EXPLORING PERPETRATOR TRAUMA AMONGST JUVENILE OFFENDERS INCARCERATED FOR VIOLENT CRIMES

by

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This research dissertation is submitted in accordance with the requirements for the degree of

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Declaration

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Abstract

Globally, extensive research has been conducted on psychological trauma. The main intention of this scientific enquiry was to provide insights into the explanatory and aetiological factors of such trauma, as well as provide measures of how to manage and treat it effectively. These scientific exercises within psychological trauma research have led to the development and recognising of posttraumatic stress disorder and acute stress disorder as official and diagnosable disorders. However, much of these research studies on psychological trauma and these trauma-related disorders have focused primarily on victims and witnesses of trauma, completely overlooking and neglecting offenders (perpetrators). Despite this, other scholars have sought to investigate whether perpetrators might experience psychological trauma and scarring from their actions. These scholars observed combat veterans and law enforcers who have committed murder or harmed others in their line of duty, as well as perpetrators of major atrocities such as holocausts and genocides. Their findings established and concluded that perpetrating violence is associated with various psychological consequences, particularly post-traumatic stress reactions. However, these scholars focused mainly on combat veterans, police officers, and perpetrators of mass atrocities, thus neglecting offenders, particularly juvenile offenders. In South Africa, juvenile offenders are largely at risk of violent offending due to various criminogenic risk factors predisposing them to violent offences. Both grey and empirical literature and government reports have established that juvenile offenders engage in more violent offences than any other offence category. Their involvement in these violent offences makes them more susceptible to developing perpetrator trauma, which might have deleterious and debilitating effects on their rehabilitation and reintegration, leading to cycles of violence and increasing their risk of re-offending. Therefore, this study set out to explore perpetrator trauma amongst juvenile offenders incarcerated for violent offences. The study was qualitative in nature, using

descriptive phenomenology to provide descriptive accounts of perpetrator trauma as experienced by the participants. The nature of the study was both descriptive and explorative, while a single case study design was utilised as a research design. The study used a two-phase sampling procedure, consisting of convenience sampling during the first phase and purposive sampling in the second phase. The first phase consisted of 60 participants who completed a perpetrator trauma symptomatology screening questionnaire developed by the researcher. Participants who reported that they experienced various perpetrator trauma symptoms were then selected for the data collection. The data were collected using semi-structured audio-recorded individual interviews with 10 participants. The data was analysed using Braun and Clarke's six-phase framework for thematic analysis using both deductive and inductive methods (Abduction analysis). The analysis generated a total of six themes and nine subthemes. The findings revealed that the offenders experienced multidimensional consequences from their actions. They experienced emotional and moral torments for transgressing legal, societal, spiritual, cultural, and familial rules and norms governing human interaction and functioning. They also experienced various symptoms related to or associated with their offences and victims, including reliving symptoms, psychotic symptoms, psychogenic amnesia of the offence and the victims, and experienced a persistent negative emotional state. They also engaged in reckless and self-destructive behaviours, avoidant behaviours, and significant behavioural changes could be noted in their behaviour. There were also offence-specific and individual contextual factors that negatively influenced their trauma sequelae, such as their age, motivation for the offence, others' responses to the offence, and the nature of the relationship with the victim. Incarceration also negatively influenced their trauma sequelae. Nonetheless, they reported various protective experiences, activities, and behaviours within the correctional centre and outside, which helped alleviate

their distress. Lastly, they conceptualised their trauma as spiritually induced by their victims' families to haunt them.

Keywords: Perpetrator trauma, posttraumatic stress disorder, trauma-related disorders, juvenile offenders, incarceration, correctional centre, South Africa

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Chapter 1

Introduction

1.1 Introduction

This chapter provides an overview of the research study by discussing factors that led to the development and interest in the study. The chapter will also discuss the course of action undertaken by the researcher to fulfil the research aim and objectives. Firstly, the chapter will open by discussing the background of the research topic, followed by the chapter providing the rationale and motivation for the study to substantiate the significance and relevance of this study. Following this, the chapter will outline the aims and objectives of the research study, including a brief discussion about the methodology utilised in this study. The chapter will also clarify the key concepts used in the study and conclude with an outline of the subsequent chapters.

1.2 Background of the study

Trauma research is a relatively widespread field, which has proliferated over the years due to the presence of, and exposure to violence and adverse events which brought about psychological suffering (Archer, 2017; Corsini, 2002; Dinisman & Moroz, 2017; Huemer et al., 2012; McBrearty, 2011; Monson et al., 2007; Sadock et al., 2015; Travis, 2009). Over the years, people globally have been exposed to genocides, wars, atrocities, mass killings, political violence, and holocausts, leaving many traumatised and psychologically scarred (Archer, 2017; Corsini, 2002; Sadock et al., 2015). This trauma has been so significant and severe that the American Psychiatric Association (APA) identified and recognised an explanatory diagnosis known as posttraumatic stress disorder (PTSD) in efforts to effectively manage, treat, and help individuals suffering from this disorder (APA, 2013, 2022; Sadock et al., 2015).

This diagnosis became effective in the 1980s after many combat veterans returning from the Vietnam war showed posttraumatic stress reactions (Crocq & Crocq, 2000; Huemer et al., 2012; MacNair, 2001, 2002a, 2015; Ray, 2008). Before the official concept of PTSD, concepts such as s*hell shock* and *combat neurosis* were used to explain the experiences of combat veterans following repeated exposure to violence during the wars (Crocq & Crocq, 2000; MacNair, 2001, 2002a, 2015; Ray, 2008). However, the APA expanded on these concepts to include victims during wars, sexual and physical assault victims, and witnesses of other adverse events (Ray, 2008; Sadock et al., 2015). Nonetheless, although the point of reference was the combat veterans, much of the research and the recognised disorders have focused on victims, completely neglecting and disregarding perpetrators and offenders or individuals who might be traumatised by their own violent actions (Archer, 2017; Dinisman & Moroz, 2017; McBrearty, 2011; Travis, 2009).

Scholars reviewing reports and longitudinal studies on combat veterans and perpetrators of mass murder, genocides, and holocausts found that most of these individuals experienced posttraumatic stress reactions following their perpetration of violence (Anderson, 2018; Karam, 2019; MacNair, 1999, 2001, 2002a, 2008, 2012; Mohamed, 2015; Morag, 2012; Travis, 2009; Tsutsui, 2009). Most combat veterans who reported experiencing severe posttraumatic stress reactions reported committing murder or being active participants in murdering others during the Vietnam war, asserting that their perpetration might have precipitated their symptoms (MacNair, 2001, 2015). In recent years, the question of whether causing an adverse event or perpetrating violence might lead to psychological scarring has been posed with various scholars attempting to generate both empirical and theoretical literature to understand and assess its probability. Scholars who sought to explore this phenomenon have identified that perpetrators might also experience trauma due to their own violent acts (Anderson, 2018; Glover, 1988; Gray et al., 2003; Grossman, 1995; Harry &

Resnick, 1986; Karam, 2019; MacNair, 1999, 2001, 2002a, 2007, 2015; McGlothlin, 2020; Mohamed, 2015; Morag, 2012; Robinson, 2018; Roldan-Sevillano, 2021; Ternes et al., 2020; Travis, 2009; Tsutsui, 2009) – establishing that exposure to one's violent acts causes psychological scarring and suffering and leads to a disruption to the individual's moral compass (Anderson, 2018; Karam, 2019; Litz et al., 2009; MacNair, 2001, 2002a, 2007, 2012, 2015; Mohamed, 2015; Molendijk et al., 2018; Morag, 2012; Robinson, 2018; Travis, 2009; Tsutsui, 2009).

While such findings have led to the concept of *perpetrator trauma,* the available literature, which will be discussed in the following chapter, has focused primarily on people who have perpetrated violence in their line of duty (Karam, 2019; MacNair, 2001, 2002b, 2007, 2012, 2015; Mohamed, 2015), with no focus on offenders, in particular juvenile offenders.

Mental health studies on the juvenile offender population established that approximately 6-19% of juvenile offenders tend to suffer from PTSD or trauma-related symptoms (Facer-Irwin et al., 2019; Gottfried & Christopher, 2017; Tsang, 2018; Wilson et al., 2013). However, in much of these findings, emphasis was placed on childhood adverse events and previous victimisation as possible causes for their trauma (Cauffman et al., 1998; Dutton, 1995; Farina et al., 2018; Wilson et al., 2013). The offenders' violent acts have been overlooked as an explanatory factor for the trauma, with minimal research (Gray et al., 2003; Harry & Resnick, 1986; Ternes et al., 2020) focusing on the offenders' violent offending as a possible cause for their trauma.

1.3 Rationale and motivation for the study

Exposure to violence and adverse events is significant in the development of trauma (Anderson, 2018; Archer, 2017; Corsini, 2002; Dinisman & Moroz, 2017; Huemer et al., 2012; Karam, 2019; MacNair, 2001, 2007, 2012, 2015; McBrearty, 2011; Mohamed, 2015;

Monson et al., 2007; Morag, 2012; Robinson, 2018; Sadock et al., 2015; Travis, 2009; Tsutsui, 2009). Research has proven that a significant number of young people tend to engage in violent behaviours in South Africa (Bezuidenhout, 2018; Clark, 2012; Jordaan & Hesselink, 2018; Souverein et al., 2016). This is evidenced by the increasing number of juveniles convicted and incarcerated for violent crimes from the late 1990s to date (Bezuidenhout, 2018; Clark, 2012; Hoosen et al., 2022; Souverein et al., 2016) and the increasing number of incidents involving violence in schools (Burton & Leoschut, 2013; Kutywayo, Frade et al., 2022; Kutywayo, Mabetha et al., 2022; Leoschut & Makota, 2016; Mncube & Madikizela-Madiya, 2014; Ncontsa & Shumba, 2013; Qwabe et al., 2022). Violent offending amongst young people is a risk and a reality. The South African Police Services (SAPS) estimate that approximately 43% of young people in South Africa are at risk of offending, with almost half of young people being at risk of having contact with the criminal justice system at least once in their lifetime (Booyens et al., 2018). Furthermore, statistics on convictions and nature of offences reveal that juvenile offenders are not only involved in petty crimes such as theft and shoplifting, but in fact, the bulk of their offences are of a violent nature such as murder, attempted murder, assault with intent to cause grievous bodily harm (GBH), theft, and robberies while confronting a victim (Booyens et al., 2018; Jules-Macquet, 2014; Ward et al., 2012). In the early 1990s, juvenile offenders were primarily engaged in economic offences. However, from the late 1990s to recently, there has been a spike in the number of violent offences, including murder, sexual offences, assault GBH, and aggravated robbery, with more juvenile offenders incarcerated and convicted for these offences (Booyens et al., 2018; Jules-Macquet, 2014; Ward et al., 2012). In 2010 and 2014, 50% of young offenders between the ages of 14 and 25, incarcerated in South African correctional centres, were incarcerated for violent offences (Jules-Macquet, 2014; Mlamla, 2021). Most recently, the spokesperson of the Judicial Inspectorate of Correctional Services

(JICS) raised concern over the large number of juvenile offenders in the correctional system, with 2058 sentenced juvenile offenders and 3724 juvenile offenders on remand between 2019 and 2020 (Judicial Inspectorate of Correctional Services, 2021; Mlamla, 2021). A year before that, there were 6120 juvenile offenders incarcerated in correctional centres, with the majority of them incarcerated for serious violent offences (Judicial Inspectorate of Correctional Services, 2021; Mlamla, 2021). Their involvement in these violent offences increases their risk of developing perpetrator trauma symptoms.

What makes young people more susceptible to developing perpetrator trauma symptoms is their increased risk of juvenile offending, as they are largely predisposed to these behaviours through exposure to volatile socioeconomic conditions, poverty, adverse childhood experiences (ACEs), and other criminogenic risk factors that fall within the individual, familial, and societal domain (Bhorat et al., 2017; Booyens et al., 2018; Clark, 2012; Jordaan & Hesselink, 2018, 2022; Roestenburg & Oliphant, 2012; Simmons et al., 2019; Souverein et al., 2016; Van der Merwe et al., 2012; Ward, 2007; Ward et al., 2012; Wolff et al., 2020). Violent juvenile offenders are primarily at risk of causing trauma to others. However, they are also at an increased risk of developing perpetrator trauma symptoms themselves. Other factors increasing their risk of offending are their age, immature neuropsychological functions, use of substances, peer influences and gang affiliations (Baglivio et al., 2020; Booyens et al., 2018; Cox et al., 2018; Pyle et al., 2020; Roestenburg & Oliphant, 2012; Souverein et al., 2016). These factors might lead them to engage in violent acts without fully comprehending the consequences of their actions, or they might act without full intention only to realise the implications of their actions at a later stage. Thereby precipitating and perpetuating their perpetrator trauma symptoms.

Evidently, perpetrator trauma exists. However, the development, manifestation, and impact of perpetrator trauma amongst the offender population remain a mystery. The

uniqueness of the offender population in their motivation to carry out violent offences and the different circumstances in which such violent events and incidents are carried out might differ from those of combat veterans, police officers, soldiers, or perpetrators of holocausts and genocides whose traumatic experiences were largely explored. Therefore, this warrants a different approach and further proves the importance of exploring perpetrator trauma amongst juvenile offenders.

Furthermore, the study of perpetrator trauma amongst juvenile offenders is important for clinical practice and empirical, rehabilitation, and reintegration purposes. The presence of perpetrator trauma amongst violent juvenile offenders poses a threat to their process of rehabilitation and, if not addressed, might lead to substance abuse, increased risk of re-offending (Morgan et al., 2012), and lead to vicious cycles of violence, particularly against significant others (Dutton, 1995). Mohamed (2015) argued that once offenders return to society without addressing their trauma, such trauma becomes more than a personal experience and negatively affects their larger environment through aggressiveness and violence directed toward others. Moreover, exploring perpetrator trauma will aid in distinguishing between such trauma and PTSD. It could also influence the therapeutic processes to address perpetrator trauma and contribute towards debates around making perpetrator trauma a recognised and diagnosable disorder.

1.4 Research aims and objectives

Despite extensive literature indicating that violent perpetration might lead to psychic suffering and scarring (Anderson, 2018; Glover, 1988; Gray et al., 2003; Grossman, 1995; Harry & Resnick, 1986; Karam, 2019; MacNair, 1999, 2001, 2007, 2015; McGlothlin, 2020; Mohamed, 2015; Morag, 2012; Robinson, 2018; Roldan-Sevillano, 2021; Ternes et al., 2020; Travis, 2009; Tsutsui, 2009), this exploration on offenders, specifically juvenile offenders, is

relatively scant. Therefore, this study aims to explore and describe perpetrator trauma amongst violent juvenile offenders. The following objectives were the specific focus of the study:

i) To explore and describe the presence of perpetrator trauma amongst violent juvenile offenders.

ii) To explore and describe the development of perpetrator trauma symptomatology amongst violent juvenile offenders.

iii) To explore and describe how perpetrator trauma affects the juvenile offender's daily living.

1.5 Overview of the research methodology

This study was qualitative in nature (Walliman, 2011), and the researcher used a descriptive phenomenological approach (Lopez & Willis, 2004). Using a descriptive phenomenological approach aided in providing a detailed concrete description of perpetrator trauma as the participants experienced it. The nature of the study was both descriptive and explorative, while a single case study design was utilised as a research design (Baxter & Jack, 2008). A two-phase sampling procedure was utilised, with the first phase characterised by convenience sampling (Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016; Terre Blanche et al., 2006). Purposive sampling (Kumar, 2011; Terre Blanche et al., 2006) was utilised in the second phase. Initially, the researcher had proposed and planned to use a one-phase sampling procedure utilising purposive sampling with the help of the correctional centre's psychologist and social worker in screening and identifying juvenile offenders who exhibit symptoms congruent with perpetrator trauma. However, due to limited human resources in the correctional centre, the researcher opted to screen and identify participants through a two-phase sampling method. The first sampling process, characterised by convenience sampling, was aimed at recruiting any juvenile offender available during the

researcher's visit at either Grootvlei Correctional Centre, Johannesburg Correctional Centre, and/or Boksburg Correctional Centre with the researcher aiming at a maximum of 250 juvenile offenders. To aid in the recruitment process and ensure that recruited offenders exhibit symptoms consistent with perpetrator trauma, the researcher developed an easy-to-read perpetrator trauma symptomatology screening questionnaire based on existing literature on perpetrator trauma symptomatology. During the first sampling phase, 60 juvenile offenders from Grootvlei Correctional Centre and Boksburg Correctional Centre were recruited. These offenders completed the screening questionnaire. After that, phase two was initiated, where offenders who reported that they experienced symptoms consistent with perpetrator trauma were recruited and identified as possible participants. A total of 14 juvenile offenders were recruited during the second sampling procedure. However, the qualitative data was collected from only 10 participants. The other four reported their trauma resulting from victimisation and childhood adverse events. During the data collection phase, semi-structured individual interviews were utilised to collect data (Denzin & Lincoln, 2018; Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016; Walliman, 2011). The data was analysed using Braun and Clarke's six-phase framework for thematic analysis (Braun & Clarke, 2006; Maguire & Delahunt, 2017).

1.6 Clarification of items

1.6.1. Perpetrator trauma

Perpetrator trauma is a concept Saira Mohamed introduced in 2015 in her book *Of monsters and men: Perpetrator trauma and mass atrocity.* Perpetrator trauma refers to the psychological response experienced by perpetrators following their own violent offending (Mohamed, 2015). This psychological response is characterised by hallucinations, disorientation, unexplained bodily ailment, autonomic responses, memory lapses, flashbacks,

nightmares, hypervigilance, anger outbursts, and personality changes (Chung et al., 2016; Karam, 2019; MacNair, 1999, 2001, 2002a, 2002b, 2002c, 2008, 2015; McGlothlin, 2020; Mohamed, 2015; Roldan-Sevillano, 2021). Rachel MacNair first researched the experience in the early 2000s. She introduced the term Perpetration-Induced Traumatic Stress (PITS), synonymous with perpetrator trauma. MacNair explored the psychological consequences of killing and found that perpetrators, mainly combat veterans, who killed during the war experienced stress-reaction symptoms induced by their perpetration (MacNair, 2001, 2002a, 2002b, 2002c, 2007, 2015). Over the years, the view of one's violent offending as a possible cause for trauma development has evolved beyond combat veterans to include police officers, animal slaughterers, abortionists, and people who perpetrated mass murder, genocides, and holocausts (Anderson, 2018; Karam, 2019; MacNair, 2012; Mohamed, 2015; Morag, 2012; Travis, 2009; Tsutsui, 2009), concluding that perpetrating violence or causing trauma might cause psychological scarring on the perpetrators as well (Mohamed, 2015) and might be as traumatic as being a victim (Robinson, 2018). However, it is important to note that although empirical evidence supports perpetrator trauma, it is not yet a recognised or diagnosable disorder.

1.6.2. Juvenile offenders

There is no universally accepted definition of juvenile offenders. Different countries and possibly different studies classify and define juvenile offenders differently. Many studies refer to juvenile offenders as children and adolescents below the age of 18, and they use juvenile offenders as a term synonymous with child offenders or juvenile delinquents (Baglivio et al., 2015; Hartwell et al., 2010; Lambie & Randell, 2013; Mowder et al., 2010; Richards, 2011; Welner et al., 2022). At an international level, Cameroon, Brazil, Bhutan, Iraq, Panama, Philippines, Vietnam, and Zimbabwe are a few countries that refer to juvenile offenders as individuals under 18 (Korff, 2010). While Sri Lanka, Myanmar, Korea, and

Honduras extend to 22, 19, 19, and 21 years old, respectively (Korff, 2010). However, in South Africa, the term juvenile offender is used as a classification within the Department of Correctional Services (DCS) that refers to an individual on remand or convicted and incarcerated within a South African correctional centre, aged between 18 and 20 (Department of Correctional Services [DCS], 2019, p. 48). The DCS does not use the term interchangeably with child offenders, who are children and adolescents below the age of 18. Neither does the DCS use the term interchangeably with juvenile delinquents. The term juvenile delinquent is an outdated term previously used to refer to children and adolescents who have transgressed the law and committed an offence. It is a term that various scholars have argued to have a labelling effect. Scholars have argued that young people labelled as juvenile delinquents might identify with the term leading to more delinquent behaviours or acts (Peacock, 2008; Williams & McShane, 2013). The Child Justice Act 75 of 2008, which is the guiding document on dealing with children and adolescents in contact with the criminal justice system have adopted the term "Children/Youth in conflict with the law" which is a term that is non-labelling and encourages young people to fully engage in rehabilitative programmes. Therefore, this study will use the definition of the DCS. However, it will also use the term *young people/youth* to refer to individuals within this age group and will use youth in conflict with the law interchangeably with juvenile offenders.

1.6.3 Moral injury

Moral injury is a term commonly used in military-based studies and literature. Moral injury refers to the lasting psychological, emotional, and cognitive harm caused by transgressing one's moral values and beliefs (Griffin et al., 2019; Koenig & Al Zaben, 2021; Litz et al., 2009; Nash & Litz., 2013; Williamson et al., 2021; Zerach & Levi-Belz, 2018). According to Zerach and Levi-Belz (2018, p. 1527), moral injury is a construct that "phenomenologically represents a particular trauma-related syndrome with biological,

psychological, spiritual, behavioural, and interpersonal components." This injury might be caused by the commission, omission, or witnessing of an act that is morally injurious or conflicts with one's deeply held moral beliefs and values. According to Griffin et al. (2019), Litz et al. (2009), and Papazoglou et al. (2020), moral injury is a response to what one might deem as morally injurious events that, in their nature, shatters one's existing moral and ethical schemas and these schemas are rooted in religion, spirituality, culture, organisations or group-based rules and norms about fairness, justice, the value of life, and many others. Therefore, the predisposing factor is the transgression of beliefs, values, and expectations that one holds dear. Furthermore, it is important to note that potentially morally injurious events (PMIEs) are self-defined and differ from person to person (Maguen et al., 2020). Thus, what might constitute a morally injurious event to one individual, might not be true for the other. Nonetheless, PMIEs in the context of moral injury fall within two categories: betrayal-based events, where others violate one's moral beliefs and perpetration-based events, where one transgresses or violates their own moral beliefs and values (Griffin et al., 2019; Koenig & Al Zaben, 2021; Litz et al., 2009; Maguen et al., 2020; Nash & Litz., 2013; Williamson, 2021; Zerach & Levi-Belz, 2018).

Moral injury shares many characteristics with perpetrator trauma and might have similar symptom sequelae. However, in studies of moral injury and PTSD, it has been argued that moral injury leads to PSTD in veterans and people in law enforcement (Maguen et al., 2020; Papazoglou et al., 2020). Furthermore, moral injury differs from perpetrator trauma in that moral injury is a broader term not only limited to carrying out a violent act but can also include failing to act morally or witnessing an immoral act. Moral injury's basic premise is the harm done to one's moral schema. Due to the extensive empirical research conducted in the field of moral injury, including the conceptual model of moral injury, moral injury as a key terminology will be used to expand and compliment the arguments made in perpetrator

trauma studies and the arguments made by the researcher. The conceptual model of moral injury will also be used as the main theoretical framework the study is founded on.

1.6.4 Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is a diagnosable disorder tabled in the Diagnostic Statistical Manual of Mental Disorders (fifth edition-text revision - DSM-5-TR) and the international classification of diseases (eleventh edition - ICD-11). PTSD is a psychiatric disorder that develops following the exposure or witnessing of a traumatic event and is characterised by intrusive symptoms, avoidance, negative alteration in cognitions and mood, and alterations in arousal and reactivity (APA, 2013, 2022; Sadock et al., 2015). Although perpetrator trauma shares symptomatology similarities with PTSD, they are distinct in their aetiological factors, with PTSD emphasising direct victims of traumatic events or witnesses of such events, while perpetrator trauma is caused by perpetrating a violent act or causing harm to others. Although there are differences between perpetrator trauma and PTSD, PTSD as a well-researched, official, and diagnosable disorder has contributed to the better understanding of perpetrator trauma. Therefore, the researcher will use PTSD as a key concept in the literature review to create a better understanding of the historical overview of trauma development and development of perpetrator trauma.

1.6.5 Correctional Centre

A correctional centre or facility is an area of confinement where convicted offenders and offenders awaiting trial are confined and detained under the responsibility of the DCS. Before the late 1990s, correctional centres were referred to as *prisons*. However, the prison system was demilitarised in South Africa in the late 1990s with the introduction of rehabilitation, as opposed to punishment, as the main purpose and function of correctional centres (Dissel, 2002). This came following the introduction of the Correctional Services Act 111 of 1998. To

embody the changes and the requirements outlined in the 1998 Correctional Services Act and 1996 Constitution, the Department of Correctional Services advanced the 1994 White Paper on Correctional Services, introducing the White Paper on Corrections, adopted in February 2005. The White Paper on Corrections is the guiding document in working with offenders in ensuring that the correct terminology and guidelines of the Correctional Services Act and the Constitution are adhered to.

1.7 Overview of the chapters

This dissertation comprises five chapters. Chapter 1, the introductory chapter, focused on providing the background, rationale, and motivation of the study. It also clarified the concepts, aims, objectives, and research methodology of the study. Chapter 2 reviews the empirical and theoretical literature on both violent juvenile offending and perpetrator trauma. Chapter 3 explores the research methodology and the philosophical underpinnings of the study. The results of the study are reported on and discussed in Chapter 4, while Chapter 5 consists of the summary of the findings, reflections, limitations, and recommendations for future research and practice, and the conclusion.

