alternatives for young offenders at risk. This is also to help professionals working with these young offenders, mainly social workers and psychologists, to make decisions that will make a real difference to these young offenders, their personality, mental health, families and communities in which they live.

Theoretically, it will add more knowledge to existing theories related to this study. The study will also present differences of families from the psychological perspective and give a picture of the role of parental styles and emotional distance across different families of young offenders in the North-West province.

Hypotheses

- There will be a significant difference in family dynamics (parenting styles and emotional distance) and personality of offenders and non-offenders.
- Offenders will significantly report poorer mental health than non-offenders.
- Family dynamics (parenting styles and emotional distance) and personality will significantly predict mental health.

Methodology:

Design:

This study was based on a cross-sectional design within a quantitative research approach. The variables are family dynamics (parenting styles and emotional distance), personality and mental health. A t-test was used to test hypothesis 1 and 2 to check for mean differences between offenders and non-offenders on family dynamics, personality and mental health. Hypothesis 3 was tested using a hierarchical multiple regression analyses, testing the statistical significance.

Sample:

The participants who attended school in Batswana Secondary, located in Mafikeng area of the North-West Province were used as a control group in the study. Other participants were 'awaiting trial' offenders from two (2) centres of Bosasa youth care. One centre is located in Klerksdorp, while the other centre is located in Mmabatho, in the North-West Province, South Africa. Participants were randomly selected using a table of random numbers of "Yes"

and “No”. The age of all participants ranged between 12-18 years (\bar{x} = 15.9 years) (SD = 1.8). The number of learners (non-offenders) who completed the four (4) questionnaires was (male= 33, female= 55) and offenders (male= 52, female= 7). The study used a questionnaire with four sections- A, B, C and D. Section A contained demographic items, section B contained family dynamics that constituted parenting style scale and emotional distance, section C contained personality measured using the EPQ with three subscales and section D contained the General Health Questionnaire 28 scale, used to measure mental health with four subscales- somatic complaints, anxiety and insomnia, social dysfunction and depression.

Instruments and psychometric properties:

The primary instruments used to collect data were the Parenting Authority Questionnaire (PAQ) (Buri, 1991), the Eysenck Personality Questionnaire (EPQ) (Eysenck, 1964), General Health Questionnaire (GHQ) (Goldberg, 1978) and family Questionnaire (FQ) (Adapted from Georgas, Berry, Van de Vijver, Kagitcibasi & Poortinga, 2006). The description of each instrument follows next.

The Parental Authority Questionnaire:

PAQ consists of 30 items while each subscale consists of 10 items, with a scoring format from 1 to 5 where higher scores are a representation of greater level of parenting style. The questionnaire is based on Baumrind’s model of parenting styles and it was constructed by Buri (1991). PAQ had also been adapted before by Aldhafri and his colleagues (Aldhafri, Kazem, Alzubiadi, Yousif, Al- Bahrani & Alkharusi, 2009 & Aldhafri, Kazem, Alzubiadi, Yousif, Al- Bahrani, M., & Alkharusi, 2011) and reported reasonable results on validity and reliability for the three subscales measured in PAQ, namely: authoritative, permissive and authoritarian.

A more detailed and shorter version with 20 items was later developed by Alkharusi and colleagues. The version still used the same subscales on APQ and reported reasonable results

on reliability and validity (Alkharusi, Aldhafri, kazem, Alzubiadi & Al- Bahrani, in press). The fit indices for the three-factor structure for the short father version ($RMSEA=.04$ with $90\%CI= [.04-.05]$, $NNFI=.92$, and $CFI=.93$) and for the short mother version ($RMSEA=.04$ with $90\%CI= [.03-.04]$, $NNFI=.92$, and $CFI=.93$) were supportive.