Chapter 2

Literature Review

2.1 Introduction

The purpose of this chapter is to conceptualise and provide a comprehensive overview of the debates, research findings, and theoretical frameworks of the phenomenon under study, namely perpetrator trauma. The chapter is divided into three sections covering various aspects of the study. The first section explores the phenomenon of perpetrator trauma by providing an exposition of the historical context and background of perpetrator trauma as well as the clinical picture, effects, and prevalence thereof on a global scale. The second section focuses on violent juvenile offending within a South African context. This section will further explain the importance of studying perpetrator trauma amongst juvenile offenders by referring to the current trends, scope, nature, and risk factors of juvenile offending. The third and last section will focus on the theoretical grounding of the study.

2.2 Perpetrator trauma

This section aims to contextualise perpetrator trauma, providing a descriptive picture of its historical overview, specifically, the development of trauma and the concept of perpetrator trauma as it relates to combat veterans and beyond. This section will also discuss the relationship between perpetrator trauma and posttraumatic stress disorder (PTSD), followed by exploring the symptomatology of perpetrator trauma. The section will conclude with the effects and prevalence of perpetrator trauma on a global scale. Therefore, this section aims to embody the current body of knowledge and literature about perpetrator trauma and sensitise the reader to this phenomenon.

2.2.1 The historical context of Perpetrator Trauma

2.2.1.1 The development of trauma

The world history of violence, wars, apartheid, holocausts, and genocides has led to the development of the concept of *trauma* (Karam, 2019; MacNair, 2002a; Tsutsui, 2009). These various acts of violence, which encompass human history, have led to immense psychological consequences and lasting emotional harm leading to the proliferation of literature in this field (Archer, 2017; Dinisman & Moroz, 2017; McBrearty, 2011; Travis, 2009). To recognise this psychic suffering, various scholars studied and developed the concept of *trauma* to capture the unique psychological experiences that followed these violent acts. According to Corsini (2002), trauma is defined as an emotional response to an adverse event that causes significant distress and exceeds the individual's ability to cope with and integrate the feelings involved. Middleton and colleagues (2017) describe trauma as "a potentially irreparable injury to the person's psyche" (p. 1), purporting that acts of violence might cause irreversible and irreparable damage (Middleton et al., 2017; Rachakonda et al., 2018) to the psychological makeup of its sufferers.

Scholars worldwide have conducted extensive research in this field to examine and understand this kind of damage. However, an enormous amount of trauma studies has solely focused on victims of violence, with trauma argued to be an experience primarily belonging to victims (Mohamed, 2015; Morag, 2012; Robinson, 2018). Trauma and victimhood have always been deemed synonymous. As a result, it was, and still is, considered unimaginable how an offender or perpetrator might experience psychological scarring when inflicting violence and pain on others (Karam, 2019; Mohamed, 2015; Morag, 2012). Scholars in trauma research actively argued that people who, whether deliberate or not, inflict harm on others could never be psychologically scarred by their actions (MacNair, 2008; Mohamed, 2015). Instead, only victims can experience this psychological response (Mohamed, 2015).

This belief emanates from the notion that perpetrators of violence are *monsters* (Anderson, 2018, p. 99; Mohamed, 2015, p. 1161) and too callous to experience any psychological consequences from their violent acts (Vice, 2014). This notion was further enforced by the exclusion of perpetration as a possible cause for trauma development, particularly posttraumatic stress disorder (MacNair, 2001, 2002a, 2015).

In the early 1980s, the American Psychiatric Association (APA) adopted posttraumatic stress disorder (PTSD) as an official, recognised, and diagnosable disorder and as an explanatory factor for the psychological scarring caused by exposure to an adverse event (MacNair, 2001, 2002a, 2015; Mohamed, 2015; Sadock et al., 2015). PTSD emerges as a result of any of the following four occasions: directly experiencing a traumatic event, witnessing a traumatic event, repeated and extreme exposure to traumatic events, and learning that a traumatic event has befallen a loved one (APA, 2013, 2022; Sadock et al., 2015). This includes various events that might be deemed traumatic and outside the realm of ordinary experiences, such as accidents, wars, natural disasters, physical and sexual assaults, and many others (Sadock et al., 2015). A diagnosis of PTSD is warranted when: a) an individual is exposed to an adverse event, b) the individual experiences one or more intrusive symptoms such as nightmares, flashbacks, and/or dissociative reactions, c) the individual experiences persistent avoidance evidenced by either avoiding memories, thoughts, and feelings or by avoiding things that could serve as a reminder of the traumatic event, d) the individual also experience two or more of negative alterations to their cognitions, mood, arousal, and reactivity concerning the traumatic event, and e) these symptoms persist for over a month (APA, 2013, 2022; Sadock et al., 2015). If the individual experiences the symptoms mentioned above within a month of having experienced the traumatic event, they meet the diagnostic criteria for acute stress disorder (APA, 2013, 2022; Sadock et al., 2015). PTSD and acute stress disorder are the only two disorders that account for the suffering experienced

by people exposed to a traumatic event; however, in both disorders, perpetration and offending are not regarded as possible causes for their development (MacNair, 2001, 2015).

2.2.1.2 Perpetrator trauma amongst combat veterans

Despite excluding offending or perpetration as a possible cause for trauma development, it was established that combat veterans who killed during war presented with some psychological reactions, especially post-war (MacNair, 2001). Before PTSD was coined, terminology such as shell shock, soldier's heart, and battle fatigue were used to describe the stress-reaction symptoms that combat veterans were experiencing during and after combat (MacNair, 2001, 2008). In 1983, the American government attempted to study the post-war adjustment of Vietnam veterans and included 1638 combat veterans as participants (MacNair, 2002a, 2015; Solomon et al., 1994). The study revealed that approximately half of the male and female participants had experienced stress-reaction symptoms that were clinically significant (MacNair, 2002a, 2002b, 2002c, 2015; Solomon et al., 1994). Participants who revealed that they killed during the war reported very intense symptoms, such as more intrusive thoughts, prominent nightmares, flashbacks, severe temper, and violent outbursts compared to those who said they had not killed (MacNair, 2002a, 2002b, 2008, 2015). Similarly, a study conducted amongst Israeli combat veterans also corroborated the findings and conclusions of the National Vietnam Veterans Readjustment Study (NVVRS) (Solomon et al., 1994). This study established that many Israeli combat veterans who experienced post-war traumatic stress reactions did not experience these reactions solely from exposure to life-threatening events. However, their symptom sequalae were largely due to their active participation in killing or causing harm during the war (Levi-Belz & Zerach, 2018; Solomon et al., 1994; Zerach & Levi-Belz, 2018).

Maguen et al. (2010) also studied the mental health of soldiers who were returning from Operation Iraqi Freedom. They found that 40% of the soldiers reported having killed or been

responsible for killing during the operation (Maguen et al., 2010). The functioning of the soldiers who killed was said to be significantly impaired, with severe PTSD symptoms, alcohol abuse, anger, and interpersonal difficulties (Maguen et al., 2010). Seal et al. (2009) conducted a longitudinal study on 289 238 soldiers deployed to Operation Iraqi Freedom (in Iraq) and Operation Enduring Freedom (in Afghanistan) and found that 36.9% of the veterans had a clinical diagnosis, with 21.8% diagnosed with PTSD and 17.4% of the veterans had clinical depression. Alcohol and drug abuse were also prevalent, and the prevalence increased as the study progressed (Seal et al., 2009).

In his book called the *Act of Killing*, Grossman (1995) studied combat veterans in-depth and provided an exposition of the clinical picture of perpetrator trauma as directly observed by the veterans. He reported that psychiatric casualties were among the key reasons veterans were excused from military service. These psychiatric casualties operated on a trajectory/spectrum, and most veterans who were directly involved in the killing or harming of others during their deployment in the war developed more severe symptoms characterised by personality changes, confusional, and anxiety states (Grossman, 1995). The earliest symptoms mainly observed were fatigue cases, which was a state of both mental and physical exhaustion. Soldiers were becoming increasingly withdrawn and overly irritable. They also lost interest in previously pleasurable activities and avoided activities that required a sustained mental effort. Most soldiers became overly prone to crying and experienced extreme anxiety and terror. Somatic symptoms were also present, including panic-like symptoms and hypersensitivity to sound. As time progressed, this fatigue quickly switched to confusional states characterised by psychotic dissociation from reality (Grossman, 1995). Symptoms during the confusional states included delirium and manic-depressive labile mood, and the degree of severity ranged from merely neurotic to overtly psychotic. After confusional states, soldiers experienced conversion hysteria, and this occurred during combat

or post-traumatically. Conversion hysteria is characterised by aimlessly wandering in one's environment and having partial or full amnesia. It is also characterised by convulsive attacks and violent tremors. After conversion hysteria, soldiers often experienced anxiety states where feelings of weariness and tenseness were predominant (Grossman, 1995). This weariness and tenseness could not be relieved by either resting or sleeping, and it degenerated into an inability to concentrate. Initial, intermittent, and terminal insomnia were also prevalent amongst the soldiers. They could not fall asleep, and when they slept, they were often awakened by terrible and vivid nightmares related to their victims or violent acts. As part of the anxiety states, soldiers experienced autonomic responses (e.g., palpitations or racing heart rates, weakness, pain, blurred vision, giddiness, vasomotor abnormalities, and fainting). Emotional hypertension accompanied by sweating and nervousness was also widely reported amongst the veterans. Personality disorders, including obsessional traits, schizoid and paranoid trends accompanied by irascibility, periodic rages, depression, and anxiety, were observed mainly amongst the soldiers (Grossman, 1995). Grossman's observation and account of the veterans' symptoms laid a foundation for the current understanding of perpetrator trauma symptomatology and has helped understand its trajectory.

2.2.1.3 Perpetrator trauma beyond combat veterans

In 2002, Rachel MacNair became the first trauma researcher to document the psychological consequences of killing and introduced the term Perpetration-Induced Stress Disorder (PITS) (MacNair, 2002a, 2002b, 2002c), a term synonymous with perpetrator trauma. However, MacNair and many others have primarily focused on combat veterans. Nonetheless, apart from combat veterans, perpetrator trauma was also observed amongst various individuals who perpetrated severe acts of violence and atrocities. There is empirical literature and evidence of perpetrator trauma among people who carried out mass killings, genocides, executions, abortions, animal slaughter, and torture (Dillard, 2008; Rohlf &

Bennett, 2005). Perpetrator trauma was also observed among gang members (Kerig et al., 2016; Robinson, 2018), police officers who killed in their line of duty (Komarovskaya et al., 2011), as well as perpetrators of holocausts during the Nazi era (MacNair, 2001; Vice, 2014).

Scholars who studied the mass killings and holocausts perpetrated by the Nazi party found that those actively involved in the atrocities experienced psychological consequences from their participation, which Vice (2014) termed psychological collapse. MacNair (2001) and Vice (2014) further revealed that the gas chambers were created to combat the significant psychological difficulties experienced by the murder squads when they executed mass shootings. These impersonal methods of killing, such as the gas chambers, aimed to provide distance between the victims and the executioners to minimise the psychological reactions previously experienced by the murder squads after the mass shootings (MacNair, 2001; Vice, 2014). Many of the Einsatzkommandos, a sub-group of the Einsatzgruppen (the Nazi killing squad), was reported to have had several consistent nervous breakdowns from their participation in the holocausts and the mass killings (MacNair, 2001; Vice, 2014). They also used alcohol to cope with their actions, while many others died by suicide (MacNair, 2001). From perpetrating the mass killings and holocausts, the Einsatzkommandos experienced psychological scarring, thereby experiencing traumatic stress reaction symptoms consistent with perpetrator trauma (MacNair, 2001; Vice, 2014).

A study conducted among police officers who either killed or caused serious injury to another in their line of duty reported that they experienced symptoms congruent to those of PTSD, concluding that their perpetration might contribute to their traumatic sequelae (Komarovskaya et al., 2011). Another study explored the psychological functioning of abortion nurses who carried out multiple abortions (MacNair, 2008; Such-Baer, 1974). This study revealed that the abortion nurses experienced vivid nightmares characterised by themes around blood and foetuses. They also experienced anger and depression, amongst other

symptoms. This symptom complex was referred to as *transient reactive disorder*, a concept similar to *combat fatigue* (MacNair, 2008; Such-Baer, 1974).

Furthermore, Robinson (2018) explored the concept of perpetrator trauma amongst gang members and reported a reciprocal relationship between gang membership and trauma. It was argued that childhood trauma heightened the rate of gang membership, while gang membership heightened the rate of perpetrator trauma (Kerig et al., 2016; Robinson, 2018). Kerig and colleagues (2016) established that violent perpetration amongst youth gang members is associated with developing PTSD-like symptoms such as dissociation and emotional numbing. Therefore, it is evident from these studies that killing or perpetrating violent acts against others has lasting psychological effects on the perpetrators. Perpetration of violence against others can precipitate a severe psychological response.

2.2.2 Relationship between PTSD and Perpetrator trauma and the accumulation of trauma

Chung et al. (2016) conducted a study that explored the relationship between PTSD from past trauma and perpetrator trauma. They established that offenders with a history of PTSD from previous traumas were most likely to experience trauma symptoms following the perpetration of a violent offence (Chung et al., 2016). Therefore, exposure to childhood or past traumas that resulted in trauma-related symptoms or a diagnosis of PTSD significantly impacts the development of perpetrator trauma (Chung et al., 2016; Im et al., 2016). Chung et al. (2016) further argued that offenders with a history of past trauma or who experienced trauma-related symptoms consistent with PTSD at any point in their lives were at a higher risk of developing severe symptoms of perpetrator trauma than those who never experienced trauma symptoms. Therefore, the development, presentation, severity, and duration of perpetrator trauma might be influenced or compounded by earlier trauma (Chung et al., 2016). While this might be true, of equal importance and a similar mechanism is the accumulation of trauma from the commission of multiple violent acts (MacNair, 2001;

Morag, 2012). It was established that perpetrators who committed multiple violent acts are at a higher risk of developing severe forms of perpetrator trauma, resulting in severe functioning impairments, personality changes, and negative outcomes (Chung et al., 2016; MacNair, 2001; Morag, 2012). Therefore, it might be argued that perpetrator trauma or severe forms of perpetrator trauma might be prominent amongst chronic violent offenders or offenders with multiple violent offences or a history of multiple violent offences.

With respect to diagnosis, perpetrator trauma is not a recognised and diagnosable disorder, and offending is not a possible cause for PTSD development. Therefore, offenders who experience traumatic stress reactions due to their violent offending do not meet the diagnostic criteria for PTSD; consequently, they are left untreated (Chung et al., 2016). According to Chung et al. (2016), offenders who show trauma symptoms due to their violent offences should be considered for a diagnosis of partial or subsyndromal PTSD. Subsyndromal PTSD is when individuals experience clinically significant posttraumatic stress reactions, psychological distress, or functional impairment; however, they fail to exceed the PTSD diagnostic threshold, in this case, due to Criterion A (Chung et al., 2016). Therefore, diagnosing offenders who experience traumatic stress reactions with subsyndromal PTSD will allow them to receive appropriate care and treatment, thereby leading to successful rehabilitation and reintegration into society (Chung et al., 2016).

2.2.3 The clinical picture of perpetrator trauma

Many scholars have attempted to provide a comprehensive picture of the symptoms of perpetrator trauma (Chung et al., 2016; Karam, 2019; MacNair, 2001, 2002b, 2008, 2015; Mohamed, 2015; Morag, 2012; Vice, 2014). Although they noted similarities between perpetrator trauma and PTSD symptomatology, they also found differences in their presentation (Karam, 2019). The following symptomatology has been observed and reported

in the perpetrator trauma literature. Vivid nightmares, flashbacks, intrusive thoughts, and memories (Chung et al., 2016; MacNair, 2001) were reported mainly among individuals who said they had killed or caused serious injury to others. Many of the killing squads were reported to often dream about their victims and often relived their violent acts as though they were re-occurring (MacNair, 2001). MacNair (2008) reported that many individuals suffering from perpetration-induced trauma experienced nightmares that mimicked videotapes, where they replayed their violent acts in dreams. Rachakonda and colleagues (2018) reported that approximately 52% of the Vietnam veterans diagnosed with PTSD experienced violent re-enactment of the events that took place during their time in combat.

MacNair (2008) further established that combat veterans and abortion nurses who were suffering from this kind of trauma experienced different dream motifs, addressing two of the most prominent dream motifs, namely, dreams where one is being accused by the people or person one has killed, and the other dream motif is becoming the victim of the violent act that one has perpetrated. With the first dream motif, the individuals reported being confronted by their victims in their dreams, where the victims sought answers from them. The victim(s) reportedly accused the individuals of killing them and demanded to know why the individual killed them. In the second dream motif, the individual dreams of him/herself as being the victim of the very act that s/he perpetrated (MacNair, 2008). Additionally, individuals suffering from this kind of trauma also reported experiencing a series of psychotic symptoms characterised by a flat/blunt affect, thought disturbances, visual and auditory hallucinations, and delusions with the content of the hallucinations and delusions related to the act and/or the victim(s) (Chung et al., 2016; Karam, 2019; MacNair, 2001, 2002a, 2015; Mohamed, 2015; Morag, 2012).

Individuals who experience intrusive and involuntary symptoms such as nightmares and flashbacks, as well as positive psychotic symptoms characterised by hallucinations and

delusions about the violent act or the victims, might experience accompanying somatic and autonomic reactions (e.g., panic-like symptoms) and bodily ailments (e.g., palpitations, tenseness, violent tremors, hyperventilation, sweating, weakness or dizziness, headaches, stomach pains, and nausea) (Chung et al., 2016; Grossman, 1995; MacNair, 2001). These somatic or autonomic reactions might occur before, concurrently, or after the nightmares, flashbacks, hallucinations, and/or delusions. The intrusive symptoms, hallucinations, and delusions might also be accompanied by disturbances in sleep patterns, extreme fear and terror, as well as violent screams and cries (MacNair, 2001, 2002a, 2008, 2015).

A sense of disorientation (dissociation) is a distinct feature of perpetrator trauma. This disorientation is reported to either occur during or after the violent act, where the actor/person who perpetrated the violent act experiences parts of self as unreal (depersonalisation) or experience parts of the world or the event as unreal (derealisation) (MacNair, 2001). Another feature of perpetrator trauma is amnesia, either partial or full amnesia related to the violent act (Chung et al., 2016). The offender might involuntarily forget essential aspects and details of the offence, including the victims (Chung et al., 2016). In their in-depth qualitative inquiry of amnesia among young violent offenders, Evans et al. (2009) found that 19% of their participants reported partial amnesia, while only 1% of the sample reported full amnesia of the offence. They further purported that offence-related amnesia is often associated with high alcohol intake, emotional ties to the victim, and cognitive processes during the offence (Evans et al., 2009). Although amnesia is a distinctive feature of perpetrator trauma, it is less common among juvenile offenders (Evans et al., 2009).

On a cognitive and perceptual level, individuals with perpetrator trauma are most likely to be preoccupied with self-demeaning thoughts and low self-esteem and self-efficacy. The moral component of offending tends to compound such cognitions and perceptions. Griffin et al. (2019) argue that exposure to betrayal-based events is often mediated by anger, while

shame and guilt mediate perpetration-based events. Therefore, they experience feelings of shame and guilt and often perceive themselves as worthless, evil, and inhuman. Concerning their emotional state, individuals with perpetrator trauma might experience a labile mood, fluctuating between overly irritable, manic, and depressed, or they might experience a flat or blunt affect where they show a lack of emotion (Grossman, 1995; MacNair, 2001). MacNair (2008) reported specifically on emotional numbing, where perpetrators might report feeling blank or detached from their own emotions. MacNair reported that emotional numbing as a symptom of perpetrator trauma might be a primitive defence mechanism, defending the ego against painful emotions and memories of killing (MacNair, 2008)

Behaviourally, perpetrator trauma might be observed as violent, and temper outbursts and might be argued as the inability to control aggressive impulses (Grossman, 1995; MacNair, 2001, 2002a, 2002b; Mohamed, 2015). There are also interpersonal adjustment difficulties characterised by withdrawal and deterioration in relationships (Grossman 1995). Mohamed (2015) argued that although perpetrator trauma is a personal experience, once it goes untreated, it becomes more than a personal experience to negatively affect their larger environment through aggressiveness and violence directed towards others, especially significant others. As a means of coping, individuals with perpetrator trauma might begin to abuse substances such as alcohol, illicit drugs, and prescription medication (Grossman, 1995; MacNair, 2001; Seal et al., 2009), further complicating and exacerbating their symptoms. Therefore, substance use disorders are most likely comorbid with perpetrator trauma.

The onset of perpetrator trauma is not always immediate. For many veterans, the feelings of guilt, shame, and the rest of the perpetrator trauma symptoms began to develop years after they had perpetrated the violent act (Litz et al., 2009; Molendijk et al., 2018). An Iraq veteran argued that he used to find pleasure in killing, while another veteran also reported in his autobiography that he used to rejoice in being a brutal killer only to develop shame, remorse,

and other symptoms of perpetrator trauma years later (Molendijk et al., 2018). Furthermore, the longitudinal study (2002-2008) on OIF and OEF revealed that psychiatric diagnosis of combat veterans was initially 6.4%, with the rates increasing to 36.9% by the end of the study (Seal et al., 2009), suggesting that the symptoms might intensify or develop with time.

2.2.4 Prevalence of Perpetrator trauma

Prevalence rates of such an understudied phenomenon might prove challenging to determine. However, different scholars have documented the prevalence of perpetrator trauma as observed within their respective populations. During the Nazi era, a Nazi psychiatrist reported that the prevalence rate of posttraumatic stress reactions following perpetration was approximately 20% of the Nazi group (MacNair, 2001). Within the same range, Chung et al. (2016) reported that the prevalence rate of perpetrator trauma lies between 6% and 52% of the homicide and assault GBH offender population, with rates higher amongst young offenders than older offenders. They also established that in terms of the type of offence, participants who were convicted of homicide reported higher rates of posttraumatic stress reactions than those convicted of assault GBH (Chung et al., 2016). Therefore, the more brutal and fatal the violent offence, the more symptoms of perpetrator trauma the offender is likely to develop.

This section contextualised perpetrator trauma and addressed various aspects of the phenomenon. The next section will discuss violent juvenile offending within the South African and global context, seeking to highlight the need to explore perpetrator trauma amongst this population.

2.3 Violent juvenile offending in South Africa

For many years, the phenomenon of criminality amongst juveniles has received significant coverage within local and international literature, with attention and focus placed on various

aspects of juvenile offending, such as the risk factors, effects, trends, and protective factors (Baglivio et al., 2020; Bezuidenhout, 2018; Cox et al., 2018; Simmons et al., 2019). Juvenile offending as a trending topic of discussion has led to the development of various youth programmes aimed at mitigating this phenomenon (Palmary & Moat, 2002; Paranzee, 2018; Tomlinson et al., 2012). However, the effectiveness of these programmes in combating juvenile offending is subject to debate as juvenile offending remains a concern both in South Africa and globally (World Health Organization [WHO], 2020). Violent juvenile offending remains a concern for various reasons. Most importantly, the increasing number of young people engaging in violent behaviour leads to an increased risk of developing perpetrator trauma which might impact their quality of life and their rehabilitation and reintegration process (Chung et al., 2016; Sommer et al., 2017).

2.3.1 Scope of juvenile offending

The WHO (2020) reported that juvenile violence and offending are visible in many countries and are a widespread, ever-present phenomenon. In South Africa, juvenile offending is deeply entrenched and has evolved from typical misbehaviour and petty crimes to more serious, violent, and organised criminal activity (Booyens et al., 2018; Clark, 2012; Marsay et al., 2018). In the past 40 years, both empirical and grey literature has revealed a subculture of violence and aggression among juvenile offenders (Booyens et al., 2018; Clark, 2012; Mabuza & Roelofse, 2013; Souverein et al., 2016), placing them at risk of developing perpetrator trauma. In the 1980s, specifically between 1987 and 1988, young people aged between seven and 20 accounted for approximately 42% of violent offence convictions (Foster, 2012)**.** Specifically, they accounted for about 30% of the murders, 35% of the attempted murders, and 70% of the rape cases (Foster, 2012). A decade later, in the late 1990s, juvenile offenders were reported to commit more property-related offences, such as burglary, shoplifting, and theft (Booyens et al., 2018). Approximately 50.5% of juvenile

offenders were convicted for property offences, followed by aggressive offences (30.8%) and sexual offences (14.5%), while offences in the category of *other* and drug-related offences each accounted for 3.4% and 0.7%, respectively (Booyens et al., 2018).

While juvenile offenders committed more property offences during the 1990s, the subculture of violence and aggression re-emerged in 2000, with an upsurge in the number of violent offences committed by juvenile offenders, many being arrested and convicted for violent offences (Booyens et al., 2018). In 2007 and 2008, reports revealed a similar trend to 2000, with most juvenile offenders sentenced or awaiting trial because of being charged with violent offences (Booyens et al., 2018; Foster, 2012; Muntingh, 2008). In 2014, 53 871 young people between the ages of 14 and 25 were incarcerated in a South African correctional centre, and approximately 50% of the offenders were incarcerated for violent offences ranking first of all the categories (Jules-Macquet, 2014). Economic offences were second and accounted for approximately 30%, while sexual and drug-related offences accounted for about 13% and 2%, respectively, ranking third and fourth (Jules-Macquet, 2014).