The Eysenck Personality Questionnaire:

The Eysenck Personality Questionnaire-Revised Short Scale (EPQ-R Short Scale) is a 48 item self-report questionnaire, used to assess three dimensions of personality: Neuroticism (stability/emotionality), Extraversion (extraversion/introversion) and Psychoticism for the age range 16–70-years-old. It also includes a Lie scale for the revelation of falsehoods (Eysenck & Eysenck, 1964).

The EPQ-R Short Scale is a short version of the EPQ-R. Twelve items were chosen from each of the scales of the EPQ-R which also measure P, E, N, and L. The standardization sample consisted of 902 individuals (408 males and 494 females) aged 21–56 for males and 16–48 for females. The reliability of the standardization sample for males and females was 0.62 and 0.61 for P, 0.88 and 0.84 for E, 0.84 and 0.80 for N, and 0.77 and 0.73 for L, respectively (Eysenck & Eysenck, 1964). The inter-correlations of the scales ranged from 0.04 to 0.14 and from -0.09 to -0.23 for males and females. The EPQ-R included all the 90 items of the EPQ and additionally new items of the P scale, thus the test comprises 100 items, plus 6 items which measure Addiction and Criminality, i.e., 106 items.

As far as the mean scores of the dimensions of the main sample are concerned, males had statistically significant higher scores on the dimension of P than did females, $t(944) = 5.19$, $p < 0.0005$ (two-tailed). On the contrary, females had statistically significant higher scores on the other dimensions, E, N, L, $t(944) = 2.19$, $p < 0.03$, $t(944) = 7.19$, $p < 0.0005$, and t

(944)=2.61, $p<0.01$ (two-tailed), respectively. No statistically significant sex differences were found in mean scores on the other scales of the second sample except for the dimension of N, where females had higher scores than did males, $t(217)=4.31$, $p<0.0005$ (two-tailed). Skewness and Kurtosis values ranged from -0.96 to 0.97 , which establish the assumption of normality, with the exception of the dimension of P for the same sample (Francis, Lewis & Ziebertz., 2006).

The General Health Questionnaire:

The general health questionnaire consists of 28 items used to measure mental health status especially in detection of emotional disorders such as distress (Goldberg, 1978). Since Goldberg introduced the GHQ in 1978, it has been translated into 38 different languages, testament to the validity and reliability of the questionnaire. Reliability coefficients of the questionnaire have ranged from 0.78 to 0.95 in various studies. It has four versions based on the number of items; GHQ-60, GHQ-30, GHQ-28 and the shortest version GHQ-12. Each item is accompanied by four responses, typically being 'not at all', 'no more than usual', 'rather more than usual' and 'much more than usual'.

There are two recommended methods for scoring the GHQ. The first scoring method ranged from 0 to 3 respectively. The second scoring method used binary scoring method (with the two least symptomatic answers scoring 0 and the two most symptomatic answers scoring 1 – i.e. 0-0-1-1). The total possible score on GHQ-28 ranges from 0 to 84 and allows for means and distributions to be calculated, both for the global total, as well as for the four sub-scales (somatic symptoms, anxiety/insomnia, social dysfunction and severe depression) (Goldberg, Gater, Sartorius, Ustun, Piccinelli, Gureje & Rutter, 1997).

The Family Questionnaire:

The family questionnaire is a newly developed family assessment device designed to evaluate families' differences and similarities in different cultural areas of the globe in terms of family networks, family roles, and the psychological variables emotional bonds, family values, autonomous- related self, personal values and personality traits. The results indicated that these variables were found to be related to the eco-cultural dimensions of socio-economic status and dominant religion of countries. Some findings challenge certain stereotypes of families in different cultures, as well as some of the assumptions of modernization and globalization theories about family change in majority world countries. But most important, the focus on psychological variables related to the family, rather than structural aspects such as demographic studies of family type, e.g., one person, nuclear and extended family present a different perspective on how families differ and are similar across cultures.

The purpose of this questionnaire was to create an ethnographic and psychological atlas of families across cultures, extending the cultural variability by adding 20 to 25 countries from Africa, Central and South America, Middle East, East Asia, Oceania and Europe to the 27 countries of the original project in order to obtain a more representative sample of cultures throughout the globe (Georgas *et al.*, 2006).

Procedure:

Ethical approval for the study was obtained from the North-West University, Mafikeng Campus (appendix I) as well as other institutions where data was collected. After consent was obtained from the provincial office in the department of Social Development and the school authority, days of data collection were communicated to all institutions concerned. On these dates, learners and offenders who picked "yes" were invited to participate in the study. From 12h00-14h30, administration of the questionnaires took place during regular classes under the

supervision of the researcher and the two (2) teachers appointed by the school principal to assist. Questions were thoroughly explained by the researcher. Learners completed the questionnaires anonymously and without any discussion or interruptions of some sort. After completion of questionnaires, learners were thanked for their participation.

As far as the offenders are concerned, before they were invited for participation in the study, the manager of the centres screened the questionnaire to avoid harmful or court-case invading questions and no such questions were found. Data collection took four (4) days because of their limited concentration span, meaning that after two hours (approximately) had lapsed, the offenders started losing concentration. Each centre filled questionnaires for two (2) days. Administration of the questionnaires took place from 11h00-12h45 each day under the supervision of social workers from both centres and the researcher. Each question was explained and translated into Tswana language for those who couldn't read English. They also completed the questionnaires anonymously and no harm or incorporation was experienced by the researcher as anticipated. Both offenders and social workers were thanked for their cooperation and participation.

Results:

The study was anchored on three hypotheses: the first hypothesis stated that there will be a significant difference on family dynamics (parenting styles and emotional distance) and personality of offenders and non-offenders. The second hypothesis stated that offenders will significantly report poorer mental health than non-offenders. The third hypothesis stated that family dynamics (parenting styles and emotional distance) and personality will significantly predict poor mental health.

To test the first and second hypothesis, we used an independent t-test showing results of offenders and non-offenders on family dynamics, personality and mental health measured

with the General Health Questionnaire-28. Hypothesis 3 was tested using a hierarchical multiple regression and a correlational analysis to determine whether independent variables: family dynamics (parenting styles and emotional distance) and personality will significantly predict the dependent variable, mental health.

Table 1: sample characteristics of offender and non-offenders (N=147)

Demographic variables	No of respondents %	
	Offenders	Non-offenders
Sex		
Male	52 (35.3)	33 (22.4)
Female	7 (5.0)	55 (37.4)
Family Network		
How far do you live from:		
far away/nearby town		
Father	30 (51.0)	38 (43.0)
Mother	17 (29.0)	10 (11.4)
Siblings	10 (17.0)	26 (30)
Same town/neighbourhood		
Father	0 (0.0)	6 (7.0)
Mother	1 (1.7)	9 (10.2)
Siblings	5 (8.5)	13 (15.0)
Same house		
Father	29 (49.0)	44 (50)
Mother	41 (69.5)	69 (78.4)
Siblings	44 (75.0)	49 (56.0)
How often do you meet:		
Rarely/once or twice a year		
Father	23 (39.0)	29 (33.0)
Mother	17 (29.0)	7 (8.0)
Siblings	6 (10.0)	11 (13.2)
Once a month/every two weeks		
Father	3 (5.1)	13 (15.0)
Mother	3 (5.1)	3 (3.4)
Siblings	6 (10.0)	17 (19.3)
Daily/once or twice a week		
Father	33 (56.0)	45 (51.0)
Mother	39 (66.0)	78 (89.0)
Siblings	47 (80.0)	60 (68.2)

How often do you communicate by

telephone with:

Rarely/once or twice a year

Father	27 (46.0)	30 (34.1)
Mother	20 (34.0)	15 (17.0)
siblings	11 (19.0)	29 (33.0)

Once a month/every two weeks

Father	2 (3.4)	9 (10.2)
Mother	0 (0.0)	7 (8.0)
Sibling	7 (12.0)	12 (14.0)

Daily/once or twice a week

Mother	30 (51.0)	49 (56.0)
Father	39 (66.0)	66 (75.0)
Siblings	41 (69.0)	47 (53.0)

*X-bar= 15.9 years (SD= 1.8)

* Age Range= 12-18 years

Results are presented below. The first hypothesis stated that there will be a significant difference on family dynamics (parenting styles and emotional distance) and personality of offenders and non-offenders, while hypothesis 2 expected offenders to report poor mental health when compared to non-offenders.