More recently, the South African Police Services (SAPS) reported a total of 1.9 million serious offences in 2019 and 2020, with an increase in violent contact offences (South African Police Services, 2020). Contact offences are offences that involve the use of violence and are committed against the person of a victim, including murder, attempted murder, assault, robbery, and sexual offences (SAPS, 2020). The SAPS also refers to contact-related offences, property-related offences and offences in the category of *other* serious offences (SAPS, 2020). Contact-related offences are violent offences involving the destruction of another person's property with the intent to cause damage; examples are arson and malicious damage to property (SAPS, 2020). Property-related offences occur in the absence of a victim or in situations where the victim is unaware of the offence taking place, such as burglary

(SAPS, 2020). Lastly, offences in the category of *other* serious offences include all theft that is not specified elsewhere, and examples are fraud-related offences (SAPS, 2020).

The number of violent contact offences increased by 0.7% from 617 210 (2018/2019) to 621 282 (2019/2020) (SAPS, 2020) and decreased by 0.6% in 2020/21; a period referred to as the *crime holiday* due to Covid-19 lockdown restrictions (Ngcukana, 2021; O'Regan, 2021). However, during the first quarter of 2021/2022, a 60.6% increase in the number of violent contact offences occurred compared to the crime holiday period of 2020/2021, with murder, sexual offences, and aggravated robbery reporting the highest rates (Ngcukana, 2021; O'Regan, 2021). In the first quarter of 2022/2023, a period without any Covid-19 lockdown restrictions, there was a significant decrease in sexual offences, with a drop of over 800 cases (-6.7%) compared to the first quarter of 2021/2022 (SAPS, 2022). However, murder, attempted murder, and aggravated robbery remain a concern as they each showed a significant increase of 11.5%, 8.4%, and 4.0%, respectively. Contact-related and property-related offences also saw significant increases during the 2021/2022 period, with 42.3% and 6.0%, respectively; however, compared to 2019/2020, the statistics mark a 0.5% increase in contact-related offences and a 24.8% decrease in property-related offences (Ngcukana, 2021; O'Regan, 2021).

While other categories either reveal decreases and slight increases, the increase in violent contact offences remains a concern as a portion of the overall crime statistics are attributed to juvenile offending (Broich et al., 2018; Burton, 2007; Clark, 2012; Jordaan & Hesselink, 2018). In 2019/2020, approximately 3.7% of all the murders were attributed to children between the ages of 10 and 17 (Naik, 2020), marking a 0.2% increase from 2018/2019s 3.5% (Makinana, 2019). In 2019/2020, child offenders accounted for approximately 2.4% of all contact offences, with 14 672 counts; this category ranked first for child offending (SAPS,

2020). Assault with intent to cause grievous bodily harm accounts for most offences (5 595 counts), followed by common assault (3118 counts) and rape (2569 counts) (SAPS, 2020). Property-related offences were the second most prominent offences amongst children, with 3563 counts, while other serious offences and contact-related ranked third and fourth with 3898 and 1 793, respectively (SAPS, 2020).

Statistics on violent juvenile offenders in police reports are difficult to ascertain as the SAPS only has two categories: offenders below 18 (children) and offenders above 18 (SAPS, 2020). Therefore, it is difficult to ascertain the percentage of the overall crime statistics attributed to violent juvenile offending. However, the statistics on child offending might, to an extent, provide a picture of juvenile offending as juvenile offenders are offenders between the ages of 18 and 20 (Department of Correctional Services, 2020). They might be serving a sentence for offences they committed as children or under the age of 18.

In terms of incarceration and as of 31 March 2020, there were a total number of 102 841 sentenced offenders; of this number, juvenile offenders accounted for approximately 2.0% with a total number of 2058 (DCS, 2020). Compared to the 2018/2019 annual report, these statistics show a decreased number of sentenced juvenile offenders (DCS, 2020). On 31 March 2019, there were a total number of 115 147 sentenced offenders, and juvenile offenders accounted for approximately 2.4%, with a total number of 2812, marking a current decrease of 0.4% (DCS, 2019). The total number of sentenced juvenile offenders is significantly low compared to the overall sentenced offender population. However, it is important to note that the South African criminal justice system has worked diligently to divert juvenile offenders from being incarcerated (Foster, 2012). This diversion might explain the discrepancy between the previous literature, SAPS annual reports, and the media reports on violent juvenile offending (Ovens, 2018). This also reveals a paucity of research on juvenile offending in South Africa as these statistics are either based on the general category

of youth, come from unverifiable sources or literature, or are outdated. Nonetheless, the available literature reveals that young people in South Africa engage in violent offences more than any other crime category, increasing the risk of trauma-related complications amongst all parties involved, including the victims, their families, and the perpetrators themselves.

2.3.2 Nature of juvenile offending

It has been established in the previous subsection that juvenile offenders tend to engage in more violent types of offences. However, juvenile offenders engage in various offences ranging from petty offences (e.g., shoplifting) to more serious violent offences such as assault and murder (Ward et al., 2012). Of all the offences committed by juvenile offenders, chronic juvenile offenders account for a disproportionate number of all the offences (Baglivio et al., 2020; Cox et al., 2018; Kennedy et al., 2019; Souverein et al., 2016; Villanueva et al., 2019). Chronic juvenile offenders are offenders on the life-course-persistent trajectory as they begin their offending behaviour earlier and continue offending in their adult lives (Baglivio et al., 2020; Cox et al., 2018; Souverein et al., 2016). They also commit the most violent offences and are most likely to recidivate multiple times in their lifetime (Baglivio et al., 2020; Cox et al., 2018; Kennedy et al., 2019; Souverein et al., 2016). Chronic juvenile offenders make up a small percentage of the general juvenile offender population, approximately 6%; however, they account for over half of all the offences (Baglivio et al., 2020; Cox et al., 2018; Kennedy et al., 2019; Souverein et al., 2016). In South Africa, approximately 41.5% of juvenile offenders are on the life-course-persistent offending trajectory (Souverein et al., 2016). This percentage is significantly higher than in most countries where the typology was studied, with estimates between 5% and 7.3% (Kennedy et al., 2019; Souverein et al., 2016). However, this is not surprising since South Africa has a long-lasting history of violence, which stems from the colonial era to the apartheid era, flooding into the post-apartheid era and continues to influence behaviour (Bhorat et al., 2017; Burton, 2007; Roestenburg & Oliphant, 2012; Ward

et al., 2012). South Africa is also a developing country characterised by major socioeconomic challenges that increase the likelihood of offending and consists of minimal preventative programmes due to limited resources (Bhorat et al., 2017; Burton, 2007; Roestenburg & Oliphant, 2012; Souverein et al., 2016; Ward et al., 2012). Therefore, it might be expected that due to the nature of their crimes and their continued offending behaviour, chronic juvenile offenders might be at a higher risk of developing perpetrator trauma or might experience more severe symptoms due to their accumulation of trauma. The factors that increase the risk of offending among juveniles will be discussed below.

2.3.3 Factors contributing to juvenile offending

The previous subsections revealed the scope, nature, and trends of violent juvenile offending within a South African context with no emphasis on the etiological factors. Therefore, this subsection will seek to explore the various etiological factors of violent juvenile offending from an ecological perspective (Clark, 2012; Roestenburg & Oliphant, 2012; Souverein et al., 2016; Van der Merwe et al., 2012; Ward, 2007; Ward et al., 2012). This subsection will also explain the role of multiple versus single risk factors in developing violent juvenile offending through the cumulative risk hypothesis.

2.3.3.1 Societal Factors

Societal factors are the leading factors contributing to violence and violent offending and were found to propel the presence of juvenile offending (Kennedy et al., 2019; Pyle et al., 2020). In the early 2000s, the world report on violence and health argued that approximately 1.6 million people on a global scale died due to interpersonal, self-inflicted, collective, and political violence (WHO, 2002). Only 9% of the deaths occurred in high-income countries, while 91% occurred in low to middle-income countries (WHO, 2002). These statistics reveal

that violence occurs mainly in middle- to low-income countries due to limited opportunities and resources, high levels of poverty and inequality, and political instability (WHO, 2020).

In South Africa, low-income communities, including informal settlements, are often reported to have the highest rates of crime, interpersonal violence, and recidivism (Bezuidenhout, 2018; Burton, 2007; Clark, 2012; Parenzee, 2018). In these communities, there are heightened levels of poverty, unemployment rates, social disorganisation, instability, substance abuse, and transgenerational violence where young people are repeatedly exposed to criminality, violence, and antisocial behaviours, which they observe, internalise and replicate (Burton, 2007; Burton & Leoschut, 2013; Clark, 2012; Jordaan & Hesselink, 2018; Simmons et al., 2019; Souverein et al., 2016; Ward, 2007). In such communities, a subculture of violence exists, where criminality is a norm or a way of living during which violent offending is used as a means of bonding with the community and helps one attain power, respect, and achieve an esteemed status in the community (Booyens et al., 2018).

Furthermore, poverty-stricken communities often lack resources, programmes, and opportunities for young people to develop their talents and divert their attention from violence and offending (Bezuidenhout, 2018). They also lack job opportunities and no other means of income; therefore, offending becomes the only way of surviving (Pyle et al., 2020; Souverein et al., 2016). In addition, the heightened rates of HIV/AIDS-affected households lead young people to assume inappropriate parent roles and propels them to consider the easy way of finding money to care for and maintain their sick parents, siblings, and other family members (Booyens et al., 2018; Pyle et al., 2020).

At a school level, young people in South Africa are confronted with under-resourced and violent school environments that lead to a perceived lack of appropriate education, training, and guidance (Burton & Leoschut, 2013; Lester et al., 2017; Souverein et al., 2016). The

violent school environments result in young people using violence to protect themselves from bullying and victimisation, leading to a victim-perpetrator interchangeability (Burton & Leoschut, 2013; Maphalala & Mabunda, 2014; Mncube & Madikizela-Madiya, 2014; Ncontsa & Shumba, 2013).

2.2.3.2 Family Factors

The family is the primary agent of socialisation and is considered significant in developing and rearing a child (Nguyen et al., 2018). Therefore, it is important to understand which factors at a family level might increase susceptibility to juvenile offending. Gerald Patterson's coercion theory, or coercive family processes, explains the relationship between parent-child interaction and aggressive or violent behaviours (Parritz & Troy, 2018; Patterson, 1982). Patterson argued that parents' interaction with their children might compound their aggressive behaviours (Patterson, 1982). He further explains how maladaptive parenting practices might have conditioned and reinforced children's externalising behaviours, during which normal child misbehaviour escalates and results in more problematic behaviours, possibly resulting in violent offending (Baglivio et al., 2020; Booyens et al., 2018; Cox et al., 2018; Parritz & Troy, 2018; Patterson, 1982; Pyle et al., 2020; Roestenburg & Oliphant, 2012; Souverein et al., 2016). Early-onset violent behaviour is argued to be primarily associated with ineffective and inadequate parenting and child-rearing practices characterised by limited or no parental supervision, lack of parental involvement, inconsistent discipline, and parents responding to children in harsh and punitive ways (Baglivio et al., 2020; Booyens et al., 2018; Kennedy et al., 2019; Pyle et al., 2020; Souverein et al., 2016).

Other family factors largely implicated in the development of offending behaviour amongst juveniles are familial criminality and parental psychopathology (Baglivio et al., 2020; Booyens et al., 2018; Cox et al., 2018; Pyle et al., 2020; Roestenburg & Oliphant, 2012; Souverein et al., 2016). Young people raised by parents with a history of criminality

and psychiatric illness, particularly depression, substance use disorders, and antisocial personality disorder, tend to have an increased risk of violent behaviours (Baglivio et al., 2020; Kennedy et al., 2019; Parritz & Troy, 2018; Souverein et al., 2016). The increased risk is because parental psychopathology has biological influences on children and might create a genetic predisposition to antisocial and violent behaviours (Parritz & Troy, 2018; Pyle et al., 2020). Parental psychopathology also increases low parental care and unstable parent-child relationships, affecting the child's emotional development and the development of prosocial behaviours (Kennedy et al., 2019). Additionally, children raised with low parental care often develop callous-unemotional traits, largely associated with violent behaviours (Kennedy et al., 2019).

Furthermore, exposure to familial violence, including family discord, parental and child abuse, neglect, and maltreatment, are factors that are predictive of violent behaviours (Baglivio et al., 2020; Booyens et al., 2018; Clark, 2012; Cox et al., 2018; Kennedy et al., 2019; Pyle et al., 2020), and has been established by Baglivio et al. (2020) to increase the probability of violent offending by more than 200% (Baglivio et al., 2020). In South Africa, studies on parricide, which is the act of killing one's parents or family member, reported familial violence as the leading predictor of parricide (Booyens et al., 2018; Moen & Shon, 2020).

2.3.3.3 Individual factors

Various individual factors tend to increase susceptibility to violent juvenile offending (Booyens et al., 2018; Kennedy et al., 2019; Mullis et al., 2004; Roestenburg & Oliphant, 2012; Souverein et al., 2016). Such individual factors not only predispose young people to violent offending but could also explain why perpetrator trauma might be prominent among them. Firstly, the developmental period of this age group is characterised by changing cognitive, emotional, physical, and social needs (Booyens et al., 2018; McCormick et al.,

2016; Mullis et al., 2004; Sigelman & Rider, 2018; Steinberg et al., 2010; Walsh, 2012). This developmental period is also known for experimentation, sensation-seeking behaviours, and heightened reckless and risky behaviours (Booyens et al., 2018; McCormick et al., 2016), which in combination with various criminogenic psychosocial factors, such as access to substances, repeated exposure to societal and familial violence, and volatile socioeconomic conditions might precipitate violent offending (Cox et al., 2018; Simmons et al., 2019). Neurodevelopmentally, the cognitive control system and the prefrontal cortex, responsible for executive functions such as judgement, planning, attention, decision-making, and emotional regulation, are relatively immature during this developmental period (Booyens et al., 2018; McCormick et al., 2016). Therefore, young people during this period are at a higher risk of making poor decisions and are most likely to be impulsive as the centres for modulating these functions are not yet fully developed (Booyens et al., 2018; McCormick et al., 2016).

The effects of young people's underdeveloped executive functioning are further exacerbated by the use of alcohol and other illicit drugs, which increases their risk of violent offending (Booyens et al., 2018; McCormick et al., 2016). Juveniles who use substances are twice as likely to engage in violent activities (Kennedy et al., 2019), with the risk associated with the age of onset (Booyens et al., 2018; Kennedy et al., 2019; Mullis et al., 2004). This increased risk is because certain substances alter brain functions responsible for regulating behaviour and distort thought processes, increasing impulsivity and leading people to engage in behaviours they would not engage in without the use of these substances (Booyens et al., 2018).

Due to these changes and experiences, people in this age group tend to attract or seek friends with similar interests, encourage the same risky behaviour, or match their level of stimulation, thereby increasing their risk of offending (Booyens et al., 2018). In South Africa, peer influence and gang involvement contribute to violent juvenile offending and antisocial

behaviour, with gangsterism being a major source of violence in schools (Maphalala & Mabunda, 2014). Most juvenile offenders convicted and incarcerated for violent offences such as murder, assault, rape and aggravated robbery either had a co-offender or have had some relationship or association with gangs (Baholo et al., 2018; Chauke & Malatji, 2021; Jefthas & Arts, 2007). Moreover, young people in gangs are more likely to advance and engage in more serious and violent offences due to conflicts, competition with rival gangs, and turf wars (Magidi, 2014; Maphalala & Mabunda, 2014). They might also inflict violence to affirm their notorious status in the community or inflict violence as part of gang initiations (Magidi, 2014; Maphalala & Mabunda, 2014; Simmons et al., 2019), placing them at a higher risk of developing symptoms consistent with perpetrator trauma.

Concerning individual demographic factors: age, gender, and ethnicity play significant contributing factors to violent offending (Booyens et al., 2018; Van der Merwe et al., 2012; Villanueva et al., 2019). Male juvenile offenders represent most juvenile offenders, while females constitute a small percentage (Kennedy et al., 2019; Mullis et al., 2004; WHO, 2020). In South Africa, the DCS reported 53 sentenced female juvenile offenders in 2019/2020, while sentenced male juvenile offenders were 2005 (DCS, 2020). In terms of gender differentiation and type of offence, males are most likely to commit more serious and violent offences than their female counterparts (Mullis et al., 2004). This is due to various factors, including aggression proneness in males and their increased risk of developing externalising disorders such as disruptive, impulse-control, and conduct disorders, while females are more prone to developing internalising disorders such as depression, anxiety, and eating disorders (Mullis et al., 2004). Male and female juvenile offenders also differ in the type of adverse childhood experiences (ACEs) that tend to increase their susceptibility to offending (Mullis et al., 2004). The major differences in the ACEs between female and male juvenile offenders are that female juvenile offenders have a history of repeated sexual abuse

and molestation than male juvenile offenders (Booyens et al., 2018; Mullis et al., 2004; Pyle et al., 2020). Pyle et al. (2020) reported that a history of physical and sexual abuse was extremely high among female juvenile offenders than among male juvenile offenders, with an estimation of 27-57%.

The ages between 12 and 21 are regarded as peak years for both offending and victimisation as they fall within the high-risk cohort (Broich et al., 2018; Booyens et al., 2018; Pelser, 2008; WHO, 2020). There is an increase in the rates of violence committed by and against people in this age group (Broich et al., 2018; Clark, 2012). This is evidenced by the increasing number of incidents involving violence within the community and at schools (Burton & Leoschut, 2013; Pelser, 2008). In 2011/2012, approximately 22.2% of South African school-going learners experienced some form of violence while at school, with the learners being both victims and often perpetrators of this violence (Burton & Leoschut, 2013). Furthermore, Pelser (2008) reported that young people aged between 12 and 22 years are victimised twice the adult rate, and the rates are higher for violent victimisation and perpetration, with earlier victimisation increasing the risk of offending (Pyle et al., 2020). However, a bidirectional relationship between victimisation and perpetration has been queried as it is argued that engaging in offending behaviour increases the risk of victimisation (Booyens et al., 2018; Safer Spaces, n.d.). Therefore, while exposure to violence and personal victimisation at an earlier age increases the likelihood of engaging in offending behaviour, engaging in offending behaviour also increases the risk of personal victimisation (Booyens et al., 2018).

Personal psychopathology also creates a risk for violent offending (Baglivio et al., 2020; Mullis et al., 2004). Children and adolescents diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and Oppositional Defiant Disorder are at risk of developing aggressive and violent behaviours and tend to develop conduct problems that are largely associated with

offending behaviour (Mullis et al., 2004; Parritz & Troy, 2018; Souverein et al., 2016). Also, young people who show non-conforming behaviours, difficult temperaments, stubbornness, and poor self-esteem very early in their lives are at a higher risk of offending behaviour (Parritz & Troy, 2018).

Other individual factors contributing to violent juvenile offending are factors around school performance (Pyle et al., 2020). Poor scholastic performance and low intellectual functioning lead to poor school attachment and truancy, thereby increasing the risk of dropping out of school, which is a known factor contributing to juvenile offending (Pyle et al., 2020). In their study, Pyle et al. (2020) argued that approximately 40% of incarcerated juvenile offenders reported having dropped out of school before offending. Furthermore, evidence exists that early offending behaviour also leads to school dropout and poor scholastic performance, revealing a reciprocal relationship between academic performance and offending (Kennedy et al., 2019). In addition, poor scholastic performance might also lead to the perception that one will not succeed within the normal school curriculum and might discourage one's desire for education, leading to the individual seeking other means of succeeding (Pyle et al., 2020). Such individual factors relating to one's performance at school have been found to be predictive of violent offending (Booyens et al., 2018; Kennedy et al., 2019). Furthermore, disciplinary exclusion or being suspended from school for misbehaviour has been found to have similar effects to those of poor scholastic performance and tend to lead to offending behaviour (Pyle et al., 2020).

2.3.3.4 Cumulative risk hypothesis

From the abovementioned risk factors, young people who possess multiple risk factors in each domain are at a higher risk of violent juvenile offending than those who possess minimal risk factors (Baglivio et al., 2020; Pyle et al., 2020; Solomon et al., 2016; Souverein et al., 2016). This is according to the cumulative risk hypothesis, which purports that "the

synergistic impact of multiple risk factors can be more deleterious than the aggregated effect of singular risk exposures" (Solomon et al., 2016. p. 81). Baglivio et al. (2020) argued that cumulative ACE or experiencing multiple forms of traumatic events increases the risk of violent offending by 35%-144%. Therefore, the more risk factors present, the higher the chances of committing violent acts. Furthermore, there is an association between the number of risk and protective factors in the exacerbation and reduction of violent offending (Kennedy et al., 2019; Villanueva et al., 2019). Individuals with multiple risk factors and fewer protective factors are largely at risk of violent offending than individuals with minimal risk factors and multiple protective factors (Kennedy et al., 2019; Villanueva et al., 2019). The previous subsection showed that juveniles in South Africa are confronted with multiple psychosocial and criminogenic factors on various levels, making them more susceptible to violent offending. The socioeconomic, political, communal, and familial instability characterising South Africa places juveniles in a vulnerable state with a high probability of cumulative risk factors. Therefore, these multiple risk factors increase the juveniles' risk of violent offending, ultimately increasing their risk of developing perpetrator trauma. The next section discusses the conceptualisation and positioning of perpetrator trauma within a theoretical framework.

2.4 Theoretical Framework

The phenomenon of perpetrator trauma has received widespread recognition in military-based literature; however, various models and theories conceptualising trauma have not captured this type of persistent distress and have continued to neglect and overlook it (Haight et al., 2016; Litz et al., 2009; Nash & Litz, 2013). Not being a recognised and diagnosable disorder or explanatory factor for the trauma experienced by offenders due to their own offending further complicates the ability of scholars to conceptualise it. For this reason, Litz et al. (2009) developed an alternative model called a working conceptual model for moral

injury to accommodate individuals who have perpetrated violence and are experiencing a psychological response as a result (Litz et al., 2009). The working conceptual model for moral injury incorporates the social-cognitive theory of PTSD, highlighting how moral assumptions and beliefs held by individuals can lead to discrepancies or incongruence between the violence perpetrated against others and the beliefs and assumptions one has about right and wrong behaviour (Litz et al., 2009). Such discrepancy or incongruence leads to suffering (trauma), and the onset of this trauma is not always immediate (Litz et al., 2009; Molendijk et al., 2018; Nash & Litz, 2013). This model was primarily used to explain moral injury experienced by war veterans who have perpetrated violence in their line of duty. However, this study will use this model as the main theoretical framework to conceptualise the unique experiences of violent juvenile offenders following their violent offences. This section will be divided into two subsections. Firstly, the focus will be on how morality develops over time to demonstrate how an individual's moral framework develops, followed by an explanation of the working conceptual model for moral injury as it relates to the population in this study.

2.4.1 Moral development

Many might assume and strongly argue that perpetrators have no morals or a conscience. However, developmental psychology argues that moral development is a critical and inevitable part of human development (Louw & Louw, 2007; Shaffer & Kipp, 2010; Sigelman & Rider, 2018; Steinberg et al., 2010). Szymborska (1998, as cited by Mohamed, 2015) differentiated between animals and human beings, arguing that the distinction between humans and animals is the human being's capacity for conscience, the ability not only to tell right from wrong but also to feel shame, remorse or regret for making the wrong choice between the two (Mohamed, 2015).

Lawrence Kohlberg and Jean Piaget are argued to be the primary/founding theorists in the field of moral development (Sigelman & Rider, 2018). However, other theorists within psychology and psychiatry have also contributed to the knowledge base of moral development, including Sigmund Freud. In 1923, Sigmund Freud reformulated and established his theory on the structural organisation of the mind, which is termed the *structure of personality,* and he grouped the mental functions according to their role in internal conflict (Corsini & Wedding, 2011; Freud, 1923; Palombo et al., 2009). According to Freud, the structure of personality consists of three (3) components, namely, the id, ego, and superego (Freud, 1923; Palombo et al., 2009). At birth, people have no morals, and their psychic energy resides in the id, which is the unconscious component that consists of both sexual (Eros), and aggressive (Thanatos) drives (Freud, 1923; Palombo et al., 2009). The id is impulsive and irrational, and it operates solely on pleasure, during which the infant seeks immediate gratification, even when the infant's needs cannot be realistically met (Freud, 1923; Louw & Louw, 2007; Shaffer & Kipp, 2010; Sigelman & Rider, 2018; Steinberg et al., 2010). After a while, the infant's psychic energy diverts from the id to energise cognitive processes, and the child's rational side begins to develop, which is the ego (Freud, 1923; Palombo et al., 2009; Shaffer & Kipp, 2010; Sigelman & Rider, 2018). The ego is rational, logical, and operates according to the reality principle and attempts to find more realistic ways of satisfying instincts (Freud, 1923; Palombo et al., 2009; Shaffer & Kipp, 2010; Sigelman & Rider, 2018). As opposed to the id, the ego is in touch with the external world and reality and works to mediate between the sexual and aggressive urges of the id and the demands of reality (Freud, 1923; Palombo et al., 2009). From the ego and the resolution of the individual's oedipal strivings, particularly during early childhood (3-6 years old), the individual's moral component begins to develop. This is referred to as the superego, and it is the conscience and the ideal self (Freud, 1923; Palombo et al., 2009). The superego operates

according to the moral principle and is referred to as internalised moral standards (Freud, 1923; Palombo et al., 2009; Shaffer & Kipp, 2010; Sigelman & Rider, 2018). During early childhood, socialisation with the outside world mainly occurs, and people begin to internalise the values and morals of their parents and/or society, and these values and morals become their own (Louw & Louw, 2007). The superego guides the distinction between right and wrong behaviour based on what has been learned to be socially acceptable (Corsini & Wedding, 2011). Similarly, Haight et al. (2016) argue that by the age of 3 years, children possess basic prescriptive and generalised moral concepts to assess right and wrong behaviour. Furthermore, the superego carries within itself the fantasy of how one should be like and how one should behave and treat others within society; failure to live up to these standards brings about intense feelings of guilt (Freud, 1923; Palombo et al., 2009). An inability to master one's oedipal strivings during early childhood might lead to an ineffective superego which is either weak or dominated by the id, or an overly strong superego characterised by anxiety and guilt (Blackburn, 1993). Therefore, mastery and resolution of oedipal strivings lead to identification with the parental prohibitions, ensuring a healthy balance between the id, ego, and superego (Freud, 1923; Palombo et al., 2009; Shaffer & Kipp, 2010; Sigelman & Rider, 2018).