Results on (table 2) below showed that there was a strong significance for Flexible, $t(145) = .93$, $p < .005$ with offenders scoring higher than non-offenders (X-bar 30.62 versus X-bar 29.77). GHQ-Depression, $t(145) = 3.88$, $p < .005$ with offenders scoring higher than non-offenders (X-bar 10.83 versus X-bar 7.77). Emotional distance from mother, $t(145) = -4.62$, $p < .0001$ with non-offenders scoring higher than offenders (X-bar 6.70 versus X-bar 5.25). (GHQ Anxiety), $t(145) = -1.22$, $p < .005$ with non-offenders scoring higher than offenders (X-bar 13.0 versus X-bar 12.25). GHQT, $t(145) = -1.23$, $p < .005$ with offenders reporting poorer mental health than non-offenders (X-bar 46.16 versus X-bar 44.46). These results partially confirmed the stated hypotheses one (1) and three (2).

Table 2: Independent T-Test showing means, standard deviations, degrees of freedom of offenders and non-offenders on family dynamics, personality and mental health measured with the General Health Questionnaire-28

Variables	Offenders			Non-offenders			P
	Mean	SD	df	Mean	SD	t	
Permissive	30.93	6.38	145	28.20	5.51	2.756	ns
Authoritarian	38.50	6.73	145	32.98	5.93	5.236	ns
Flexible	30.62	6.63	145	29.77	4.56	.926	.002*
Extraversion	15.74	1.80	145	16.69	1.90	-3.020	ns
Neuroticism	16.77	2.50	145	18.05	2.48	-3.045	ns
Psychoticism	17.08	2.66	145	17.48	1.29	-1.222	ns
GHQT	46.16	9.27	145	44.46	7.41	-1.233	.003*
GHQ-Somatic	12.77	3.24	145	11.20	3.39	2.805	ns
GHQ-Anx	12.25	4.24	145	13.01	3.25	-1.222	.004*
GHQ-SDys	12.30	3.40	145	12.47	2.64	-4.348	ns
GHQ-Dep	10.83	5.28	145	7.77	4.24	3.877	.001*
Emotional distance from mother	5.25	2.57	145	6.70	1.17	-4.625	.000***
Emotional distance from father	5.44	2.40	145	4.89	2.53	1.329	ns
Emotional distance from siblings	5.81	2.03	145	5.97	1.84	-.471	ns

*p<.005; **p<.01; ***p<.0001

GHQT- Mental health total

GHQ- Anx (GHQ- Anxiety)

GHQ-SDys (GHQ- Social Dysfunction)

GHQ- Dep (GHQ- Depression)

In addition, there were no significant results for parenting styles (permissive and authoritarian), emotional distance (from father and siblings), personality (extraversion, neuroticism and psychoticism) and two subscales of mental health- somatic complaints and social dysfunction.

Table 3: Correlational analyses of Predictors of mental health problems

The third hypothesis stated that family dynamics (parenting styles and emotional distance) and personality will significantly predict poor mental health. Results are presented below. First, a correlation of all variables was carried out (Table 3). The aim of this step was to help us establish which variables were significant for constructing result steps of hierarchical multiple regressions. Secondly, the method employed in these analyses was that family dynamics (parenting styles and emotional distance) and personality were expected to significantly predict poor mental health.

This variable was entered as requested by the rules of multiple regression and all other variables were hierarchically entered by step wise procedure. The results generated three models, (Table 4). According to Table 3, there was a correlation between family dynamics, personality and mental health.