While the above passage explains how the moral principle emerged, Lawrence Kohlberg expanded on Jean Piaget's theory of moral development and focused on the development of moral reasoning (Kohlberg, 1973; Louw & Louw, 2007; Shaffer & Kipp, 2010; Sigelman & Rider, 2018; Steinberg et al., 2010). Kohlberg argued that people's moral reasoning reaches sophistication with development (Kohlberg, 1973; Sigelman & Rider, 2018). He identified three (3) main levels of moral development, from basic standards of right and wrong to more complex moral reasoning capacity (Kohlberg, 1973; Sigelman & Rider, 2018). The first level, known as pre-conventional morality, is primarily dominant in childhood, where children

adhere to rules largely imposed by adults or authority figures to avoid punishment and obtain rewards. At this level, children judge the behaviour based on the punishment or rewards attached to the act (Kohlberg, 1973; Louw & Louw, 2007; Shaffer & Kipp, 2010; Sigelman & Rider, 2018; Steinberg et al., 2010).

During late childhood to early adolescence, individuals move to more conventional moral reasoning, where social approval is at the core of right or wrong behaviour. Individuals in this level will act in ways that are most likely to be approved by others and receive other's appraisals or recognition for good behaviour, or their behaviour is guided by whether the act or behaviour maintains social order or conforms to the rules as set out by authority figures (Kohlberg, 1973; Shaffer & Kipp, 2010; Sigelman & Rider, 2018; Steinberg et al., 2010). The last level, which is dominant from late adolescence, is post-conventional morality (Kohlberg, 1973; Sigelman & Rider, 2018). At this level, individuals broaden their understanding of right or wrong behaviour to include self-generated principles, including but not limited to justice, equality, beneficence, and non-maleficence (Kohlberg, 1973; Sigelman & Rider, 2018). Rather than merely conforming to rules as set out by authority figures, individuals in this level of moral reasoning believe that laws and regulations should be concluded by democratic consensus, and they begin to distinguish between what is morally right and what is legally right, with the understanding that what is legal might violate basic principles of morality (Kohlberg, 1973; Shaffer & Kipp, 2010; Sigelman & Rider, 2018; Steinberg et al., 2010). It is argued that approximately 10-15% of people do not have the abstract thinking required to reach the post-conventional level of moral reasoning (Crain, 2015). This is because people's moral reasoning is largely based on what they have learned from society (Crain, 2015).

Within a collectivist country such as South Africa, morality and moral reasoning are embedded in specific cultural patterns (Ferns & Thom, 2001). As a result, shared societal

values and deeply held cultural beliefs play a fundamental role in distinguishing between right and wrong behaviour (Ferns & Thom, 2001; Haight et al., 2016). Such shared values and beliefs lead to developing a moral framework and compass that helps individuals navigate moral dilemmas. However, this does not mean that these internalised demands for conformity might not be counteracted (Sykes & Matza, 1957). Studies have argued that the volatile socioeconomic conditions afflicting South Africa have interfered with the continued employment of this moral framework (Sekhaulelo, 2021; Van der Walt, 2019). This is because individuals might engage in a life of violence for survival purposes or to equilibrate against the disparities and daily financial struggles created by inequality, unemployment, and socio-political instability. Furthermore, the previous section showed that young people in South Africa are confronted with multiple risk factors on various levels, predisposing them to act in a manner that conflicts with their moral compass. When observing young people who conflicted with the law, Sykes and Matza (1957) argued that those individuals were largely from middle-class backgrounds, and they had moral values and beliefs similar to peers that were not in conflict with the law. They found that those young people who engaged in behaviours that counteracted their moral compass made use of various neutralisation techniques or defences of offence that were seen as valid by the individuals (Ribeaud & Eisner, 2010; Sykes & Matza, 1957). These cognitive processes or rationalisations precede a criminal act and are used as justifications for wrongdoing and as a defence for going against one's or society's set of moral beliefs and values. There are five neutralisation techniques: denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners, and lastly, the appeal to higher loyalties (Kaptein & Van Helvoort, 2019; Ribeaud & Eisner, 2010; Rogers & Buffalo, 1974; Sykes & Matza, 1957). Firstly, individuals might justify or neutralise their violent acts by denying responsibility for the criminal act, where the individual denies personal accountability by arguing that the act was an accident or

finding external reasons for the act, such as peer influence, substances, or violent neighbourhoods (Ribeaud & Eisner, 2010; Sykes & Matza, 1957). Secondly, they might deny the injury by stating that their actions did not or does not cause any harm (Ribeaud & Eisner, 2010; Sykes & Matza, 1957). Thirdly, the individual might employ the denial of the victim technique, where they might argue or justify their actions by stating that the victim was deserving of punishment or the act was seen as revenge towards the victim (e.g., killing an abusive father or uncle) (Ribeaud & Eisner, 2010; Sykes & Matza, 1957). Individuals might also use condemnation of the condemners as a form of defence against the enforcers of the law, where the individual displaces their criminal act towards condemners by viewing law enforcers as corrupt or as hypocrites (Ribeaud & Eisner, 2010; Sykes & Matza, 1957). Lastly, the individual might use appeal of higher loyalties, a technique often used when they feel they need to break the law to help a friend or family member or benefit a small group (Ribeaud & Eisner, 2010; Sykes & Matza, 1957).

Individuals might use these neutralisation techniques as a defence. However, the societal, parental, and religious teachings have been engraved and internalised and are used as a judgement in the face of wrongdoing and predispose them to shame, intense guilt, and self-demeaning thoughts when acting contradictory to these teachings, forming the basis for moral injury and perpetrator trauma (Atuel et al., 2020; Griffin et al., 2019; Haight et al., 2016; Litz et al., 2009). The next subsection will further explain this process.

2.4.2 Working conceptual model of moral injury

Assumptions on morality are that moral reasoning and judgement are contextually based, founded, and rooted in societal and cultural beliefs (Haight et al., 2016). People often engage in behaviours deemed acceptable by the larger society, which forms the basis for right or acceptable behaviour and wrong behaviour. According to Litz et al. (2009), most people have a strong moral code to navigate themselves through their lives. Moral principles or morals go

beyond personal beliefs to include norms and beliefs of different systems, including familial, cultural, societal, and legal systems (Haight et al., 2016; Molendijk et al., 2018). Transgressions to these shared moral codes or deeply held beliefs about morality lead to dissonance or moral conflict, causing self-destruction, disequilibrium, shame, and guilt (Atuel et al., 2020; Litz et al., 2009). When people act in ways that are against their morals (either personal or imposed by society), they experience what Litz and colleagues termed *moral injury*, a concept closely associated with perpetrator trauma (Litz et al., 2009). According to Haight et al. (2016, p. 190), moral injury refers to the "lasting psychological, spiritual, and social harm caused by one's own or others' actions in a high stakes situation that transgress deeply held moral beliefs and expectations." It is further defined as the "betrayal of cultural definitions of right and wrong" (Haight et al., 2016, p. 190), threatening the integrity of one's moral schema. Many Vietnam war veterans experienced this betrayal, which changed their outlook on what they had done and further complicated their symptoms (Litz et al., 2009). Moral injury occurs primarily when there is a discrepancy, incongruence, or mismatch between the offence or what has been perpetrated and one's deeply held moral beliefs (Atuel et al., 2020; Griffin et al., 2019; Litz et al., 2009). Moral injury can be caused either by betrayal-based events where the individual's moral beliefs are violated by others or perpetration-based events where the individual transgresses their own moral beliefs and values. The context in which the act or offence occurs, including the reactions of others, is closely related to the degree to which the act or offence will be conflictual or dissonant (Litz et al., 2009). The reactions of the larger community will largely influence how the individual views their act; if they are condemned by the community, including their own family members, the individuals are most likely to experience moral conflict, which will lead to the development of shame, guilt, and other symptoms consistent with perpetrator trauma. According to Litz et al. (2009), the more severe and abrupt the incongruence between the act

and the belief, the mental process of reconciling the incongruent ways of viewing oneself and the world leads to emotional turmoil and distress. If the individual is remorseful about the act, he/she will experience guilt. If the individual faults himself/herself because of personal insufficiency and defect, they will experience shame (Litz et al., 2009).

Scholars studying the concept of moral injury amongst war veterans argued that they made three (03) attributions about their moral violations (Litz et al., 2009). These attributions affected the outcome of their situation and caused long-lasting shame, guilt, and anxiety (Litz et al., 2009). The veterans either made global, stable, or internal attributions. Broadly, the veterans either believed that the events happening at war were because of their character flaws or disposition, that the events were not context-based, that the events were enduring, or the experience of being tainted (Litz et al., 2009). These attributions led to the veterans experiencing emotional and psychological turmoil, leading to feelings of shame and anxiety (Litz et al., 2009).

The emotional and psychological experiences can lead to one of two situations: withdrawal or self-condemnation/failure to forgive. If withdrawal occurs, then the individual's process of correction and reparation will be thwarted, and the more time passes, the individual continues to believe that not only their act but also they too are unforgivable (Litz et al., 2009). Litz et al. (2009, p. 700) further argued that withdrawal leads to the individual's failure "to see a path toward renewal and reconciliation." The behavioural, cognitive, and emotional consequences of unreconciled moral conflict, withdrawal and self-condemnation closely mirror the symptoms of PTSD (Litz et al., 2009), in this instance, perpetrator trauma. Therefore, from withdrawal and self-condemnation, individuals experience chronic intrusions, avoidance, and numbing, while others also experience self-harming, self-handicapping, and demoralisation (Litz et al., 2009).

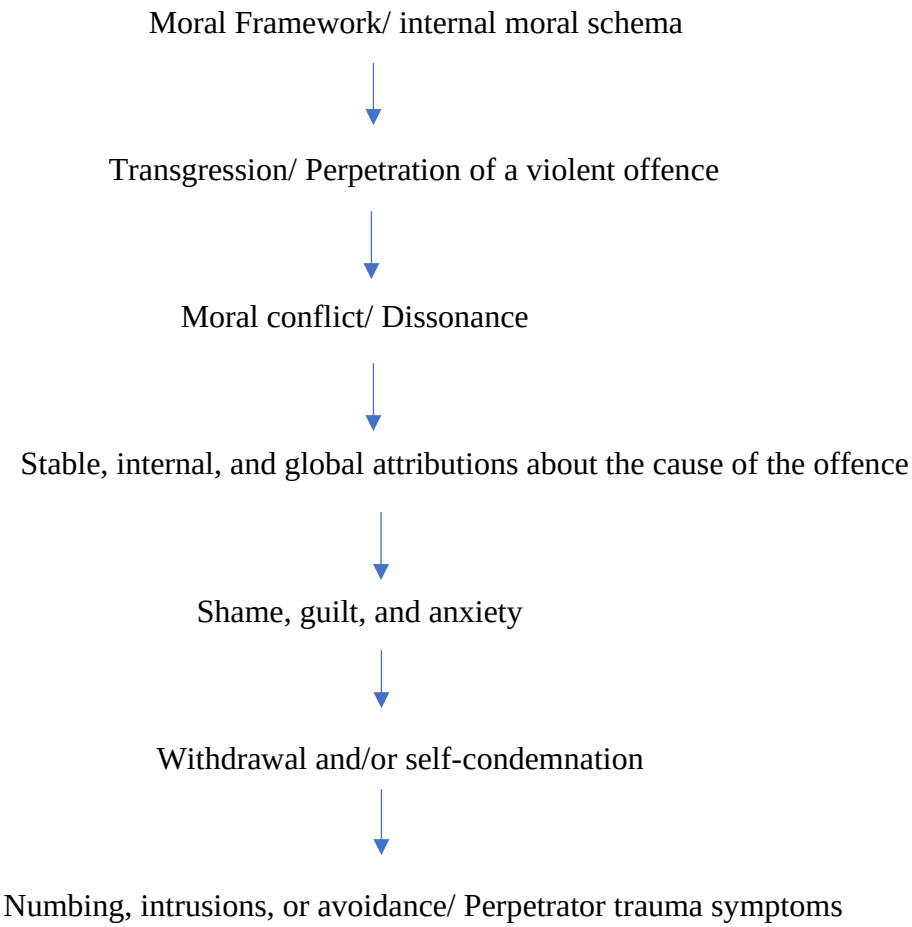
Litz et al. (2009) identified both risks and protective factors that protect individuals from or make them susceptible to moral injury. The risk factors include neuroticism and shame proneness. Individuals with a history of neuroticism and shame proneness are more likely to experience moral conflict (Litz et al., 2009). At the same time, individuals with good self-esteem, who believes in a just world, and who have a forgiving support system are most likely to reconcile their moral conflict and move towards reparation and renewal (Litz et al., 2009). Furthermore, individuals who believe that their violent acts occur within specific contexts, are dependent on time or are not stable, and are external have a significant chance of reconciling the incongruency between their violent act and moral beliefs (Litz et al., 2009). The more they integrate this violation, the greater the chance of reparation and correction. Therefore, a path of forgiveness of self and/or being forgiven by the victim(s) or accepted by the larger society might weaken the injury and lead to reparation and correction.

Moreover, moral injury largely depends on the presence of a moral framework and whether there is an association between the act and the moral framework (Haight et al., 2016). Individuals who grow up with a strong moral framework/grounding are at risk of experiencing moral injury should they engage in behaviours that transgress their moral framework (Haight et al., 2016). Therefore, individuals who grow up with strong internalised parental or societal prohibitions or a strong superego are most likely to experience moral injury compared to those who possess a weak superego. However, as previously discussed, those with strong moral frameworks might use various defence mechanisms to defend against emotional turmoil caused by the incongruency between the individual's moral framework and their criminal act. As previously discussed, they might employ the five neutralisation techniques to decrease the injury to their moral framework. However, Sykes and Matza (1957) argued that although people might employ neutralisation techniques to lessen the incongruence between their moral framework and their violent acts, they simply cannot

escape the societal condemnation of their deviance, leading to a perceived injury to their moral schema. Figure 1 below summarises the model.

Figure 1

The working conceptual model (Litz et al., 2009)



2.5 Effects of perpetrator trauma

The second section of this review revealed the susceptibility of juveniles to violent offending, which increases their likelihood of developing perpetrator trauma. From the established peak years of violence, the developmental age, and gender differentiation, it was clear that male juvenile offenders are more vulnerable to perpetrator trauma. The first section revealed that exposure to one's violence might lead to the possible development of perpetrator trauma, culminating in an affected mental state, disruption in behaviour, and

impairment in daily functioning (Karam, 2019; MacNair, 2001, 2002, 2015; Mohamed, 2015). It also leads to a radical change in one's personality, predominantly characterised by severe temper and anger outbursts and interpersonal problems (Grossman, 1995; Karam, 2019; Mohamed, 2015). Therefore, an untreated perpetrator trauma becomes more than a personal experience to an experience that negatively affects the offenders' larger environment through aggressiveness and violence directed towards others (Mohamed, 2015). It also poses a threat to the process of rehabilitation, possibly leading to substance abuse, increasing the risk of violent re-offending (Morgan et al., 2012) and leading to vicious cycles of violence, particularly against significant others (Dutton, 1995). Subsequently, this leads to its sufferers becoming chronic violent offenders and decreasing their quality of life. Perpetrator trauma might also be comorbid with affective disorders and increase the risk of suicide, as it was revealed that many of the killing squads died by suicide to escape their traumas (MacNair, 2001).

2.6 Conclusions

Although offending has been overlooked and neglected as a possible cause for trauma development, scholars have attempted to explain the phenomenon and lead to an understanding of perpetrator trauma. However, from this review, the researcher noticed three gaps in the literature. Firstly, there is a paucity of research concerning the scope and nature of juvenile offending in South Africa. The existing literature either focused on children or the general category of youth with no emphasis on juvenile offenders, or the literature was outdated. Secondly, the existing literature on perpetrator trauma is widely centred on individuals who killed or caused serious injury to others in their line of duty, with studies on normal civilians neglected and limited. The literature also showed that due to the increased risk of juveniles, more particularly in a developing country such as South Africa, they are most likely to engage in violent offending, thereby increasing the risk of developing

perpetrator trauma. Thirdly, studies on perpetrator trauma seem to lack a clear description of how symptoms develop and how they present or manifest themselves in the perpetrators. Therefore, the study will seek to address the existing gaps by exploring a population outside of the normal population mostly studied and exploring the presentation and manifestation of perpetrator trauma symptoms in the offenders.

Chapter 3

Research design and methodology

3.1 Introduction

This chapter provides an exposition of the methodology utilised in this study. This study followed a qualitative method of inquiry, using a single case study research design in the backdrop of descriptive phenomenology. A two-phase sampling procedure was used to recruit the participants. Semi-structured individual interviews were conducted to collect the data. The data were analysed using Braun and Clarke's six-step thematic analysis framework. Furthermore, this study used abductive thematic analysis, which ensured that the researcher remained open and sensitive to the data while using existing perpetrator trauma theories as a source of guidance, and inspiration and to assist in the "identification and interpretation of patterns" (Kennedy & Thornberg, 2018, p. 3).

3.2 Qualitative research approach

This study used a qualitative research approach. A qualitative research approach examines and explores how human beings construct, interpret, and assign meaning to their experiences (Denzin & Lincoln, 2018; Jackson et al., 2007; Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016). It encompasses all social inquiry which relies primarily on non-numerical data as it dissects information from direct observations, composed records, and in-depth, open-ended interviews as opposed to depending on preselected variables or finite questions that elicit categorised and forced-choice responses (Jackson et al., 2007; Merriam, 2009; Patton, 2002). Qualitative researchers take part in naturalistic inquiries and consider real-world settings to produce rich account portrayals and build contextual analyses (Aspers & Corte, 2019; Denzin & Lincoln, 2018; Jackson et al., 2007; Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016). Qualitative research aims to answer questions about the meaning and

experience dimensions of people's lives and social worlds. The subjective meanings, actions, and social contexts of research participants, as understood by them, are at the core of qualitative research (Aspers & Corte, 2019; Jackson et al., 2007; Merriam, 2009; Merriam & Tisdell, 2016). Furthermore, qualitative research has a descriptive depth, showing an appreciation for the depth and variety of philosophical underpinnings that guide them (Jackson et al., 2007). The philosophical stance of qualitative research is rooted in phenomenology, interpretivism, and symbolic interactionism, as it believes in multiple realities constructed and interpreted from the perspectives of those experiencing them (Merriam, 2009; Merriam & Tisdell, 2016). In qualitative research, participants are instrumental in the research process, and the exploration thereof relies on their contributions and responses in providing rich, thick, and in-depth descriptions of their experiences (Jackson et al., 2007). As described above, the nature of qualitative research was best suited for this study in the ways explained below.

Firstly, the inductive nature of qualitative research assists in studies where there is insufficient theory to adequately explain the occurrence of a phenomenon or where there is a dearth of literature (Merriam, 2009; Merriam & Tisdell, 2016). The previous chapter revealed that the current knowledge base of perpetrator trauma resides in combat veterans, with minimal literature on juvenile offenders. Thus, a qualitative approach was beneficial for this study as it enabled exploration and description, which provided insight and led to a better understanding of perpetrator trauma amongst juvenile offenders. A qualitative approach was also best suited to exploring this new area of perpetrator trauma, as very limited information is known and inconclusive data exists, particularly around its existence and prominence. Secondly, although the researcher used perpetrator trauma symptomatology as a guiding tool, a qualitative approach provided value in ensuring that not all conclusions were pre-empted but rather allowed for further exploration and introduction of new information to provide

insight into the development, manifestation, and presentation of perpetrator trauma amongst juvenile offenders. Thirdly, a qualitative approach was best suited for this study as the researcher's primary aim was to understand perpetrator trauma from the insider's perspective, specifically the juvenile offenders experiencing perpetrator trauma, and to receive thick descriptions of perpetrator trauma from their contributions. Furthermore, the direction that the study would take was not evident from the onset. Therefore, the flexibility of qualitative research (Merriam, 2009; Merriam & Tisdell, 2016) allowed the research process to change directions when necessary – resulting from a one-phase sampling procedure in the developmental stages of the study to a two-phase sampling procedure at the implementation stages of the study.

3.3 Descriptive phenomenology

The philosophical underpinnings of this study were that of descriptive phenomenology. Phenomenology is a philosophical tradition that guides all psychological inquiry (Brinkmann et al., 2014; Lopez & Willis, 2004; Merriam, 2009; Merriam & Tisdell, 2016), within which qualitative research finds its intellectual roots (Jackson et al., 2007). Phenomenology entails studying the unique experiences of human beings in whichever way they appear (Groenewald, 2004; Merriam, 2009; Merriam & Tisdell, 2016). Although phenomenology was ever-present, Edmund Husserl developed it as a philosophy in the 1900s (Brinkmann et al., 2014; Groenewald, 2004; Lopez & Willis, 2004; Merriam, 2009; Merriam & Tisdell, 2016). Qutoshi (2018, p. 215) described phenomenology as a philosophy as a "method of inquiry that is not limited to an approach to knowing; it is rather an intellectual engagement in interpretations and meaning-making that is used to understand the lived world of human beings at a conscious level".

Previously, consciousness and experience were at the heart of phenomenology. However, it was expanded by theorists such as Merleau-Ponty and Jean-Paul Sartre to include the human lifeworld, also considering the historical contexts of the body and human action (Brinkmann et al., 2014; Qutoshi, 2018). The goal of Husserl's phenomenology was to investigate the essence and provide a descriptive account of the essential structures of human experience from the person's perspective (Brinkmann et al., 2014; Lopez & Willis, 2004; Qutoshi, 2018). His seminal work has sparked reading and writing in descriptive phenomenology, which is the pursuit of realities instead of truth (Brinkmann et al., 2014; Lopez & Willis, 2004; Merriam, 2009; Merriam & Tisdell, 2016; Qutoshi, 2018). Husserl emphasised the importance of bracketing in a phenomenological inquiry to mitigate prior inferences or preconceptions about the participant's realities that might negatively affect the research process (Lopez & Willis, 2004; Merriam, 2009; Merriam & Tisdell, 2016; Qutoshi, 2018). Bracketing remains an essential tool in understanding participants' lived experiences from their perspective as it allows researchers to temporarily set aside their knowledge (Qutoshi, 2018). This aligned with the philosophy of this study as the researcher was concerned with learning from the participants and understanding their experiences as it relates to perpetrator trauma. It was particularly useful as the researcher could understand the phenomenon of perpetrator trauma as lived and experienced by the participants. The researcher used her knowledge of perpetrator trauma to ensure that the participants' responses were within the borders of perpetrator trauma to mitigate any grey areas, particularly in a field where very minimal is known and where confusion between perpetrator trauma and PTSD and other related disorders may exist. However, the researcher used bracketing to ensure that the researcher's knowledge base of perpetrator trauma does not contaminate the collection and interpretation of data or negatively influence her ability to adequately capture the participants' experiences of perpetrator trauma as lived and experienced by them.

3.4 Single case study

Lastly, this study utilised a single case study research design. Case studies are widely used in qualitative inquiry, allowing researchers to explore and describe individuals, groups of people, or situations within their contexts using multiple sources (Baxter & Jack, 2008; Gustafsson, 2017; Yin, 2003). They examine real-life modern binding systems or multiple binding systems through rigorous and detailed investigations (Gustafsson, 2017). Case studies provide detailed descriptions of a case, help identify themes within the individual case, and allow for cross-analysis across multiple cases (Gustafsson, 2017). They also allow holistic and meaningful characteristics of real-life events to be retained (Yin, 2003).

Furthermore, the philosophical and theoretical underpinnings of the case study method are within the interpretivism paradigm, which argues that there are multiple realities and that truth is relative, subjective, and dependent on one's own perspective (Baxter & Jack, 2008). There is no universally agreed definition of a case study. However, there is consensus about the rigorous nature of a case study and what a case study aims to achieve (Putney, 2010; Yin, 2003, 2009, 2018). The researcher opted for a single case study design as it is not time-consuming and provides an opportunity for detailed and in-depth analysis and description as opposed to multiple case studies. Therefore, the researcher was able to focus on one entity and one unit of analysis which allowed for thick and detailed descriptions.

3.5 The role of the researcher

Qualitative research relies heavily on the researcher as a key and instrumental figure in collecting and interpreting data (Creswell & Creswell, 2018). The researcher also plays a role in closely collaborating with the participants to enable them to tell their stories and assign meaning to their experiences (Baxtor & Jack, 2008). The interaction between the researcher and the participants is often a sustained and intensive experience (Creswell & Creswell,

2018). As a result, various strategic, personal, and ethical dilemmas might be introduced into the research process (Creswell & Creswell, 2018). Therefore, it was important to understand and describe the role of the researcher in the research process. Through reviewing existing literature on both juvenile offending and perpetrator trauma, the knowledge thereof has created a foundation on which the study was based. However, it was of utmost importance for the researcher to, despite this knowledge base, engage the participants as the true contributors to the knowledge required to understand perpetrator trauma amongst juvenile offenders. The language used by the researcher in the interviews was also under scrutiny by the researcher to avoid leading questions and avoid questions that might lead to the emergence of both ethical and legal dilemmas.