Variables	1	2	3	4	5	6	7	M	SD
1. GHQT	-	.06	.02*	.12	.01**	.08	.31	45.1	8.22
2. Permissive		-	.00**	.01**	.01**	.23	.33	6.01	29.3
3. Authoritarian			-	.00*	.06	.01**	.04*	6.80	35.2
4. Flexible				-	.02*	.06	.03*	5.5	30.1
5. Extraversion					-	.06	.02*	2.0	16.3
6. Neuroticism						-	.04*	2.6	17.5
7. Psychoticism							-	2.0	17.3

Note: *p<0.05 **p< .01

The results of the analysis from the sample revealed that there was a significant positive correlation between personality factor, extraversion, $r(147) = .01, P < .01$ and parenting style factor, authoritarian, $r(147) = .02, P < .05$ with GHQ total. Following the rules of multiple regression analysis, the high correlations were then used to input data in the multiple regressions. Permissive was first entered in the model, followed by extraversion then neuroticism. The results generated 3 models, (Table 4).

Table 4: Summary of hierarchical multiple regression analysis for variables predicting mental health problems (N=147)

The third hypothesis expected that family dynamics and personality will predict poor mental health. Permissive did not independently predict mental health ($\beta = .076$). While extraversion ($\beta = -.212$) and neuroticism ($\beta = -.167$) independently significantly predicted mental health. According to Table 4, results showed that the three variables jointly influenced and predicted poor mental health ($R = .31$, $R^2 = .10$, $P < .05$). The variables (permissive, extraversion and neuroticism) explained 10% of the total variance on poor mental health. In addition, the Durbin-Watson result (2.003) showed that the assumption of independent error is met for this model.

Variable	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
Permissive	.172	.113	.126	.113	.112	.083	.104	.111	.076
Extraversion				-.996	.352	-.232***	-.909***	.350	-.212***
Neuroticism							-.53***	.258	-.167***
R		.126			.260*			.308*	
R ²		.016*			.068			.095**	
Change R ²		.016*			.052*			.027*	
F		2.332			8.026			4.318	

Note: * $p < .05$ ** $p < .01$ *** $p < .001$ (Durbin Watson= 2.003)

Discussion and conclusion

In summary, the study was anchored on three hypotheses and thereby (1) compared offenders and non-offenders on family dynamics (Parenting styles and emotional distance) and personality; (2) compared mental health report of offenders and non-offenders and (3) determined whether parenting styles, emotional distance and personality will predict mental health of offenders.

Results of the study indicated that there was a strong significance for Flexible, $t(145) = .93$, $p < .005$ with offenders scoring higher than non-offenders (X-bar 30.62 versus X-bar 29.77). GHQ-Depression, $t(145) = 3.88$, $p < .005$ with offenders scoring higher than non-offenders (X-bar 10.83 versus X-bar 7.77). Emotional distance from mother, $t(145) = -4.62$, $p < .0001$ with non-offenders scoring higher than offenders (X-bar 6.70 versus X-bar 5.25). (GHQ Anxiety), $t(145) = -1.22$, $p < .005$ with non-offenders scoring higher than offenders (X-bar 13.0 versus X-bar 12.25). GHQT, $t(145) = -1.23$, $p < .005$ with offenders reporting poorer mental health than non-offenders (X-bar 46.16 versus X-bar 44.46). These results partially confirmed the stated hypotheses one (1) and three (2).

The results of the analysis from the sample revealed that there was a significant positive correlation between personality factor, extraversion, $r(147) = .01$, $P < .01$) and parenting style factor, authoritarian, $r(147) = .02$, $P < .05$) with GHQ total. Following the rules of multiple regression analysis, the high correlations were then used to input data in the multiple regressions. Permissive was first entered in the model, followed by extraversion then neuroticism.