In addition, the researcher's intimate involvement with the participants in their meaning-making process led to biases and subjectivities on the researcher's side. This arose from two main elements. Firstly, the researcher's professional role as a Clinical Psychology intern, who, at the time of the data collection, was rotating at the Forensic unit of her workplace tasked with rehabilitating state patients, who are persons who committed an offence. However, due to a mental defect or mental illness during the commission of their offence, they have been found criminally unaccountable for their offences. Therefore, involvement in these rehabilitative programmes with these patients led the researcher to pre-empt the existence of perpetrator trauma amongst offenders. Secondly, the researcher was familiar with the processes involved in perpetrator trauma from the empirical findings and literature researchers in the field conducted. This also contributed to the biases and subjectivity that arose from the researcher's side. However, in resolving these dilemmas, the researcher familiarised herself with the readings of Merriam and Tisdell (2016). Merriam and Tisdell (2016) reported that the aim is not to eliminate such biases. However, they ought to be identified and monitored to make clear how they might influence the collection and

interpretation of data. Furthermore, it was important for the researcher to be cognisant of her personal role in the research process and recognise and document her own subjectivity.

Lastly, the one-on-one interviews, where the researcher and the participant engaged in an intense conversation around the personal experience of trauma and the description of the gruesome violent acts, aroused emotions on the researcher's part. This required ongoing reflection and supervision. Also, challenges of transference and countertransference as they emerged needed to be identified, clarified and reflected upon. The reflexivity section of Chapter 5 discusses the researcher's reflection of the process and the emotional impact.

3.6 Research population and sampling

Perpetrator trauma has been widely researched among combat veterans. It has never been researched amongst the offender population. Since perpetrator trauma is not a diagnosable or recognised disorder, it is difficult to ascertain. Initially, the researcher sought to use a one-phase sampling procedure, where a social worker or psychologist first screened the participants at either Grootvlei Correctional Centre, Boksburg Correctional Centre, or Johannesburg Correctional Centre. This ensured that the participants who were to form part of the study had shown traumatic stress reactions solely linked to their offences and not any other traumatic experiences. However, due to limited human resources within the correctional centres, the DCS Research Ethics Committee suggested that the researcher explore other alternative methods of recruiting and screening the participants. Therefore, to consider the suggestions made by the DCS REC, as well as be cognizant of the researcher's limitations of time and resources, and ensure that she identifies offenders who have experienced trauma symptoms as a result of their own offences/offending behaviour, the researcher developed a perpetrator trauma symptomatology screening questionnaire. This ensured that the participants' responses were directly linked to trauma due to their offences and other essential

inclusion criteria related to fulfilling the research objectives. It is important to note that the screening questionnaire was only utilised as a sampling instrument to ensure the selection of suitable participants and was not used for analysis purposes. As a result, the sampling procedure consisted of two phases. During the first phase, non-probability convenience sampling was used (Denzin & Lincoln, 2018; Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016; Terre Blanche et al., 2006). Convenience sampling is a non-probability sampling technique often used to find participants who are readily available to the researcher and who meet practical criteria based on their accessibility, availability, geographical proximity, and their willingness to participate in the study (Denzin & Lincoln, 2018; Kumar, 2011; Merriam, 2009).

During this phase, 60 juvenile offenders were recruited in multiple small groups of seven to 38 during suitable times at Grootvlei Correctional Centre and Boksburg Correctional Centre. The participants completed a screening questionnaire (see Appendix 2) based on perpetrator trauma symptoms (Chung et al., 2016; Karam, 2019; MacNair, 2001; Mohamed, 2015; Morag, 2012). The researcher assisted the participants with the screening questionnaire, as she read and explained every question to the participants and was able to answer questions that the participants posed and clarify any terms. The social worker at Boksburg Correctional Centre and the psychologist at Grootvlei Correctional Centre also assisted with administering the screening questionnaire assisting participants with reading difficulties. In the second phase, non-probability, purposive sampling (Denzin & Lincoln, 2018; Kumar, 2011; Terre Blanche et al., 2006) was utilised, where participants were selected based on the feedback obtained from the perpetrator trauma symptomatology screening questionnaire. Purposive sampling consists of deliberately choosing certain participants due to their qualities, knowledge, and/or experience related to the phenomenon under study (Denzin & Lincoln, 2018; Kumar, 2011; Merriam, 2009; Terre Blanche et al., 2006). This

non-probability sampling technique was particularly useful in this study as it ensured that participants with specific characteristics and who have experienced perpetrator trauma symptoms were chosen, subsequently ensuring credibility and helping the researcher achieve the research objectives.

From the two-phase sampling procedure, the final participants were selected based on the following inclusion criteria: participants were individuals (i) who are male, (ii) classified as juvenile offenders, (iii) between the ages of 18 and 20 (DCS, 2019, p. 48), (iv) convicted and incarcerated at the juvenile unit of either Grootvlei Correctional Centre, Boksburg Correctional Centre, and/or Johannesburg Correctional Centre for serious violent crimes, (v) who have shown any of the following symptoms associated with perpetrator trauma as indicated by the perpetrator trauma symptomatology screening questionnaire: flashbacks or nightmares related to their violent offense, intrusive memories of the offense, partial or full amnesia of the offense, hallucinations related to the act or the victim, and the following additional symptoms: body ailments, feelings of guilt, shame or self-devaluation (Chung et al., 2016; Karam, 2019; Mohamed, 2015; Morag, 2012), (vi) who do not meet the criteria for PTSD and other trauma-related disorders as established from the screening questionnaire and confirmed during the individual interview, and who is (vii) fluent in English, however, the researcher is also fluent in Sepedi, Setswana, isiZulu, and Sesotho and was able to explain certain concepts to the participants fluent in any of the abovementioned languages. Regarding criterion (v), it is important to note that perpetrator trauma is not a recognised or diagnosable disorder and is still in its conceptual phase. Therefore, it is unclear how many symptoms are required for participants to be regarded as suffering from perpetrator trauma. However, for this study, participants who exhibited at least two of the abovementioned symptoms and at least one of the abovementioned additional symptoms, as self-reported in the screening questionnaire, were identified as possible participants. Ultimately, 12 participants were

recruited at Boksburg Correctional Centre and two at Grootvlei Correctional Centre. However, four of the 14 participants' individual interviews were cut short and ultimately excluded from the analysis as the participants' responses were related to other traumatic experiences and not due to their offences. Subsequently, nine participants from Boksburg Correctional Centre were recruited for the data collection, and one from Grootvlei Correctional Centre. Data collection was ceased at Grootvlei Correctional Centre after completing the interview with one participant as saturation was attained. Relating to the biographical information of the participants, two participants were 18 years of age, one participant was 19, and seven participants were 20 years old. Most of the offences committed by the participants were murder and rape while aggravated robbery and possession of illegal firearms were accompanying offences. Table 1 below indicates the participants' ages, type of offences, and the correctional centre they were confined at.

Table 1

Sample description

Participant no	**Age**	**Type of offence**	**Correctional centre**
Participant 1	19	Murder	Grootvlei
Participant 2	20	Murder, rape	Boksburg
Participant 3	20	Murder	Boksburg
Participant 4	20	Rape (11 counts), Armed robbery (5 counts)	Boksburg
Participant 5	18	Murder (2 counts), attempted murder, aggravated robbery,	Boksburg

		illegal possession of firearm	
Participant 6	20	Murder, rape	Boksburg
Participant 7	18	Murder, rape, aggravated robbery	Boksburg
Participant 8	20	Murder (3 counts), attempted murder, aggravated robbery	Boksburg
Participant 9	20	Rape	Boksburg
Participant 10	20	Murder	Boksburg

3.7 Data Collection Method

This study utilised semi-structured individual interviews to collect the research data. An interview is when the researcher engages in a conversation with the participant, asking questions pertaining to the study to answer the research question and achieve the research objectives (Denzin & Lincoln, 2018; Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016; Walliman, 2011). This method of collecting data was used in this study as the interviews allowed the researcher to collect in-depth data from the participants. The structure of the semi-structured interviews ensured that the researcher adhered to the list of questions (see Appendix 3) while allowing for further probing to elicit more information, seek clarity, and respond to the changing worldview of the participants and new emerging ideas (Denzin & Lincoln, 2018; Kumar, 2011; Merriam, 2009; Merriam & Tisdell, 2016; Walliman, 2011).

On average, the interviews lasted 46 minutes, with the shortest interview being 24 minutes and 30 seconds and the longest being 82 minutes and 9 seconds (see Appendix 8 for one of the transcripts). The duration of the interviews was largely dependent on the nature of the

information shared and not bound by time constraints. This allowed the participants the freedom and the time to fully express themselves and relate their trauma as they wished while allowing the researcher to collect rich and in-depth data from the participants. The interviews were audio-recorded with two audio recording devices, one of which was the official recorder, and the other a backup recording device. The recordings were transcribed verbatim, with a total of 297 pages of interview transcripts and 264 pages of translated transcripts.

During the interviews, one challenge that arose was language. Only three participants were fluent in English and able to speak English throughout the interviews. Seven of the participants had an understanding of English; however, they struggled to relay their sufferings in the language. Therefore, the participants used a mixture of English, and Tsotsi-taal, with their language proficiency, either Sesotho, Setswana, Sepedi, or isiZulu. The researcher and the participants sought clarity where words or phrases unknown to the other were used. The use of language and the discourse thereof, which was an important feature in the study, will be further discussed as part of the reflexivity section of Chapter 5.

3.8 Data analysis

Thematic analysis (Braun & Clarke, 2006; Maguire & Delahunt, 2017; Terre Blanche et al., 2006) was used to identify, analyse, and describe common patterns and themes. Thematic analysis is a method of analysing data commonly used in qualitative research (Braun & Clarke, 2006; Maguire & Delahunt, 2017; Terre Blanche et al., 2006). Thematic analysis is a complex process of making sense of raw data and involves consolidating, reducing, and interpreting participants' responses by identifying and describing themes (Braun & Clarke, 2006; Maguire & Delahunt, 2017). The researcher used abductive thematic analysis to allow conclusions of the research to be drawn from the data collected from the participants while also examining the existing empirical data, theories, and hypotheses on perpetrator trauma to

modify, elaborate, and consolidate the ideas together to bring a better understanding and better explanations (Kennedy & Thornberg, 2018). Abduction aims to enable the researcher to "find a middle ground between inductive and deductive methods" (Thompson, 2022, p. 1411) and to benefit from a combination of these two methods (Osman et al., 2018). As a result, the researcher used the deductive aspect of abduction to identify codes and themes within the data that resembled the existing notions and assumptions of perpetrator trauma, particularly its symptomatology as an essential and defining feature of perpetrator trauma. Concurrently, the inductive aspect of abduction assisted the researcher in identifying themes that were not preconceived and were unique to the participants' experiences. Furthermore, the inductive aspect of abduction assisted the researcher in discovering new concepts, ideas, and explanations of perpetrator trauma that were not otherwise explained by pre-existing knowledge, particularly where juvenile offenders are concerned. In contrast, the deductive aspect of abductive methods assisted the researcher in staying true to the research phenomenon of perpetrator trauma by searching for codes and themes within the data that spoke directly to the existing literature on perpetrator trauma symptomatology. The themes were identified through a six-phase framework outlined by Braun and Clarke (Braun & Clarke, 2006; Maguire & Delahunt, 2017) and will be explained below.

After the data collection phase, the audio recordings were transcribed verbatim to initiate the analysis phase. The first step in the thematic analysis was for the researcher to familiarise herself with the data. The researcher did this by going through the data several times, reading and re-reading the interview transcripts for familiarity, and making sense of the data by immersing herself in the data. Occasionally, the researcher listened to the audio recordings to ensure that she captured the essence of what was said in its entirety, paying attention to not only what was said but also how it was said. After immersing herself in the data and understanding the depth of the content, the second step was coding. The researcher generated

codes from the data allowing the large data pool to be organised into data sets. During this step, the use of abductive analysis was initiated. Firstly, the researcher worked from perpetrator trauma theory and literature to the data in generating codes. This process spoke to the deductive aspect of abductive reasoning. This process was particularly useful in assisting the researcher in generating codes that spoke directly to the symptoms of perpetrator trauma as tabled in perpetrator trauma literature. Secondly, the researcher coded from the bottom up, generating codes directly from the data. During the inductive coding, the researcher attempted to set aside all her knowledge of perpetrator trauma and approached the coding with curiosity and openness.

Following the generation of codes, the third step was to group the codes into similar themes. Steps four and five consisted of reviewing, defining, and naming the themes, respectively. These two steps ensured that the themes identified were clear, unambiguous, and spoke directly to the data collected from the participants (Braun & Clarke, 2006; Maguire & Delahunt, 2017). It involved going back to the raw data and the codes to ensure that the data supported the themes. The last step in the thematic analysis was to report on the themes, which will follow in Chapter 4.

Furthermore, the researcher used a co-coder who did not know the study to conduct the analysis independently. This was done to ensure the study's credibility and to eliminate possible researcher biases that might have contaminated the analysis. Moreover, since the researcher was involved in all stages of the study as the interviewer, transcriber, and translator of the transcripts, the researcher's objectivity during the analysis might have been compromised. Thus, the co-coder was key in ensuring that the generated codes and the identified themes were true to the participants' contributions and free from researcher biases. The co-coder's independent analysis was submitted to the researcher and her supervisors.

Both the researcher's and the co-coder's codes and themes were scrutinised. The researcher and the supervisors decided upon the final codes and themes.

3.9 Measures to ensure trustworthiness

The trustworthiness of qualitative research methodology has always been under scrutiny by positivists as validity and reliability cannot be addressed in similar ways in natural settings (Korstjens & Moser, 2018; Shenton, 2004). However, qualitative researchers such as Egon Guba have developed methods to ensure trustworthiness in qualitative research to address similar quantitative research methods (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Patton, 2002; Shenton, 2004). The four quality criteria developed by Guba, namely credibility, transferability, dependability, and confirmability, were used to assess trustworthiness in this study (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Patton, 2002; Shenton, 2004).

3.9.1 Credibility

Credibility is to qualitative research what internal validity is to quantitative research (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Shenton, 2004). Credible qualitative research represents the truth of the data or the congruence between the findings and reality (Korstjens & Moser, 2018; Shenton, 2004). This study assured credibility in various ways. Firstly, the researcher used well-established methods in the study and followed all processes (e.g., all phases of Braun and Clarkes six phase framework of thematic analysis were adhered to). Secondly, before the data collection phase, the researcher interacted with the various regions of the Department of Correctional Services and familiarised herself with the participants' setting and context. She also attempted to build a trusting relationship with the participants through engagement, explanation, and reassurance during the recruitment process as she was present to thoroughly explain the information leaflet and answer questions that the

participants had about the nature of their participation. Thirdly, an audit trail was used to give a proper and justifiable outline that made clear all the procedures and decisions made during the study as proof that adequate guidelines of practice that ensure credibility were followed; a copy of the audit trail has been attached (see Appendix 7). Lastly, triangulation largely ensured credibility in this study as the researcher and her supervisors were actively involved in the analysis stage of the research process; this ensured that the findings accurately represented the data collected from the participants (Korstjens & Moser, 2018; Shenton, 2004). The researcher also used a co-coder to form part of the analysis to ensure credibility. The co-coder had no knowledge of the study, and she corroborated all codes and themes that the researcher identified. However, both the researcher and the co-coder identified codes and themes that were not identified by the other. Nonetheless, this process assisted the researcher in viewing the data and the subsequent codes and themes from the *other's* perspective, assisting in refining the identified themes. Ultimately, the final codes and themes were decided upon after thorough consultation with the supervisors.

Furthermore, the participants had to sign an informed consent form before the commencement of any interaction with them. During the recruitment process, all participants taking part in the screening questionnaire signed the informed consent form indicating that they consent to take part in the screening questionnaire. Participants recruited for the data collection phase were reminded of their voluntary participation. They had to sign the informed consent again, indicating that they consented to participate in the audio-recorded individual interview. This ensured that only participants willing to share their experiences were recruited. Moreover, in the introductory section of the interviews, participants were further reminded of their right to withdraw from the study should they wish to discontinue.

3.9.2 Transferability

Findings within a qualitative study cannot be generalised to a broader population due to the relatively small sample size encompassing qualitative inquiries. However, in qualitative research, transferability refers to the extent to which the study can be transferred to other contexts (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Patton, 2002; Shenton, 2004). The responses and findings of this study remain unique to the group of participants who contributed to the findings and conclusions of this study. However, this study provides thick descriptions of perpetrator trauma and contextual data about the participants to allow other researchers within the field to make a transfer. In addition, the thick descriptions will enable the reader to understand perpetrator trauma fully and possibly apply it to situations they have encountered or witnessed.

3.9.3 Dependability

Dependability is concerned with whether the study would yield similar results if it were to be replicated (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Shenton, 2004). Dependability is to qualitative research, what reliability is to quantitative research (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Shenton, 2004). In this study, the researcher ensured dependability as the researcher attempted to provide details of the methodology, including what was planned and executed. The researcher also provided details of the recruitment and data collection process to ensure that proper research guidelines were followed. This will allow future researchers to replicate the study and possibly yield the same results.

3.9.4 Confirmability

Confirmability in qualitative research refers to the extent to which the study was objective and free of investigator bias (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Patton, 2002;

Shenton, 2004). It is also concerned with ensuring that the findings and conclusions of the study come from the participants and not the researcher's preconceived ideas or preferences (Guba & Lincoln, 1989; Korstjens & Moser, 2018; Shenton, 2004). This was ensured in this study through the use of bracketing. Moreover, the steps of thematic analysis followed, and its audit trail reveal the objectivity of this study. The audit trail (see Appendix 7) highlights two things that ensure confirmability. Firstly, the audit trail documents the events, influences, and decision-making processes that governed this study, from its conceptual phase to the implementation phase. To ensure this, the researcher kept a research journal, where all processes pertaining to the research, including recommendations, changes, and refinement, were documented and kept as proof that all justifiable guidelines were adhered to. Secondly, the audit trail documents the processes involved in the analysis, from the generation of codes to the identification of themes. The researcher submitted extracts from the interview transcripts to her supervisors as indications that the codes generated came directly from the data. Furthermore, the researcher used a recording device to record all individual interviews to allow for external re-checking or confirmation of the transcripts if necessary.

3.10 Ethical Considerations

Ethical dilemmas within research with human subjects are an inevitable part of the research process (Creswell, 2014). Therefore, this study had to apply and position itself within various ethical guidelines and standards to ensure that the rights of the participants were protected. This was of utmost importance as the participants are classified as a vulnerable population often susceptible to exploitation. Therefore, due to the study's nature and sensitivity and the population's vulnerability, the researcher first sought ethical clearance from the General and Human Research Ethics Committee (GHREC) at the University of the Free State and then the Department of Correctional Services (DCS). The area commissioners of all the correctional centres were made aware of the study. They ensured that the researcher

was orientated to the expectations, limitations, and procedures when working with such a vulnerable population. The researcher was also given documentation, particularly the White Paper on Corrections, to ensure that the study adheres to and meets the standards of the correctional services, especially when interacting with the participants. The researcher was aware of the challenges that might arise as participation might have been influenced by external factors such as the belief that participation will contribute to early release. She was also aware that participants might not be as free to participate in the study as opposed to a population that is not incarcerated. Therefore, the participants were given a comprehensive information leaflet detailing the purpose of the study, the potential risks and benefits, and information on feedback. The researcher also went through the leaflet with the participants and answered all their questions and concerns to ensure that they had a clear understanding of what the study entails as well as the nature of their contribution for them to make informed decisions about their participation. After it was established that the participants were aware of their rights, the research expectations, and the research process, they were requested to sign the informed consent form when they decided to participate in the study. Informed consent was sought during the recruitment process and the data collection phase. It was made clear to the participants that their participation was solely voluntary and that they could withdraw from the study at any time without any repercussions. Also, all personal information (e.g., their names and DCS numbers), which were only obtained and used by the researcher during the recruitment process, were kept confidential and destroyed once the recruitment process was concluded. During the data collection phase, participants were given pseudonyms and codes. These were used in the data analysis and discussion. Also, the data collected from the participants were kept confidential, with audio recordings encrypted and password protected. The participants were also made aware that the researcher's interaction with them was for research purposes, not for diagnostic or therapeutic purposes. They were also made aware

that they would not be given any form of incentives or benefits for participating in this study. This study evoked psychological distress in three of the participants. However, the researcher had liaised with the correctional centres' psychologist and social worker for debriefing purposes and support services prior to commencing with the data collection phase. Therefore, the three participants were immediately debriefed by the psychologist. In addition to the three participants who needed immediate debriefing, four additional participants were referred for further psychological intervention. The referral was made because these participants reported clinically significant distress from their symptoms and significant impairment in their functioning during the interviews. Therefore, the researcher deemed it necessary to adhere to the fundamental ethical principle of beneficence. It was to the participants' benefit that the participants be referred for psychological services to assist in alleviating their distress.

3.11 Conclusion

This chapter provided an exposition of the methodology utilised and its relevance to this study. This was to ensure that sound methodological, theoretical, and ethical practice was adhered to in the planning and implementation of this study. This chapter focused on discussing the methodological aspects of this study and its philosophical underpinnings, positioning itself within descriptive phenomenology and utilising an abductive approach in its collection and analysis of data. This ensured that the findings represented the data collected from the participants while also remaining true to the empirical data of perpetrator trauma. These findings will be discussed in the next chapter.

Chapter 4

Results and Discussion

4.1 Introduction

The previous chapter outlined the methodology utilised in this study, including how the data would be analysed using Braun and Clarke's six-step framework of thematic analysis. This chapter will report and discuss the findings from the thematic analysis. A total of six themes were identified using both inductive and deductive thematic methods of analysis. One theme (Theme 2: persistent and recurrent symptoms associated with the offence and victim), which centres on the symptomatology of perpetrator trauma, was deductive in nature and consists of five subthemes covering various symptoms of perpetrator trauma. The inductive analysis generated a total of five themes and four subthemes. The themes and subthemes identified are:

Theme 1: Experiences of having killed or caused serious harm to others

Theme 2: Persistent and recurrent symptoms associated with the offence and victim

- Subtheme 1: Persistent reliving of the offence
- Subtheme 2: Positive psychotic symptoms and psychogenic amnesia
- Subtheme 3: Persistent negative emotional state/Negative affective experiences
- Subtheme 4: Reckless and self-destructive behaviours
- Subtheme 5: Avoidance and significant behavioural changes

Theme 3: Influence of personal and event characteristics on the perpetrator's traumatic sequelae

Theme 4: The impact of incarceration

Theme 5: Protective experiences, activities, and behaviours

Subtheme 1: Forgiveness and acceptance of offence

Subtheme 2: Rehabilitative programmes and support services within the correctional centre

Subtheme 3: Coping mechanisms

Subtheme 4: Support structures/ Social support

Theme 6: African conceptualisation of symptoms

Quotations from the raw data will be included and used to substantiate the themes and subthemes. The researcher will also incorporate literature to aid in the discussion.

4.2.1 Theme 1: Experiences of having killed or caused serious harm to others

Most of the participants' contributions reside in their myriad experiences of having committed murder or caused serious harm, which warranted the emergence of this theme. They reported various stages and processes from the moment they committed murder or caused serious harm to others. Firstly, the participants reported and narrated the first few moments after committing the offence, primarily characterised by shock and terror. Four of the ten participants expressed an element of shock and terror as soon as they saw that their victims were unresponsive or dead. In expressing this terror, the participants reported:

I was terrified… that eish! I did something wrong. I killed (Participant 6).

After committing this thing, I was terrified…I was terrified, terrified at what I just did. (Participant 7).

She was; actually, they were both dead at the time, so it happened that way. We actually were, we were nervous, shocked, and we didn't know what to do (Participant 8).

Similarly, Participant 5 reported that cognitively he was blank. However, he had an affective response characterised by terror:

> *Well, immediately after doing that thing…nothing came to mind, I didn't realise anything, but I was terrified.*

Although the first few minutes after committing murder are characterised by a lack of assimilation or processing of the offence in the offender's psyche, the first response is the affective response of shock and terror. According to McGlothlin (2020), this shock and terror is an indication of the perpetrator entering the other side of an existential divide and "a new dimension of human experience, one that not only violates powerful and moral taboos but also must transcend cognitive and psychological barriers, since the human mind, contrary to certain political ideologies, is not well suited for killing" (McGlothlin, 2020, p. 105). In addition to the immediate shock and terror, participants experienced various superficial emotions that weighed off quickly after committing the offences. This is due to the offenders' lack of processing or reflection on the offences. At this stage, the participants reported that although they were aware that they had done wrong, they were not aware of the true magnitude, nature, extent, and impact of their actions. To reiterate this, participants 2 and 4 reported:

> *Actually, my, my heart was sore, but* [pause] *I didn't like, everything it, it happened like so fast I didn't even worry, I didn't even care* (Participant 2).

> *I didn't feel any pain of what I did. Even though I knew it was wrong, but… when I get home, I would regret, but tomorrow it's another day. I forgot about what happened, okay I didn't forget, but that feeling that I was feeling so* [pause] *so sorry, feeling like regretting is not there anymore* (Participant 4).

Various other participants also reported not realising or gaining any understanding of what they had done, despite knowing at a superficial level that they had committed offences. Factors that influenced this for the participants were the use of substances. Many participants reported using substances while committing their offences, which affected both their conative and cognitive processes. As a result, it minimised their understanding of the seriousness and wrongfulness of the offence and the accompanying impact. When reflecting on the moments after he fatally stabbed someone, Participant 5 reported that at that particular time, realising what he just did and what that meant for him was not present because of the substances. He reported:

> *I was under the influence of substances; nothing came to mind… like when you are under the influence of drugs, you can't feel a thing.*

Similarly, participants 4 and 7 had similar experiences in which they reported:

> *So I didn't feel any pain of what I did. Even though I knew it was wrong, but* [pause] *you know because I was, I, I was also smoking, there were substances, I was also smoking so* (Participant 4).

> *After I committed this thing, I didn't see, I didn't see how badly I injured her…but when I was sober, when they showed me what I did, eish, I didn't like what I saw* (Participant 7).

> *Because to be honest, at that time, I didn't realise the extent to which I injured her because I was under the influence of drugs* (Participant 7).

Participant 6 also reported on how his psychologist attributed his clinical presentation to the immediate lack of assimilation and processing of the offence due to alcohol intoxication while committing the offence:

…it will always be on your mind… just because you were not normal when you committed this thing, you were under the influence of alcohol… and now you are sober, it's like you are seeing it now, and since you are only processing it now, it's going to affect you… (Participant 6).

The participants started being haunted by their own actions soon after the effects of the substances wore off, and the consequences and the impact of their actions started preoccupying them, during which they entered a reflective state. The participants' accounts of their experiences alluded to a state of reflection where they reported that they started engaging in certain processes and started to realise the magnitude of their offences and their impact. One process which led the participants to gain a deeper level of understanding of the deleterious natures of their actions is the court process. They reported that as they fully engaged in the court process (i.e., they were told of the impact of their offences, were put in the victim's shoes, and were shown the pictures of their actions), they began to reflect on their actions and realised the true nature, extent, and impact of their actions on their victims, victims' families, and their own families. Some of the participants reported:

Remember, I'm busy going to the court now, I'm busy attending the court cases. I didn't know, remember at the time, I didn't know I caused so much pain to them. I didn't think that, I didn't feel, okay maybe I knew, but I, I ignored it. So that's when I was, when I was busy attending court, I was being told of what I did, how was, what did the victim do, I was being asked like, imagine if it's, it was me left in the bush, in the middle of the night without knowing anyone, what would I do? Now, like those people there at the court, they are starting to [pause] *they are putting me in their shoes now, like how was I going to feel…I was starting to think deep about it* (Participant 4).

Even in court, I pleaded guilty because this thing was hurting me you see, mam, it was hurting me because [pause] *I saw the mothers of the two victims' children crying in court,*

and now they mentioned that they have young children, and they were dependent on the victims, and now those children no longer have fathers you see mam… that thing does not sit well with me (Participant 5).

It's painful mam, because it's not just painful to me, it's also painful to the people who lost their fathers. Today they don't have fathers ***(pause)*** *because of me and my friends* (Participant 5).

This thing happened in a way that was horrific; maybe if you were to see the pictures that they showed us in court, you will also be horrified…When I saw the pictures that they showed us in court, yes, I was horrified at the fact that we committed such a serious act (Participant 10).

In further explaining his realisation process and the onset of his trauma through the court procedure, Participant 4 reported how he began to put faces, names, and families to his victims and suddenly, these victims were not just a means to fulfil his sexual urges, but rather human beings he victimised. He reported:

As I was in court, that's when they started telling me like what happened after I left those ladies there like, how did they feel. They are saying this other girl she even tried to kill herself, and then they said the other one now she's like, she was always crying, she doesn't even want to hang out with any boys anymore, she even had, they said, the other one they said she, she hates her dad now, she like, she said her dad didn't protect her, now, so she hates him because, because of me, so now like I have now divided the families now, like, people now like, I'm like, I'm feeling what they are feeling you see. So, that's when those dreams started, after I was, I put myself in their shoes.

According to Litz et al. (2009), this realisation and the reflection that precedes it is a central component in moral injury. Litz et al. (2009) emphasised that morally injurious

experiences are deemed as such after an intense reflection on the event and that a key feature is the awareness of the injurious nature of the event on one's moral schemas. The individual must be (or become) aware of the discrepancy between their actions and moral schemas, which then brings about internal conflicts (Atuel et al., 2020; Haight et al., 2016; Litz et al., 2009). Therefore, the participants' responses support the works of Litz et al. (2009). It was evident from their narratives that as they engaged in certain processes, they realised and understood their offences in their entirety, including the seriousness, wrongfulness, and impact of their offences. The participants attributed this realisation to the court process, which facilitated the development of victim empathy. Grossman (1995, p. 237) deemed this "a sense of identification or an empathy for the humanity of their victim." This identification is the root of the participant's pain. It reaps with it a bitter harvest of negative emotions and a traumatic reaction. The participants echoed this experience by stating:

> *As days went by, I realised that this thing was eating me up* (Participant 1).
>
> *I also asked myself, as a human being that "What kind of a person am I!?" in my life, I never wanted to, to kill a person, but today here I am; I killed someone… And this thing is eating me up…it's eating me up, seriously, every day it's eating me up, it's draining my soul* (Participant 3).
>
> *The moment I realised this thing it, it started eating me up* (Participant 5).

According to Litz et al. (2009), these negative emotions and emotional torments accompanying realisation are due to the awareness of the breakage of moral borders governing human existence, interaction, and function. Participants 1, 5, and 7 echoed this by reporting:

> *I felt sorry at, for his family, the people, the family of this person…and the people who have been hurt by what I did, I, I took the life of the person that they loved* (Participant 1).

And now this thing that I have done is painful, mam, because these people had children, and the mother of their children were not working…they were the ones who would put food on the table; now I see that me and my friends made a mess by killing them (Participant 5).

Even now, since I spend most of my time sober, when I sleep, I always think about it, that eish, I regret myself a lot about what I did, I robbed a family of a loved one, I took their daughter away from them, and this thing eats me up each and every day (Participant 7).

When I think about this, I would think about how I robbed a family of their daughter (Participant 7).

These participants and many of the participants began to examine the existential and moral boundaries they had violated with their actions. These experiences are not only limited to their realisation of the lasting impact of their actions on their victims and their victims' families, but also on their families. They reported:

What I did, I'm not facing the consequences alone, I'm not suffering from what I did alone, my family is also suffering… Because there was a time where my little sister was being threatened by people… they said, "we are doing what your brother did" (Participant 4).

This bad news was not only around me but was also around my siblings, around my family, you know my mom and everybody (Participant 8).

Their examination and the realisation of the impact of their actions on all the parties involved causes distress and discomfort. They experience both emotional and moral torments, where they struggle to cope with the offence and cannot forget their actions. Participant 8 reported his need to forget, despite his inability to do so:

I would like to forget about everything that has happened, but unfortunately, they keep on popping up… Like I see them probably once, if not twice you know, in two weeks…and I would like to actually forget about them and everything, but unfortunately, I cannot.

Similarly, Participant 9 reported:

I, I am trying to forget, but I can't.

Every day! In the two years that I have been in here, every day but I can't…but every day you see. You see this thing that I must forgive and forget, forgive myself…and forget….I would be lying my sister, because every day my sister [pause] *even yesterday, even, every day, I am just wondering about today but, but every day, every day I am always reminded that,* [pause] *sometimes I tell myself that I deserve to be in here because I was a dog.*

Grossman (1995) established that committing murder or causing serious harm to others leaves a lasting psychological, societal, moral, and existential scar on the perpetrator, leaving him/her with the impact of having to deal with this scar for the rest of their life. Similarly, the participants alluded to their offences as wounds of their souls and a burden weighing on them, which they desperately try to escape through denial of the offences or denying responsibility for their offences. Many of the participants used denial as a defence:

Most of the time, when I was seated alone, I would ask myself, "Am I the one who did such a thing? No!" I would deny it (Participant 6).

I felt like, uh, I, I, like I was bewitched or whatever you see, I felt like there were people who bewitched me to do whatever I did…Because it didn't feel like I was the one who did it (Participant 6).

I even thought of denying the scene that "No, we are not responsible for that scene, we did not do that" (Participant 10).

Grossman (1995, p. 92) argued that denial forms a greater part of defence in the combatant's life as "the burden of killing is so great that most men try not to admit that they have killed." They deny not only to others but also to themselves. Denial of offence and denial of responsibility of the offence, as described by Sykes and Matza (1957) and further elaborated by Grossman (1995) and Roldan-Sevillano (2021) are rationalisations or neutralisation techniques used as a means to maintain the image of the untainted, unflawed human being who is not responsible for the gruesome offences they are being accused of, thus temporarily relieving oneself of the burden of the offence.

Furthermore, the participants not only experience moral or existential dilemmas and crises, but they also experience a wide variety of symptoms associated with and related to the offence and victim. These symptoms will be discussed in the next theme.

4.2.2 Theme 2: Persistent and recurrent symptoms associated with the offence and victim

The previous theme took the reader through the processes and stages following the commission of the offence, from the immediate terror and shock and accompanying lack of realisation to the reflective process, which leads to the realisation of the magnitude, nature, and extent of the offence. It also proved the lasting multidimensional repercussions of committing murder or causing serious harm to others on the participants. This theme will focus more on the psychological repercussions of committing murder or causing serious harm to others by exploring the symptoms of perpetrator trauma as reported in perpetrator trauma symptomatology literature and experienced by the participants. The central feature of exploring perpetrator trauma amongst juvenile offenders was the symptomatology that characterises it. All 10 participants suffered from various symptoms related to or closely

associated with their offences and their victims; these contributions resemble and echo various accounts of perpetrator trauma symptomatology literature (Chung et al., 2016; Evans et al., 2007; Grossman, 1995; Karam, 2019; MacNair, 2002, 2008; McGlothlin, 2020; Mohamed, 2015; Roldan-Sevillano, 2021). These symptoms are persistent and often recur even after an intervention of some sort is made. Five subthemes were deduced under this theme: (i) persistent reliving of the offence, (ii) positive psychotic symptoms and psychogenic amnesia, (iii) persistent negative emotional state, (iv) reckless and self-destructive behaviours, and (v) avoidance and significant behavioural changes.

4.2.2.1 Subtheme 1: Persistent reliving of the offence

All the participants reported a constant reliving or reexperiencing of their offences through recurring and persistent dreams, flashbacks, and thoughts and memories experienced as distressing. The data concurs with the works of Glover (1988), Grossman (1995), MacNair (1999, 2001), McGlothlin (2020), and Roldan-Sevillano (2021). They established that perpetrators of violence constantly have to deal with the haunting repetitions of their actions through intrusive imagery that disrupts their memory and identity. It is very common for individuals who committed murder to experience symptoms that propel them to relive the most painful parts of their actions relating to their victims, in particular, the anguish and helpless state of their victims (Glover, 1988; MacNair, 1999, 2001; McGlothlin, 2020; Roldan-Sevillano, 2021). The first and most frequent symptom reported in perpetrator trauma literature and similarly experienced by the participants is recurrent, persistent, and distressing dreams about their offence(s) and victim(s). Each participant persistently dreamt of their offence, with themes of their dreams and nightmares related to their unconscious processes of guilt and their fears and anxieties. The participants' responses confirmed the arguments of Glover (1988), Grossman (1995), and MacNair (2008) that there are various dream motifs with the dream content relating to the victim and the offence. Although this is true, literature

is deficient in the different kinds of dream motifs that offenders and perpetrators experience, with Glover (1988) identifying two dream motifs: dreaming of the actual event or offence and dreaming one is a victim of the very offence he/she has committed. Similarly, as noted in the literature review, MacNair (2008) identified or expanded on two dream motifs, where the individuals dream of themselves being confronted and accused by the victims, and secondly, where the perpetrators dream of themselves as victims of the offence they have committed. However, this population experienced various kinds of dream motifs relating to the actual event and the victims, which will be expanded on below.

Of the ten participants, six participants reported dreaming about their offence as it occurred, particularly the most gruesome parts of the offence, while other participants reported dreaming about the offence, however, altered events of the offence. The participants who reported dreaming about the offence as it occurred mentioned that:

I was dreaming about everything that happened there (Participant 1).

I used to have nightmares about what happened (Participant 4).

I started having [pause] *nightmares, I would dream about everything that I used to do with the guys* (Participant 9).

While those who dreamt of the altered events of their offence echoed their experiences by stating:

I dreamt this child was screaming, screaming for help, screaming for help, screaming for help, and I closed her mouth, but I didn't dream the way, like how I killed her that time, I closed her mouth, I stabbed her by the throat multiple times, I stabbed her by the throat, I stabbed her by the throat, after I stabbed her by the throat, I took the rock, and I threw it on her body, and I threw it this time on her stomach, this was last month, I threw it on her stomach, I took it up again, I threw it on her head (Participant 2).

Another participant only stabbed his victim once in the neck. However, he reported that:

I often dream about the day I committed this offence; it's like I am on top of this lady, and I'm stabbing her multiple times (Participant 7).

While other participants reported dreaming about their offences as they occurred in real-time or altered events of the offence, others dreamt about their offences in symbols, where they dreamt about darkness or their hands covered in blood. For example, participants 7 and 9 reported that:

Sometimes I would dream it's dark, and when I look at my hands, they are covered in blood (Participant 7).

I would dream like I was in the dark… Like I would walk, I wouldn't understand what's happening. I am walking, but I'm not getting anywhere (Participant 9).

This might symbolise various themes. It might even be open to various interpretations as it can literally mean having killed and having blood on one's hands. It can also be interpreted as underlying processes of guilt or anxiety.

Other dream motifs that became evident from the participants' contributions are dreams about the victim. Nine of the ten participants reported distressing dreams about their victims where they dreamt of their victims in three ways. Firstly, seeing their victims in their dreams as though they are seeing them:

This thing of dreaming, like the victim… I don't, he is not someone I knew, like he, if I was to picture him or to point him out, he was not someone I knew, I only saw him then, and I was drunk… I used to dream about him…I would see him and know that "Here is the person that we killed!" (Participant 1).

Some of the victims I didn't know, I don't remember, but I, when dreaming, you know how dreams are, they would appear as those victims now… I will remember…okay, it's them (Participant 4).

Whenever I would sleep… those two people who died in front of me would appear to me (Participant 5).

Whenever I would sleep, she would appear (Participant 7).

I have been dreaming dreams about you know, the people that I have murdered…they keep on popping up in my dreams. Like I see them (Participant 8).

Secondly, dreaming about their victim(s) as though their victims are calling or talking to them. Participants 3 and 9 expressed this by stating:

Sometimes he would appear in my dreams, and he would say, "Let's go" (Participant 3).

I would dream… I am walking, but I'm not getting anywhere…when I look back, I would see the person we killed, like I can see him, in such a way that [pause] *"Come" like the person is calling me* (Participant 9).

Thirdly, the participants reported dreaming about their victims or the victim's families retaliating. Six of the ten participants reported that they often dream about the victims strangling or attempting to strangle them, while others reported dreaming about the victims attempting to stab or chase them. They mentioned:

I often dream about this guy holding a knife, wanting to stab me, and then he would tell me that he will never die alone; he will die with me (Participant 3).

I once dreamt about this guy wanting, strangling me like this, strangling me and saying, "Today you are sleeping with me, today you are coming with me, you are dying just as I died" (Participant 3).

Sometimes I would dream about him chasing me, it's him and his friend they are chasing me, and other times I would dream about his brothers, because I know some of his brothers…. I often dream about his brothers chasing me with guns (Participant 3).

I once dreamt it was them, 5 of them; they were there now. They were with their fathers, they were having swords, knives, golf sticks, they wanted to beat me up. I was alone there, in the street, and then as I was running, I was running, and they were busy throwing those things at me…And then I found a big tree, I climbed that tree, and when I was climbing the tree, they were busy throwing those things there, and then that's when I woke up… even the following night when I go to sleep, I would dream again (Participant 4).

I would dream maybe those victims they are all in the same place; they are chasing me, they have weapons and stuff, they want to kill me. I would dream their families wanting to kill me (Participant 4).

The guy that I stabbed, I once dreamt about him this other day…it was as if he is strangling me while I was sleeping (Participant 5).

Furthermore, the participants reported that they experience dream enactments that often accompany their nightmares. This agrees with Rachakonda et al. (2018). They argued that traumatised individuals suffer in their sleep, from their dreams through various disruptive nocturnal behaviours, which include nightmares and violent acting out of these nightmares. Similarly, the participants reported that they would act out their nightmares by screaming, talking, crying, and fighting in their sleep. To express this, participants 1, 7, and 9 reported:

I talk in my sleep, especially the time when this thing was happening… maybe he is awake, he would tell me that "Man, you were saying this, this and that, you were fighting, or I couldn't make out what you were saying, but I could hear that you are talking, but I can't hear clearly what you are actually saying" …or "you were talking as though you were in a fight" (Participant 1).

I do scream…when I dream…but I don't scream in my dreams; the people who I share a cell with can hear that I am screaming and crying (Participant 7).

I scream, like I would talk, I talk in my sleep, like everything that is happening there (Participant 9).

While many participants reported being confronted by and reliving their actions in their sleep, many also expressed reliving their offences when they are awake. They experience it through painful and intense flashbacks, during which they involuntarily get to relive their offences as though they are happening again. Participant 6 reported that:

It would appear…the time when I was stabbing her… it was like she was standing right in front of me…and I am stabbing her…it would be like it just happened, and I just threw the knife on the, on the floor…I would just keep quiet and stare at her… it's as if I am stabbing her… it's like I just committed the murder now…I see that she has blood on her back, and here is the knife. I just threw it on the floor…and I see her physically collapsing

She never said a word. She would be quiet, I stab her, and then she runs out the door because I stabbed her as she was getting out the door, she went out, as soon as she went down the steps…she collapses…I constantly saw that. It was like it was happening like that, same thing, she collapses, same thing

Other participants reported:

Like it comes back to my, to my, to my mind this thing that I've done, especially the, the, the moment where I picked up the rock and threw it on top of her face, it's always coming back to my mind (Participant 2).

I would see her; I couldn't see her face. I would see her lying down in a pool of blood (Participant 7).

The last reliving symptom that participants experienced is recurring and distressing thoughts and memories about the offence(s) and victim(s). Various participants reported:

I see her, like I can picture her in my head, the time I was looking at her… When she was lying there on the floor (Participant 2).

Like seeing what happened and now like…I'm seeing those victims… they are, they are crying, they are begging me to stop, begging me not to (Participant 4).

I would sometimes just sit down and turn to think of that day, you know. I will just take, I don't know why but my mind would automatically go back there and think about what, what was happening that day (Participant 8).

This is in accordance with various sources in perpetrator trauma literature who established that perpetrators are often enthralled by flashbacks and intrusive and involuntary thoughts and memories of their actions and the victims (Glover, 1988; MacNair, 1999, 2001; McGlothlin, 2020; Mohammed, 2015; Roldan-Sevillano, 2021). Moreover, Grossman (1995) and MacNair (1999, 2001) argued that physical proximity between the perpetrator and the victim during the act is closely associated with severe reliving outcomes characterised by horrible and haunting nightmares, flashbacks, thoughts, and memories. This was evident from the analysis, as the participants used more personalised and intimate (close/knife range) means of killing or harming others and reported haunting imagery of these moments.

Furthermore, the literature indicated (Chung et al., 2016; Grossman, 1995; MacNair, 1999, 2001; Roldan-Sevillano, 2021) that these symptoms that propel them to relive their offences are often accompanied by a physiological response (panic-like symptoms) such as sweating, palpitations, difficulty breathing, sleep difficulties and somatic symptoms (e.g., headaches and fatigue). The participants' responses corroborated perpetrator trauma symptomatology literature. They reported that they often have difficulty breathing and experience palpitations when they wake from their nightmares. They would also sweat and often struggle to go back to sleep. Regarding autonomic signs, they reported:

> *When I wake up, remember like as I was having those nightmares, I would wake up I couldn't breathe sometimes, like now, I would, like I would be sweating, and maybe sometimes* [pause] *it's cold, but I would be sweating where I couldn't even wear a blanket, like I'm sweating, I am frightened* (Participant 4).

> *I do sweat, whether I am wearing blankets or not I would sweat, I used to tell my friend who I share a cell with that I am sweating, but I don't feel sick or anything, I would sweat, especially after thinking about this thing, I was sweating, I took off the shirt I was wearing still, but still, I was sweating. Yes, well, sweating is something that used to happen when I think about that thing* (Participant 7).

> *But when, when I wake up every time my heart is pounding. I don't really like seeing them to tell you the truth* (Participant 8).

Additionally, sleep difficulties were the most prominent difficulty experienced by the participants as a result of their reliving symptoms. This is consistent with perpetrator trauma symptomatology literature as it was found that a core symptom feature of perpetrator trauma is sleeplessness which is described as the sufferer's inability to escape the haunting repetitions of their actions (Grossman, 1995; Mohamed, 2015). Similarly, the participants

reported that they often have difficulty initiating sleep due to overwhelming thoughts, flashbacks, or memories about the offence or the victim. They also often wake from nightmares during the night and experience difficulty going back to sleep, or they wake up before the expected wake-up time. To express this, participants 6 and 9 reported:

> *Like now I couldn't even close, like when I try to close my eyes, it would appear again, and then I would open them, when I open them, I would think about it* (Participant 6).

> *When I wake up… I can't go back to sleep, and then I would just take a bath and just sit; maybe I woke up around 2:30, and I would sit until 6* (Participant 9).

Another participant reported fatigue when he woke up:

> *I wake up very tired in the morning; it's as if they were busy doing something to me at night…I wake up tired, you find that I slept around 7 right, but around 5, when they wake us up…even after they switched on the lights, I am still sleeping…my body would be so tired, it would be like I was doing something at night, I was exercising or something* (Participant 7).

In conclusion, symptoms that propel offenders to relive their offences through intrusive imagery are amongst the most prominent symptoms characterising their trauma, with nightmares more prominent and persistent than all other symptoms. The most prominent theme is the reliving of painful moments of the offence and a constant confrontation with the victims and the offences through nightmares, flashbacks, thoughts, and memories that are experienced as distressing and are accompanied by autonomic signs and sleep difficulties. Similar to these reliving symptoms, participants experience constant confrontations with their offence and victims through various psychotic symptoms, which are explained in the next subtheme.

4.2.2.2 Subtheme 2: Positive psychotic symptoms and psychogenic amnesia

Another symptom feature that was prominent in perpetrator trauma symptomatology and present amongst the current population are positive psychotic symptoms and psychogenic amnesia, where participants reported various hallucinatory moments and expressed an inability to remember certain aspects or details of their offences. This is supported by Glover (1985, 1988), Grossman (1995) and MacNair (1999, 2001), who established that overt psychotic symptoms and dissociation (inclusive of amnesia) were observable symptoms amongst perpetrators. Glover (1988) reported that Vietnam veterans experienced a constant confrontation with their victims through overt psychotic symptoms in the form of hearing the voices of victims confronting them with why they killed or harmed them. The voices also offered a warning to the perpetrator that bad things would happen to them and their families (Glover, 1988). Similarly, participants reported auditory hallucinatory states characterised by similar confrontational themes, where they reported hearing voices of their victims calling them to 'death' while others reported hearing their victims' voices confronting them. Participant 3 stated:

> *I would hear his voice screaming, "Don't kill me man, I told you that we will meet again, and today here I am, let's meet."*

Participant 5 reported:

> *I would hear voices saying, "why did you kill us?" … "why did you kill us?" … "Whose child deserves to be killed?"*

Perpetrator trauma symptomatology literature lacks the descriptive nature to ascertain the most prevalent and prominent hallucinations. However, from this sample, auditory hallucinations were the most common hallucinations, while visual hallucinations were rare

and were only spoken of by two of the ten participants. Participants 3 and 6 reported visual hallucinations by stating:

I would see him. Here he is, holding a knife (Participant 3).

I told the guy I share a cell with, that "Here he is", "here is the guy, the guy that I killed, here he is" (Participant 3).

I would see her physically while I am standing (Participant 6).

These symptoms evoke fear and terror; similar to reliving symptoms, they are accompanied by a physiological response. The participants reported that when they see or hear their victims, they often experience sweating, heart palpitations, and difficulty breathing. Participant 3 reported on the terror he experiences following seeing his victim by expressing:

This guy wants to come closer, the guy that I killed, he wants to come closer, he wants to come closer, then I scream, I scream, I cry.

Another prominent feature in the participants' symptom sequelae is the constant state of paranoia, characterised by an intense fear of retaliation and a belief that their lives are in danger. They are continuously on the lookout for a pending attack and have developed an intense suspicion of others. Their constant state of paranoia supports perpetrator trauma symptomatology literature which states that delusions of reference and persecution are most common where individuals believe some level of threat to their lives by others or that others are talking about or looking at them (Glover, 1988). One of the participants, Participant 9, used the metaphor of a small bird in rural South Africa who is constantly at risk of being shot at or hunted. He stated:

But I would be like a bird you see… [demonstration of a startling sound] …do you understand that the life of a bird…was always at risk because we always wanted to shoot

it…I also feel the same… like even if you stand behind me, I would push you, like, "What do you want behind me?"

I became like a bird…whenever there is someone coming from behind, I would assume that they want to harm me. Like [pause] *we can just chill…maybe there are two people seated there; if I look the other way and then look at them, I will feel like they are planning something against me.*

Similarly, participants 6 and 10 echoed this by expressing:

And then I would just stay awake; others are sleeping, I would just sit alone, and ask myself, like now I was busy looking left, and right, it felt like she would come and avenge herself (Participant 6).

After that, I was so scared to go to Soweto…I feared going to Soweto because I thought that the families of the victims might kill me too (Participant 10).