The third hypothesis expected that family dynamics and personality will predict poor mental health. Permissive did not independently predict mental health ($\beta = .076$). While extraversion ($\beta = -.212$) and neuroticism ($\beta = -.167$) independently significantly predicted mental health.

This study has shown through literature and different theories that poor parenting styles, emotional distance and personality have a negative impact on mental health of offenders. Such negative consequences need to be looked at through cognitively based interventions. Poor mental health may appear in different patterns or forms and that include severe depression, anxiety, somatic complaints and social dysfunction that can sometimes cause psychological problems in one's life, and behavioural problems (Krug *et al.*, 2002). It is also important to know that offenders and non-offenders differ in the ways that they are exposed to family dynamics, hence it is recommended that offenders should undergo a psychological evaluation regularly.

Results of hypothesis 2 showed that poor parenting styles, emotional distance and personality predicted a poor mental health report. The findings are in line with the results of Regoli *et al.*, (2011) and Krug *et al.*, (2002) who found that unsupervised adolescents are more vulnerable to delinquency than others. Moreover, when children are emotionally distant from either both parents or their care givers, this serves as lack of a supportive environment and has negative effects on the emotional well-being, mental health and development of the child's personality. Bezuidenhout and Joubert (2003) also found that in some South African households, mothers as primary care givers and emotional supporters, are usually absent due to work responsibilities and thereby forcing siblings to take over. These findings are supported by the results revealed in the demographics of this study (see Table 1) where 78% of non-offenders live in the same house with their mothers, while 75% of offenders live in the same house with their siblings instead of their parents. These parents do not get a chance to spend quality time with their children, to share their thoughts, giving them the necessary support, as well as supervising them closely (Bezuidenhout & Joubert, 2003).

Theoretically, the findings also support Bowen Murray's family system theory (Bowen, 1988), parenting style model (Baumrind, 1971), a developmental and ecological model of

antisocial, delinquent and gang behaviour (Patterson, DeBaryshe & Ramsey, 1989), Hans Eysenck's dimensions of personality (Eysenck, 1990b & Lucas & Fujita, 2000) where the theory stipulates that high level in one of the three personality dimensions, i.e., psychoticism, neuroticism and extraversion can predict a strong relationship with an offending behaviour (Eysenck & Gudjonsson, 1989).

The following conclusions are made in this study:

- Family dynamics and personality jointly predict poor mental health.
- Of these variables, only permissive, extraversion and neuroticism significantly predicted poor mental health outcomes.
- There was a significant difference between offenders and non-offenders with offenders scoring higher on mental health.

Limitations of the study include the language problem. Some of the respondents, especially the offenders' level of education made it difficult to understand the questions even after they'd been translated by the researcher.

Recommendations:

Recommendations made by the study are that:

- The family dynamics and personality traits should be considered as important elements in programmes aimed at enhancing optimal mental health of offenders as well as learners, not in South Africa only, but globally.
- Poor parenting methods fall within a population health mandate: most parents need to receive some level of assistance, education, and awareness to maximize their important role and reduce all forms of child negligence and emotional distance (Butchart, Phinney, Check, & Villaveces, 2004).

- It is also recommended that cognitively based intervention be developed and offered to young offenders with a variety of mental health problems in different settings of correctional homes as well as providing them with psychotropic medication, e.g., lithium carbonate used for aggression and tricyclic antidepressants: amitriptyline and fluoxetine.
- Parents are expected to practice authoritative parenting styles to curb delinquent behaviour.
- Rather than focusing on parenting styles, personality and mental health only, this perspective can also be seen as being bi-directional and takes into consideration the relative risk of harm to the child. However, reaction to emotional distance may differ in form or intensity in accordance with a child's age. Because of this variability and the relational context in which parental styles occur, it is deemed necessary to include parental styles pertaining to behaviour of parents and their potential impact on the child's personality and mental health.
- Future studies should also include more factors predicting mental health for more comprehensive findings, e.g., poverty.

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Declarations

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