Lastly, under this subtheme, the participants reported an inability to remember certain details of their offence(s). Below are extracts from the participants' transcripts that speaks to their inability to recall certain details of their offences.

Others I don't remember…Things like, for example, this guy, I tripped the guy and stabbed him, but he said I stabbed him with one hole, but I remember stabbing him with two holes (Participant 5).

But I remember the five holes that I initially stabbed her with…So, in court, I was told of 30 holes (Participant 6).

I don't know how many times I stabbed her after that, I don't know when and how… even the knife…I don't even remember where I threw it (Participant 6).

Perpetrator trauma is not only limited to these overt symptoms where sufferers have delusional contents, hallucinatory states, amnesia, and reliving symptoms, but they also have to sit with painful emotions and an emotional state that is negative and persistent. This will be discussed in the next subtheme.

4.2.2.3 Subtheme 3: Persistent negative emotional state/Negative affective experiences

The participants did not only experience positive psychotic symptoms, psychogenic amnesia, and reliving symptoms, but also described an emotional state characterised by various negative emotions. This finding supports the theory that individuals who kill and cause serious harm to others present with various emotional and affective disturbances, including severe feelings of guilt, self-hatred, and self-condemnation (Glover, 1985, 1988). Schaal et al. (2012) reported that perpetration-based events evoke severe and intense feelings of disgust in oneself. To Schaal et al. (2012), these emotions are preceded by fully realising one's action and its impact. This is similarly true to the participants' accounts of their negative affective experiences as these emotions came soon as they realised the seriousness (magnitude), extent, and impact of their offences, as explained in Theme 1. This realisation came with a negative response characterised by a negative evaluation of self, a negative sense of self, feelings of sadness and hopelessness, as well as intense and overwhelming guilt, shame, and regret for one's actions. In moral injury literature, shame and guilt are two of the most prominent self-orientated negative moral emotions that influence how perpetrators respond to the realisation of their actions (Litz et al., 2009). Indeed, this was true as the participants' shame and guilt were the most prominent symptoms which informed their behaviours. In addition to the shame and guilt, the participants reported being consumed by sadness, a negative sense of self (worthlessness and self-devaluation), regret, and hopelessness, during which they see themselves as flawed human beings deserving of punishment for the violent offences that they have committed. They reported an internal

conflict where they battle with the fact that they have committed such serious, violent, and high-impact offences, leading to overwhelming regret, sadness, shame and guilt, and a negative sense of self. Participants 4, 7, 8, and 9 reported:

> *I'm feeling guilty, being shameful now, shameful to talk about; at first, I didn't like to talk about it because okay, it was, it's a, it's a shame, you can also see, what I did is a shame. So I was shameful to talk about it, felt like maybe I am exposing myself* (Participant 4).

> *Even when my friends talk about their crimes, I will never talk about mine because I am not proud of what I have done, I am ashamed about it, and I regret what I did* (Participant 7).

> *I feel like I am* [gasping]*, I am dead…I am bleak, like I'm a dead person* (Participant 8).

> *I would actually think about how much of a terrible human being…I am… I feel like I am not really, I don't deserve to be alive* (Participant 8).

> *When people were sleeping, I would cry, like I was feeling sorry for myself, but at the same time, I am feeling sorry for the people I've hurt* (Participant 9).

These participants are consumed and preoccupied with these negative emotions. Together with the other symptoms explained in subthemes 1 and 2, they began engaging in reckless and self-destructive behaviours. These behaviours are discussed in the next subtheme.

4.2.2.4 Subtheme 4: Reckless and self-destructive behaviours

Many of the participants reported that they started engaging in behaviours deemed reckless and self-destructive after the commission of their offence. These behaviours consist of aggression, suicidality, and substance abuse. Indeed, these are three behaviours that were largely implicated in the perpetrator trauma symptomatology literature as behaviours

characteristic of individuals suffering from perpetrator trauma (Glover, 1985; Kobach et al., 2015; MacNair, 1999, 2001). The most prominent behaviour is the aggression that characterises their behaviour. Kobach et al. (2015) reported that perpetration has a positive relationship with aggression, with interpersonal aggression being the highest form of aggression. This finding is consistent with the population of the current study, as an increased level of aggression was noted amongst them. Most participants reported that following the commission of their offence, they started experiencing intense anger, became more aggressive, engaged more in fights, and experienced difficulties with impulse control. In elaborating on this, participants 2 and 7 stated:

> *If someone makes a joke, I don't take it as a joke, I would be easily offended by it…it started with this murder case* (Participant 1).

> *There are times where when I wake up in the morning, I just have a lot of anger …I just have a lot of anger; I don't want to talk to nobody* (Participant 2).

> *It made me short-tempered, I would just sit with the gents, like we are just chilling, but I am already thinking about harming someone; if someone makes a joke, I take it personal…I am already thinking of hitting him, stabbing him, things like that* (Participant 7).

The participants also expressed that they become easily angered when asked about their offences or when others talk about them. Participant 5 stated:

> *I once fought, but not here, during my trial, you see, because I have, I have an assault case where I stabbed someone; he was talking about this thing. Like I found him* [pause] *talking about it in my absence, in my absence.*

The researcher, therefore, concurs with the work of Litz et al. (2009), MacNair (1999, 2001), Kobach et al. (2015) and Glover (1985, 1988) as problems of temper and violent

outbursts or violent-prone behaviours following perpetration were more prominent amongst this group. According to Glover (1988), the perpetrator's anger and aggression are largely directed towards others than themselves. However, the data shows a different argument as it became evident that for the participants' this anger is both directed towards the self and others. Nonetheless, the researcher agrees with Glover (1988) in his attempts to explain the various psychological functions of anger. For Glover (1988), anger can serve the psychological function of a displacement defence against the unconscious process of guilt and also present as unconscious projections of self-hatred, where anger and aggression are used to dramatise the perpetrators' negative perceptions of self and their identity as a perpetrator. From the participants, anger as a defence against underlying and unconscious processes became evident, where on various occasions, the participants' anger was often displaced, and they would project their self-hatred and punishment through physical and verbal aggression directed towards others:

> *I would be angry at everyone, I would not care what people would do like; it affected me because I was fighting with people now, you see. But I was fortunate because I never fought with people like physically; we would fight verbally, words, and stuff, then I would, I would plot with some other people to fight with them... that's how it affected my life. I used to have a lot of enemies right in prison. Even the officials used to say, "this, this, this boy, yes, this one is disrespectful"* (Participant 4).

> *Even if someone takes a paper, it's mine you see, and since it's mine, maybe he is just pulling my leg… he is making a joke, okay, alright. I don't take it as a joke, No! I take it personal, because I just had that thought, you see, and now it's like there is a demon that possesses me that "Hey you, do this, again" you see… It was as though it was becoming a habit that if I harm someone, you see, okay, and then that thought would come that "I*

killed my stepmother; actually it's whatever, uh, it's like I don't have, I don't have, I am nothing in life" (Participant 6).

If someone, uh, disturbs me while I am thinking about it you see… I felt like I would redirect my anger to that person and be physically aggressive towards them (Participant 6).

When I start thinking about it… I didn't want anything or anyone in front of me you see. Like I would do something that I would end up regretting at a later stage (Participant 6).

I would swear at the teachers. I started taking out my problems on others, I was always involved in fights, I was now a violent person (Participant 7).

Furthermore, the idea that suicidal behaviour is a common practice amongst individuals who have killed or caused serious injury to others (Litz et al., 2009; MacNair, 2001) was evident in this study as participants reported suicidal thoughts, attempts, and self-harming behaviour. Similarly, Glover (1988) reported that suicidal wishes and fantasies are amongst the most prominent self-destructive and reckless behaviours seen among individuals who have killed, and this was also consistent with this population. The participants used suicidality to escape from their trauma and the reality of having killed or caused serious harm to others. Participant 3 reported:

I thought of a lot of things, I thought of killing myself

I never thought of killing myself before, before, before I was arrested, before I attended this case, before all these things, I never thought of killing myself

They once found me attempting to hang myself; I had tied a rope, I had already told myself that "I am hanging myself. They will find me dead in the morning", but I was interrupted by a police officer.

Similarly, Participant 8 reported on his suicidal thoughts by expressing:

I have actually thought of it; I have thought of committing suicide.

In explaining what he does to make himself feel better, Participant 9 reported self-harming or punishment as a way in which he releases painful emotions and material:

Like I would get into the shower and lock myself in, hit the walls with my fists. I am releasing everything that is burdening me, my sister, and I would feel a bit better. Maybe at night, midnight around 1, 2, I would open cold water in the shower, slam my head, like [pause] *I deal with my consequences in various ways.*

Similarly, Participant 3 also alluded to self-harming behaviour:

I cut myself.

I cut myself with a razor.

Similarly, substance abuse for the participants offers a temporary escape from their reality. Below are extracts from the participants who used or continue to use substances to escape their trauma:

If I don't smoke, like maybe if I go a week without smoking, it's then when it comes back into my head… smoking helps me (Participant 2).

Most of the time [pause] *I think about it if I didn't have a smoke…when I didn't have a smoke. When I smoke, then I just get into my blankets and sleep* (Participant 3).

I continued using drugs because the moment I realised this thing it, it was eating me up, you see, it was only better when I was under the influence (Participant 5).

To lessen some of the things that were tormenting me, I ended up smoking and drinking a lot (Participant 7).

I have been suffering from trauma for the longest time, even outside, like I was traumatised, but outside I would drink beer, smoke drugs, and then I would forget…it helped a lot, I don't want to lie. It helped me a lot (Participant 9).

Although these behaviours are self-destructive and reckless, they serve the psychological function of assisting participants in temporarily escaping and evading their trauma. To further achieve this, they engage in various avoidant behaviours, which are discussed in the next subtheme.

4.2.2.5 Subtheme 5: Avoidance and significant behavioural changes

The individual's innate desire to avoid any reminders of their actions and distance oneself from the horror of having murdered is a common symptom of perpetrator trauma (MacNair, 2001). According to McGlothlin (2020), avoidance, as employed in perpetrator trauma, is a strategy used to evade the memories of the original trauma. This was evident in the participants' responses as they engaged in various avoidant behaviours to counteract the psychic sufferings that emanated from their actions. They reported engaging in various avoidant behaviours ranging from isolating and withdrawing themselves from others to avoiding the conversations around the offence(s), the environment where they committed their offence(s), the victims, or anyone who knows about the offences. By avoiding conversations around one's offence, the participants reported:

I don't involve myself in such topics… if they are talking about it in a way that they are loud and stuff, I find something, I read maybe, I can read a book or do something…or I just listen to music volume up, just, just to avoid (Participant 4).

I actually don't like talking about it, and I don't like to be in places where there are a lot of people you see, mam, because that's where someone will bring it up, so I avoid such things (Participant 5).

I don't really like speaking about my past. I don't, I don't like talking about it. (Participant 8).

Some of the participants expressed that they will not be going back to the environments where the offences were committed:

That's why I even told my mother that I don't want to go back to Soweto (Participant 9).

That's when I decided that I'm not going to go to Soweto (Participant 10).

Participant 8, who was convicted of killing his cousins, reported on his need to avoid seeing his grandmother, who was the victims' caregiver:

There was another day where my mom, uh, she told me that my grandma [pause], *uh, she would love to see me. And I told her this right away, that I don't, I don't, I don't want to see her…I think it's because of what I have done or it's because it would remind me, like it would take me back to the day because whenever I see her, I would be reminded of her house, I would be reminded of her kids, I would be reminded of everything that, that happened there… I don't want to see her… I don't want to see her.*

This participant, along with many other participants, uses avoidance as a defence against painful memories of their actions. Not seeing their victims or people who know about their offences and not returning to the environments where their offence(s) were committed is a

means to avoid any reminders of what they have done and as an attempt to distance themselves from their actions. These avoidant behaviours can be seen as efforts to repress the unconscious memories, feelings, and thoughts that provoke anxiety in the participants.

Avoidant behaviours and perhaps the increased level of aggression and the significant symptoms associated with the effects of having committed murder and causing serious harm to others might account for the significant behavioural changes that accompany the individuals. According to Litz et al. (2009), significant behavioural changes follow the perpetration of violence, and these changes are characterised by, but not limited to, defiance and loss of spirituality and religion (in previously spiritual and religious people), and this was also evident in the participants' contributions. The participants experienced a significant change in their behaviours, where previous behaviours were abandoned, and the effects of their offences preoccupied them. To elaborate on this, participants 2, 5, and 7 reported:

> *I was playing drums in church; there was a time where I gave up on playing drums in church* (Participant 2).

> *I changed…I have now turned into something else…I also felt like you see, a monster at home* (Participant 5).

> *Now even the teachers were complaining that I sleep during classes, I would swear at the teachers, I started taking out my problems on others, and I was always involved in fights. I was now a violent person* (Participant 7).

It is evident in this theme that individuals who are suffering from perpetrator trauma experience a wide range of symptoms and experience significant behavioural changes that are observable by others. The next theme will consider the influence of the participant's personal and event characteristics on their trauma sequelae.

4.2.3 Theme 3: Influence of personal and event characteristics on the perpetrator's traumatic sequelae

The participant's personal and offence-specific factors influenced their traumatic sequelae. They were of paramount importance in understanding their overall clinical presentation. From the participants' contributions, the following factors influenced their trauma sequelae: age, motivation for the offence, the response of others, and the relationship with the victim. Six of the ten participants battled with having committed such serious offences at such young ages and that already in their young ages, they were capable of committing such serious and high-impact offences. Below are extracts from some of the participants.

> *And I was only 17 years; at the age of 17, I am already being arrested for crimes like this* (Participant 5).

> *Why did such a thing happen when I was this young …I am already capable of committing such serious offences* (Participant 10).

The participants' accounts of their age corroborate and closely mirror the works of Harry and Resnick (1986), who reviewed PTSD in three individuals who recently killed. They identified various individual and offence-related factors that influenced the degree of the three individuals' traumatic reactions (Gray et al., 2003; Harry & Resnick, 1986; Ternes et al., 2020). Harry and Resnick (1986) and Ternes et al. (2020) identified age as one factor contributing to one's trauma sequelae. However, from these studies, they argued that these factors, in combination with offending, are aetiological factors of the trauma. However, from the participants, this argument is rejected as the fact that they committed such violent offences at such young ages was not an aetiological factor for their trauma. Instead, this influenced how they evaluated themselves, leading to more feelings of regret, shame, guilt, and self-devaluation. Furthermore, many participants reported negative emotions when

thinking about the reasons for committing their offences. They deemed their reasons "*not good enough"* and "*unnecessary"*. They reported:

> *Why did I do this thing that I did? What was the reason? Because there was no reason… there was no reason; that's what would come to my mind. Why did I do it? But there is no reason… this thing that I've done was wrong, it was completely wrong, and it wasn't necessary as well* (Participant 2).

> *Now one thing that made me regret even more is that those people died over petty things…4000 is nothing for someone's life* (Participant 5).

> *My mind was preoccupied with why and how I did that. I asked myself questions that why did I do that? For what reason? Why? How come? …but I didn't have answers* (Participant 6).

The participants struggled with the fact that they committed such serious offences for reasons that did not warrant such responses. Grossman (1995, p. 175) elaborated on this under the section, "Killing without relevance or payoff", when he spoke on the rationalisations that veterans employed to rationalise or neutralise their actions by providing sound reasons or the relevance for killing during war. Veterans who kill to protect and defend were able to rationalise their actions or neutralise their trauma, while veterans who kill normal civilians during the war were consumed by the horror, shame, and guilt of their actions with no neutralisations to use (Grossman, 1995). As with the participants, they were not deployed to any war and committed murder out of their own free will; thus, they struggled to come to terms with this fact. This is one of the evident differing factors between perpetrator trauma in offenders and perpetrator trauma in combat veterans, soldiers, police officers, or those who committed atrocities in their line of duty; it is the motivation for the commission of the offence or a lack of a good enough reason for the offence. Those who

commit harm while in the line of duty might comfort themselves with the fact that they perpetrated while trying to serve, protect, and honour. In contrast, offenders perpetrate for personal gain or other reasons. Therefore, their reason for committing the offence might aggravate their presentation. The lack of good enough reason translates into a lack of rationalisations, which for Grossman (1995), is essential to perpetrators' emotional and psychological health. Therefore, a lack of rationalisation is detrimental to the participants' psyche and negatively influences their trauma sequelae.

Furthermore, how others responded to the participants' actions (i.e., negative response, judgement, rejection from community members, and familial disappointment) played a role in the evaluation of self and impacted their presentation. They reported:

> *Now when it comes to the community, Yoh! Yoh! The community now it was bad because* [pause] *they were judgemental… So as soon as they saw that, like I'm out of the way, they started to judge people, to judge my mother now, my father, he, "they are a wolf under a sheep skin" such things you see, "they were hiding themselves, they know, they can't even, they are busy teaching our kids at school," especially my mother she was criticised for what I did, because they would say that "how can she teach kids, school kids, while she failed to teach her own child"… I then realised that "Okay, what I did, I'm not facing the consequences alone, I'm not suffering from what I did alone, my family is also suffering"* (Participant 4).

> *When I was caught by that community, you see, mam,* [pause] *they wanted to burn me* (Participant 5).

> *Ever since this thing happened, the community* [pause] *was, they were very angry, you see, mam, they wanted to take the law into their own hands* (Participant 5)

For Participant 4, societal condemnation brought him much distress as his family was implicated. For Participant 5, societal condemnation evoked fear and paranoia, which preoccupied him. Therefore, in both situations, societal condemnation influenced their clinical presentation. This is in keeping with Grossman's findings as he argued that the reason for the worst psychological outcomes in Vietnam veterans, as opposed to World War II veterans, was the societal condemnations they received when they returned from the Vietnam war (Grossman, 1995). Unlike World War II, Vietnam veterans suffered societal and media condemnations believed to have deleterious effects on their mental health and functioning. Similarly, Litz et al. (2009), in their conceptual model of moral injury, as discussed in the literature review, argued that societal condemnation and rejection might negatively influence the morally injured individual from reconciling the conflict between morally injurious actions and their deeply held moral beliefs. This is because the lasting social impact of perpetration is the breakdown of social norms, bonds, and social contracts (Litz et al., 2009), often accompanied by societal alienation, rejection, and condemnation. Therefore, the individual suffers the agony of their self-inflicted guilt and the guilt and torment created by society's condemnation, judgement, and rejection, amplifying the horror of their actions. According to Grossman (1995), this results in a staggering degree of horror.

The last factor, which was found to influence the trauma sequelae, is one's closeness or relationship with the victim. Although only one participant reported this, it is important to note that this participant is the only participant of the ten participants who killed someone with whom he had a close relationship. This factor was also included based on its importance to the participant and his traumatic sequelae. He reported multiple times that at the core of his pathology is the inability or struggle to come to terms with the fact that he killed his stepmother for reasons that did not warrant this high-impact response, exacerbating his presentation. He reported (Participant 6):

Eish, I killed this kind of a person, I killed this kind of a person, and I killed someone that never did me wrong in life… someone that used to live well with my father, and we also tried to connect and have a relationship.

I was preoccupied with the fact that that was my stepmother, someone who was in a relationship with my father.

I felt sorry just because of I loved her… I couldn't get over the fact that she was someone who played the role of a mother to me… and now that thing kept on reminding me that, "eish, she was someone I lived well with."

How could I do such a thing to her?

This corroborates the works of Harry and Resnick (1986) and Ternes et al. (2020). They established that having a significant relationship with the victim is associated with increased perpetrator trauma-related symptoms following the murder of that individual as opposed to when the victim is a stranger or acquaintance. In conclusion, these factors influence the traumatic sequelae of offenders and are not aetiological factors, as the chief aetiological factor of perpetrator trauma is perpetration itself. Furthermore, in considering the myriad contextual factors characterising perpetrator trauma amongst incarcerated juvenile offenders, it was important to also consider the environment they exist in, which impacted their well-being and contributed to their clinical presentation. This is reported on and discussed in the next theme.

4.2.4 Theme 4: The impact of incarceration

The previous theme reported on and discussed the individual and offence-specific factors that influence the offender's trauma sequelae. This theme will focus on incarceration and its impact on the participants and its influence on their trauma.

Obviously because, if I say prison, first I think it's, uh, it's the main reason why I am feeling like that, why I'm feeling, I feel like, I, [pause] *things have, have obviously I no longer have, I no longer have the, the freedom of moving around, and obviously every time when I wake up I am reminded of why I am, why I am, why I am here you know… Obviously, it reminds me because this is not who I am. This is not how my life has been throughout. I have been this person who wakes up and go to school, you know, mingle with people around the township and everything. Not to be incarcerated, not to be treated like an animal because this treatment that I am getting, like being behind bars. Like being locked, being given, uh,* [pause] *certain limits, you know, time for you to, to move around, you know, those staff. I am not like a human, uh, a normal human being, like I am different, you know, I feel like that* (Participant 8).

The above extract reveals incarceration's impact on Participant 8 and many other participants. From the participants' contributions, incarceration impacted/affected them in three ways. Firstly, many participants alluded to the fact that they were detained at a young age and would spend most of their lives within the system. To express this, Participant 10 reported:

When I calculate the years, I realise that eish, I am going to spend a lot of years in jail, maybe I will be released when I am around 30 something…maybe 32, maybe 31, maybe 30 because now I am, uh, 20 years old.

Participant 1 also reported that being incarcerated meant that he could not be home for any of the significant life events that take place at home:

I am going to spend most of my life in jail, and when funerals happen in my family, I won't be there to attend.

Other participants reported on the rigid and therapeutically non-conducive conditions that characterise incarceration. To echo this, Participant 3 reported:

There is nothing. There is nothing as painful as jail…Now at 12, it closes; it will be re-opened again tomorrow; even a chicken is not thinking of sleeping at this time…They only lock the centre at 3 o'clock, but they locked us in at 12 o'clock.

To constantly do the same things every day, it affects your mind …You are watching the walls every day, you stay in one room. It is a box. We are in a box …you are always in the same place, in a box every day.

Other participants started experiencing their trauma symptoms soon after they were incarcerated. Participants 4, 7, and 9 reported:

I wouldn't know what changed, but what I will, I will tell you is that [pause] *as soon as I got arrested like, you know being, being the, in prison for the first time, like you get traumatised, you, you are frightened, you are thinking a lot* (Participant 4).

I never used to dream about it when I was outside, but since I got here, I started dreaming about it (Participant 7).

But it really tormented me for the longest time, yes, when I just got here… I didn't dream about these things outside; everything caught up with me in jail (Participant 9).

While other participants started experiencing symptoms soon after they were incarcerated, others experienced incarceration as a constant reminder of their gruesome actions. Below are extracts from the participants who expressed this constant reminder.

Like if I miss my family actually, then I think actually because when I miss my family, I think of why I'm here in this place, then it comes back, all back in my mind, the case, the thing that I've done (Participant 2).

It has really affected me emotionally… and when I think about the reason why I am here in jail, I think about what I am actually in here for (Participant 5).

Every time when I wake up, I am reminded of why I am, why I am, why I am here, you know…Obviously, it reminds me (Participant 8).

Incarceration, as evident from the above extracts, affects their psychological well-being. Incarceration has immense psychosocial demands on the individual, which might be experienced as an uncomfortable and painful experience (Cesaroni & Peterson-Badali, 2005), especially for young offenders. South African correctional centres are characterised by multiple psychosocial and structural challenges (e.g., overcrowding, gang-related activities, and interpersonal violence), making the juvenile offenders' adjustment process challenging and strenuous. Adjustment difficulties are amplified in individuals who already have certain risks and vulnerabilities, which for the participants, is their own internal conflicts and psychological trauma that comes from the offences that they have committed. Mohamed (2015) studied legal accountability and perpetrator trauma and reported that many perpetrators of the holocausts escaped legal accountability and incarceration as the courts were too burdened to prosecute each one of them. However, although these perpetrators indeed escaped legal accountability, they did not escape the horrors of their actions (Mohamed, 2015). The participants must deal with the horrors of their actions, which, as established, continuously haunt them. They also have to deal with issues within correctional centres that might impede their mental health and negatively influence their mental state and their ability to reconcile the dissonance between the morally and psychologically injurious offences they have committed and their moral schemas. Although incarceration negatively impacts the participants, they reported various protective experiences and activities within correctional centres, which assist them in their rehabilitative processes and ameliorate their trauma symptoms. These will be discussed in the next theme.

4.2.5 Theme 5: Protective experiences, activities, and behaviours

Participants reported psychological, emotional, and moral torments from their offences as well as the negative impact of incarceration. They also reported various protective experiences, activities, and behaviours that assist in mitigating distress and lessening the emotional burden of their actions. According to Litz et al. (2009), there is a lack of structures to ameliorate perpetrator trauma and moral injury in literature and a limitation in current treatment modalities in effectively treating such conditions. This lack and accompanying limitations might lead to deleterious effects on the sufferers, such as chronic symptomatology and functional impairments. However, despite a lack of existing perpetrator trauma-focused treatments and structures aimed at mitigating distress, participants identified four factors that have helped them in their journey of recovery and healing. These factors are (i) forgiveness and acceptance of offence, (ii) rehabilitative programmes and support services in the correctional centres, (iii) engaging in various coping mechanisms, and (iv) the social support they receive from fellow offenders and significant others.

4.2.5.1 Subtheme 1: Forgiveness and acceptance of offence

The process of self-forgiveness, seeking forgiveness from God, and attempting to seek forgiveness from their victims tends to alleviate distress and helps the participants in their journey of redemption and correction. With self-forgiveness and self-acceptance, Participant 6 reported:

> *I forgave myself, and because I forgave myself, I have accepted it. When someone asks me how I got arrested, I am able to explain to them, and that thing no longer torments me that much anymore.*

Acceptance and forgiving oneself have helped Participant 6 in his journey of recovery, and he reported that his internal conflict and emotional torments became less. Similarly, Participant 9 reiterated the importance of forgiving himself by stating:

Like I try to also forgive myself because I can't expect other people to forgive me, while I haven't forgiven myself.

The participant's concept of self-forgiveness and its effect closely mirrors that of Litz et al. (2009). According to Litz et al. (2009), gaining mastery over moral injury is closely associated with the ability to embark on a journey of healing and correction through the forgiveness of self and the true acceptance of the offence. Litz and colleagues saw forgiveness, particularly self-forgiveness, as an agent of "corrective action" (Litz et al., 2009, p. 699). They define self-forgiveness as a set of motivational changes where the individual begins to engage less in avoidant behaviours and decreases the need to self-retaliate through self-destructive behaviours and self-punishment, after which the individual begins to show compassion towards the self. Self-forgiveness comprises acknowledgement of one's offence, accepting responsibility for it, and allowing oneself to fully experience the negative affective emotions associated with it, as well as affording oneself the opportunity to heal and a commitment to live life differently.

From the participants' contributions on how self-forgiveness has and continues to help them, the researcher, therefore, agrees with Litz et al.'s (2009) argument that self-forgiveness is the ability to channel reparation and dismantle the psychological and relational impact of perpetrator trauma and moral conflict. The participants not only emphasised self-forgiveness, but they also highlighted a need to seek forgiveness from their victims. Participant 9 reported:

I also pray to change my life. And for that person, all these people, to forgive me.

And he views his healing in the context of seeking forgiveness by stating:

I told myself that it's better I deal with it… by asking for forgiveness.

Similarly, Participant 6 expressed a need to seek forgiveness from the victim herself:

I thought to myself that I should forgive myself, and then I will ask for forgiveness when I get there.

This is consistent with the works of Karam (2019) in his review of the apartheid movie *Forgiveness.* After the victim's family forgave the perpetrator for murdering their son during apartheid, the victim's mother realised that although the perpetrator received forgiveness from them, he needed forgiveness from the victim himself, which the participants echoed.

While other participants reported on the forgiveness of self and seeking forgiveness from their victims, others expressed their process of seeking forgiveness from God. Participant 2 echoed this by stating:

I went back to church, and I prayed, and I asked God for forgiveness for what I have done.

He further reported on writing letters to God asking for forgiveness for his actions:

I write… like letters there to say God, please forgive me for these things that I've done.

The participant's responses on the forgiveness of self and their process of seeking forgiveness from their victims and God echoes Enright's triadic forgiveness approach (Brémault-Phillips et al., 2022; Enright, 1996). Brémault-Phillips et al. (2022) argued that Enright's forgiveness triad, which consists of (i) self-forgiveness, (ii) receiving forgiveness from others, and (iii) forgiveness from a Higher Being/the Sacred can assist individuals suffering from moral injury in recovering from a negative emotional state. Brémault-Phillips and colleagues (2022) further reported that forgiveness in the context of moral injury can be used to restore the sufferer's sense of self, lessen their cognitive dissonance, and heal

relationships that were fractured by the sufferer's actions. Moreover, Litz et al. (2009) saw forgiveness in the same light as reparation, in basic terms of making amends. Their perception of forgiveness and making amends is an action construct that is not aimed at changing the past. Rather, it ensures that past experiences minimally influence the present and helps sufferers move toward personal growth and adopting more prosocial ways of living and moving forward in life. Although forgiveness and acceptance are paramount, true forgiveness and acceptance of self is challenging. The participants reported that they find it impossible to truly accept themselves and their offences and to truly forgive themselves:

> *Ok I, I, I forgave myself, but I can still feel that, that pain, there is a pain that's still here in my heart* (Participant 2).

> *And I told him that "Hey, I can't, you see, I haven't forgiven myself in a way that I apologised to myself, I asked God for forgiveness, okay, I do forgive myself but* [pause] *I can't, I can't cope, my conscience is not at ease," I haven't fully, okay, I forgave myself, but no! I haven't fully forgiven myself* (Participant 6).

The effects of violent offences are profound that they cause irreparable damage to the victims and everyone involved. The nature of such offences and the cultural, societal, and moral dynamics underpinning these offences make true acceptance and forgiveness a chronic process. Victims find it almost impossible to forgive their offenders due to the lasting emotional, psychological, and social impacts of these offences, and the offenders find it equally difficult and almost impossible to truly forgive and accept themselves and their actions. Karam (2019) reported in his review of the movie *Forgiveness* that in the perpetrator's attempt to seek forgiveness from the victim's family, the perpetrator experienced difficulty fully forgiving himself, which the participants echoed and expressed. Although this is true, forgiveness and acceptance remain factors that have helped the

participants ameliorate their distress. Other factors that have helped the participants will be discussed in the subsequent subthemes.

4.2.5.2 Subtheme 2: Rehabilitative programmes and support services within the correctional centre

The participants reported that engaging in various rehabilitative programmes and the presence of support services within the correctional environment has helped them in alleviating the distress brought by the trauma and has also helped them move towards healing. According to the participants, the presence of support services has helped them deal with and work through their traumas. They echoed this by reporting:

> *When I was always talking about this thing with the social workers at Walter Sisulu, they would, they helped me, and I felt like they were becoming a bit better. Whenever I talk to someone about what is tormenting me, I feel better* (Participant 6).

> *I started doing such things, and that's when they took me to the psychologist. The psychologist asked me, "What's happening?" and I was able to tell her everything, including the crimes that I have committed apart from this one. So, she helped me so that* [pause] *I can be just like my peers here in jail; she helped me become the person, uh, that I am today* (Participant 9).

Participant 4 realised during his interaction and engagement with support services that he is experiencing psychic suffering as a result of his offences. He reported:

> *As soon as I was sentenced, before I even came here, I got a social worker who came to me and spoke to me, like we went through the process… it helped me a lot because I realised, I realised, after I spoke about it like, it's like there was a burden that was relieved from me. They told me, because you know what, you know what was the problem? I used to think that because I'm the one who, who was, who was the perpetrator, so it*

means, it means that those people are the ones who should, people should be feeling sorry for, they are the one that are going through something bad, they have stress and stuff. I'm not going, I don't have any flashbacks. The only flash, flashbacks that I used to have, I didn't regard them as something serious. It was maybe, you know when we were growing up, when you dreamt about something, maybe the elders would say, "No! you slept thinking about it". So even I was using that mindset that, "No! I, I am like this because I was thinking about it" There's nothing wrong about it, so as soon as I came here, I spoke to the social workers, psychologists I started to, okay to become more relaxed about it, to like to be free to talk about it, to accept, okay, okay I did wrong but what I did, okay it's also abusing me as well.

Participant 9 reported some level of comfort in knowing that he can always rely on the support staff, and he expressed this by saying:

These people are just like my parents in jail, anything, anything, even when I feel like I am crying over a useless thing, they take it very seriously. Like anything you say, maybe, "No, I am struggling with this thing; I have this problem", they take you seriously.

In addition to therapeutic interventions through support services, rehabilitative programmes have a similar effect as participants reported using rehabilitative activities and programmes in their healing journey. Participants echoed this by stating:

They are some of the things that help me find solutions on how to solve and overcome some of the challenges that I come across in the cell (Participant 1).

It teaches me to, it helps me interpersonally so that I can get along with others here. A human being is a human being; I am also a human being, I can experience pain, just as I am experiencing it, and others also experience pain. If I hurt him in any way, he will experience pain (Participant 6).

These programmes and activities not only teach them valuable life lessons, but they are also a way of coping for the participants, as they reported:

Things that I do to feel better, you see, mam [pause], *one thing that I do, is to go to school…going to school. When I come back from school, I know that there is only limited leisure time left for me, and then it will be time for us to go into the cells. When I get to the cell, I get busy with my work, and then after that, I sleep* (Participant 5).

When I am at school, I don't think about this thing…I will be thinking about, uh, I will be learning, I will be thinking about school…I don't think about a lot of things (Participant 7).

They also lead to personal growth and personal development. Participants 8, 9, and 10 reported this by stating:

I think my mom has been through a lot, yes, I think, I think she has been through, through a lot. I, I finished my matric as a, as something, like to try and show her that I'm, I'm, I'm strong you know, that I'm, that I'm actually becoming better, you know. That I am becoming a better person, like I'm, I am doing better you know, and stuff like that (Participant 8).

My mother…even when I talk to her on the phone, she can see that I am a changed person, and also the school reports that she gets, she becomes very happy when I pass you see, and I can also see that I am making my mother happy while I am in jail because I failed to make her happy outside (Participant 9).

And since I am in a place like this, I want to change. When I get released, I want people from the community to see that "Hey, he is really a changed man, he was like this, and now he has changed" (Participant 10).

In addition, Participant 10 expressed a sense of hope in rehabilitative programmes and is hopeful that engaging in these activities and programmes will help redeem him and help him alleviate his distress. He stated this by saying:

> *But maybe we will see* [sigh] *when the new year starts, maybe when the year start, they will enlist those who want to go to school…those that want to do this, or that, maybe when I do something, I will be able to forget about the things that has happened and start my life afresh now that I am in a place like this.*

Mohamed (2015) argued for the significance of rehabilitation and mental health services in treating the traumatised perpetrator. In the same light, Litz et al. (2009) offered a conceptualisation model for moral injury and perpetrator trauma and a treatment model aimed at targeting epistemological and existential processes characterising perpetrator trauma and moral injury. As part of their process of healing the morally conflicted and injured individual, they identified support services as an important factor in the sufferer's narrative. The above extracts on support services concur with Litz et al. (2009), who argued that healing comes when the traumatised perpetrator or morally injured individual is afforded the opportunity to access painful perpetrator trauma material in the safety of the therapy room, with a caring other who is willing to listen without judgement. Furthermore, Litz and colleagues (Litz et al., 2009) argued for engaging sufferers with corrective learning to foster reparation, reengagement, and reconnection. Engaging these individuals in corrective learning is essential to treating them and allowing them to engage in different ways of construing and repairing their past mistakes and making amends. Therefore, effective and efficient rehabilitative programmes and activities, as well as the presence of support services within correctional centres, is key in treating offenders suffering from perpetrator trauma as this will help them process, integrate, and assimilate the trauma. Thereby minimising the effects of the

trauma and facilitating correction and reparation, and ensuring successful reintegration into communities when they are released.

In addition to the positive impact of rehabilitative programmes and support services, the participants used various coping strategies to cope with their trauma. These coping mechanisms will be discussed in the next subtheme.

4.2.5.3 Subtheme 3: Coping mechanisms

The innate nature of human beings facing a wide variety of challenges and problems is to actively seek out ways in which one tries to restore balance and equilibrium. This is no different from the population under study, who employed various coping mechanisms to actively try and cope with their trauma. Many of the participants reported that they engage in various activities to distract themselves and keep themselves busy:

Whenever I think about it, then I would just go and chill with the guys, or watch tv…to distract myself from thinking about it…And then it goes away as I will be concentrating on other things (Participant 1).

I just lay there and I'll just think about my children to avoid thinking those things, I think of my children, I think maybe things that I was doing outside or maybe I listen to gospel, or I listen to radio just to take my head away from that...from that, uh, from the scene (Participant 2).

Whenever I start thinking about it, he would tell me that "Hey man, hey, stop thinking about that, hey, hey, do this", and then I will start reading a newspaper (Participant 6).

Maybe watching tv, listening to music, yes, just try to distract my mind (Participant 7).

Some use journaling as a form of documenting their sufferings:

Most of the time I have a journal, a diary, I take my diary, and I write in my diary… I write about the, I just, it's basically like, how can I say it? A one-on-one session with me and God (Participant 2).

While others reported using religion, for example, prayer and fasting, to alleviate symptoms. Participant 9 reported:

And praying… that is how I deal with it since I got here, I pray, I pray, I pray [pause] *I also fast, if need be, fast for like 4 days, 5 days without eating… it's better for me to just pray for myself, and* [pause] *put my hope and faith in prayer, not that I am praying just because* [pause] *I am in pain, you see, I also pray to change my life.*

Furthermore, catharsis is a form of releasing painful emotions and thoughts:

I cry, like I release all the anger… what I do most often is to cry... I believe that when I cry, I am releasing that thing (Participant 9).

Although these coping strategies were not reported on or discussed within perpetrator trauma literature, they have proven effective in helping the participants deal with and work through their trauma. These coping strategies were fundamental in helping the participants fight against their trauma:

So, I can say that even though this thing still torments me, but I always make sure that I don't just sit and wait for it to torment me any further, I always fight against it (Participant 9).

Thus, their continued use of these strategies. Lastly, the participants identified social support as another factor that helps them ameliorate their distress. These support structures are explained in the next subtheme.

4.2.5.4 Subtheme 4: Support structures/Social support

The participants identified social support as a factor that acted as a buffer and assisted them in alleviating distress. Many participants reported the comfort of knowing that they could rely on the support of their fellow offenders and significant others in their suffering. Although many of the participants reported familial disappointment and societal condemnation, rejection, and judgement, as established in the previous theme, the presence of supportive individuals from outside brought them comfort and helped them gain broader perspectives on life and their offences.

> *I thought of killing myself, but my father encouraged me and said, "Stop thinking about that thing, forget about it… Stop thinking about it, don't, don't think about it, forget about it, take it as something that has passed"* (Participant 3).

> *My family, like they never turned their backs on me, they were all supportive…Even though they were disappointed and stuff, but they never turned their backs on me. They were always supporting me* (Participant 4).

> *That thing really helps…a lot, not just a bit; it plays a very big role knowing that "okay, this Saturday I am going to see my parents and my siblings, and then on Sunday I'm going to see my friends as they are all still present in my life"* (Participant 9).

Additionally, Participant 9 reported that he was able to open up about his suffering to his mother. She gave him assurance and validation, as well as prayer as a tool which he uses to alleviate distress.

> *The one person I was honest to since being in here is my mother, and she told me, "Hey my son, pray, everything will be okay, you will be okay, we will also pray for you at home", you see. So, I can say that since I even know how to pray, it has helped me in my healing.*

Good social support is essential in maintaining optimal mental health and reducing psychological stress. It also plays a prominent role in one's adjustment to incarceration. In perpetrator trauma literature, positive and healing dyads and relationships are helpful to the individual's process of reparation, reengagement, and reconnection (Litz et al., 2009). Litz et al. (2009) reported on support structures and the maintenance of lasting positive connections with others as important factors in the reparative phase of healing the suffering perpetrator or the traumatised perpetrator.

Furthermore, the participants reported that they received support from significant others who could identify suffering in them. As a result, these significant others would try to assist in distracting them or keeping them busy to prevent them from excessively worrying or thinking about their offences. Others received this kind of support from fellow offenders who are or have been in a similar situation.

> *When he sees me quiet, he knows already that "eish, that guy is thinking about his offence…" "No, my friend, don't think about that, look here, uh, let's do, uh, some mathematics" you get me…He wants to distract me from that you see, so, at least, I found that* (Participant 7).

The participants' contributions to this subtheme corroborate Grossman's argument that "the degree of trauma and the degree of social support work together to amplify each other in a kind of multiplicative relationship" (Grossman, 1995, p. 285). Therefore, just as social support benefits the individual, so is a perceived lack of support detrimental to the individual. When reflecting on factors that worsen his symptoms, Participant 3 reported on his perceived lack of support and mentioned:

> *That there is no one who's going to, going to, going to, going to comfort me, there is no one who is going to say to me, "Hey man, forget about that thing... hey man, do this, hey*

man, do that" there is no one who cares about me. Even in jail, my family does visit me, but the person who always comes is my father. Yes, he is the only person who comes, though he is now old, he is old, I can see that he is now old, I'm thinking that if he dies, I don't know what will be of me here in jail… [Long pause] *I don't know what will be of me here in jail.*

This corroborates Litz et al.'s (2009) proposition that a perceived lack of support or withdrawal of one's support for the traumatised individual might be more damaging with a lasting psychosocial impact. Similarly, Grossman (1995) compared and contrasted veterans returning from World War II and those returning from the Vietnam war. Veterans returning from the Vietnam war had the worst psychological outcome compared to those returning from World War II. One of the explanatory reasons for this is that in addition to societal condemnation, as discussed previously, veterans returning from the Vietnam war had no support from their families, communities, and other significant others. Thus, they had to deal with the effects of their actions on their own with no healing dyads or relationships. This emphasises the importance of social support in healing the offender or perpetrator who has been traumatised by their own actions.

These protective experiences, activities, and behaviours have proven to be essential in assisting these participants in coming to terms with their actions and have also helped them in alleviating their symptoms and their distress. While they try to work through their trauma with these protective activities and behaviours, they also try to make sense of their clinical presentation by making causal attributions. These causal attributes are culturally and spiritually embedded. They will be discussed in the next theme.

4.2.6 Theme 6: African conceptualisation of symptoms

The participants actively tried to make sense of and make causal attributions to their clinical presentation or trauma symptoms. The conceptualisation of their symptoms is embedded in African spirituality, as they reported a belief that their victim's families induced their symptoms to harm and haunt them. This concurs with the works of Arthur Kleinman and other anthropology researchers who seek to situate and categorize mental illness or pathology within the cultural contexts and dynamics in which they exist (Bhui & Bhugra, 2002; Kleinman, 1986; Patel, 1995). Patel (1995) specifically looked at explanatory models within the context of Sub-Saharan Africa and argued that mental illness and pathology are closely associated with the traditional religious beliefs that individuals hold and are related to cultural idioms, expectations, and experiences. In her attempt to define perpetrator trauma, McGlothlin (2020) acknowledged the deficiency of perpetrator trauma literature in defining perpetrator trauma; however, she brings to light the unique cultural dynamics that perpetrator trauma might play out, which is in keeping with this finding. In providing an explanatory model of their trauma, the participants reported a belief that their suffering was brought about by their victims' families, who performed rituals on the victim's bodies to retaliate by haunting the participants. Participant 5 reiterated this at various moments in the interview, and he expressed:

> *I started thinking about other things because most families won't let you kill their family members and leave you just like that. Others perform rituals on the bodies so that the person who died can haunt you and do all these things… so that it can haunt me and hurt me.*

I am being haunted by these things, you see. I feel like there's something that they did… with, with their bodies…and you know that a black person will never allow his family member to die just like that.

Participant 3 reported on the start of his symptoms and stated:

To hear his voice and see him physically like this, it started in 2018, or it seems their traditional medication was, has only started working then, it seems.

He further reported the many symptoms he was experiencing and attributed it to the rituals the victim's family performed. He stated:

There, there are a lot of things that they did to this guy; there, there are a lot of things that they did to this guy… His family, there are a lot.

The participants' explanatory account of their symptoms is unknown within perpetrator trauma literature. It is similarly limited in any empirical literature. However, it is alleged in grey literature that such rituals and practices are common practices. It is argued that following the murder of another person, the perpetrator usually goes for cleansing to cleanse and remove a dark cloud attached to having murdered and to prevent the victim from haunting the perpetrator (Khoza & Sifile, 2022; Mzilikazi wa Afrika, 2022; Yende, 2022). Patel (1995) identified that within the Xhosa ethnic group, such symptoms are caused by an intrusion of evil spirits sent by others for various malicious reasons.

Similarly, the participants shared this belief. Although no scientifically proven literature supports these African explanatory models for perpetrator trauma, these causal attributes are important in the offenders' beliefs and how they choose to make sense of their suffering. Therefore, it will be of great value to the field to further explore these ideologies and culturally embedded notions of perpetrator trauma from the perspective of African

psychology and spirituality, taking into consideration the aetiology of this kind of trauma and the treatment thereof from an African spirituality perspective.

4.3 Conclusion

This chapter aimed to report and discuss the findings of this study. The chapter started with the offender's general accounts of their experiences of having committed murder or caused serious harm to others which they reported is accompanied by multidimensional repercussions. Thereafter, it focused on the psychological repercussions of their offences, specifically on the various symptoms that the offenders experience because of their offences. The chapter also discussed contextual factors which influenced the offender's trauma sequelae and attempted to differentiate perpetrator trauma in juvenile offenders and perpetrator trauma in other populations, particularly those who committed harm in their line of duty. Thereafter, the impact of incarceration and the positive experiences, activities, and behaviours were reported on and discussed. Lastly, the offenders' explanatory model of their suffering embedded in African ideologies and beliefs was discussed. The next chapter will seek to consolidate this study by offering a summary of the findings, discussing the limitations and recommendations, and, lastly, offering a reflective section.

Chapter 5

Summary of findings, reflection, limitations, recommendations, and conclusions

5.1 Introduction

This chapter aims to consolidate, summarise, and conclude the study. The chapter will consist of a summary of the findings and the researcher's reflective section. The study's limitations will also be discussed, and recommendations for future research and practice will be made. Lastly, it will offer concluding remarks on this study as it relates to perpetrator trauma amongst juvenile offenders.

5.2 Summary of findings

The primary aim of this study was to explore perpetrator trauma amongst juvenile offenders incarcerated for violent offences. The study had three objectives: (i) to explore and describe the presence of perpetrator trauma amongst violent juvenile offenders, (ii) to explore and describe the development of perpetrator trauma symptomatology amongst violent juvenile offenders, and lastly, (iii) to explore and describe how perpetrator trauma affects juvenile offenders' daily living. To fulfil this study's aim and objectives, the researcher conducted ten individual semi-structured interviews with juvenile offenders. The analysis produced six themes and nine subthemes. Theme 2 comprised five subthemes and was generated through deductive analysis. Five of the themes and four subthemes were generated through inductive analysis. The themes were (i) experiences of having killed or caused serious harm to others, (ii) persistent and recurrent symptoms associated with the offence and victim, (iii) influence of personal and event characteristics on the perpetrator's traumatic sequelae, (iv) the impact of incarceration, (v) protective experiences, activities, and behaviours, and lastly (vi) African conceptualisation of symptoms.

The participants narrated their general experiences of having committed murder or causing serious harm to others which was accompanied by psychological, emotional, social, cultural, and moral consequences. This closely mirrors the experiences of combat veterans, perpetrators of holocausts, genocides, and apartheid, including many others who had to deal with the aftermath of having broken and violated social norms, contracts, and their personal, familial, and societal moral borders. The findings also support the notion that perpetrator trauma is an experience that is not only limited to individuals who murdered in their line of duty but transcends to various other individuals, including offenders. This supports the works of Gray et al. (2003), Harry and Resnick (1986) and Ternes et al. (2020), who argued that offenders might experience posttraumatic stress reactions from their own violent offences. The population in this study experienced various symptoms associated with their offences and victims. They also experienced both emotional and moral torments for going against the legal, moral, societal, cultural, spiritual and familial set of rules, with the act of murdering or causing serious harm to others representing what McGlothlin (2020, p. 106) referred to as an "immutable transgression of a radical experiential threshold that, once crossed, cannot be re-traversed". Dire consequences accompany this immutable transgression. For some participants, it affects their integrity and identity when the offence is internalised, during which they feel as though they have become their offences. This supports the works of Anderson (2018), McGlothlin (2020), and Roldan-Sevillano (2021), who argued that such perpetration-based events are known to destroy societal ties and leads to an existential divide between society and the perpetrator, which complicates the perpetrators' ability to see themselves outside of their offences thus their offences becoming part of their personal identity. In addition, they experience various symptoms that corroborate perpetrator trauma symptomatology literature where they constantly and persistently relive their offences through flashbacks, nightmares, memories, and thoughts about their offences and victims, as

well as experiencing psychogenic amnesia and positive psychotic symptoms in the form of auditory hallucinations, and a constant state of paranoia, and rarely, visual hallucinations (Chung et al., 2016; Evans et al., 2009; Glover, 1985; Grossman, 1995; Harry & Resnick, 1986; Karam, 2019; McGlothlin, 2020; McNair, 1999, 2000, 2001, 2008, 2015; Mohamed, 2015; Roldan-Sevillano, 2021; Ternes et al., 2020). Furthermore, the realisation that they caused such serious harm, as well as disrupted and potentially destroyed the lives of others with their actions, brings intense feelings of guilt, shame, regret, self-devaluation and condemnation, sadness, and hopelessness characterising their lives with a constant negative emotional state (Jinkerson, 2016; Litz et al., 2009; MacNair, 1999, 2001, 2008; Roldan-Sevillano, 2021), which according to Grossman (1995) will preoccupy them for the rest of their lives. They also engage in various reckless and self-destructive behaviours such as aggression and violent outbursts and engage in suicidal behaviours, and use substances as a numbing tool to escape their trauma (Glover, 1985; Kobach et al., 2015; MacNair, 1999, 2001; Maguen et al., 2010; Roldan-Sevillano, 2021). To further escape and evade their trauma, they engage in various avoidant behaviours such as avoiding conversations around the offence(s), avoiding people who know about the offence(s), avoiding places where the offences took place, and they avoid seeing or talking about their victims (McGlothlin, 2020). This lack of acknowledgement of the victim or even denial of the offence might be seen as a lack of empathy or remorse for the victim. However, this is a means to evade the burden of their offences and the accompanying moral impacts. The lasting impact of perpetrating such violent and serious offences is associated with significant behavioural changes that are observable by others. These significant behavioural changes follow their commission of the violent offence during which the effects of the offences preoccupy them. Roldan-Sevillano (2021) argued that changes in interpersonal relations characterised by withdrawal and self-isolation are largely provoked by the perpetrator's underlying feelings of shame and guilt.

Similarly, Litz et al. (2009) argued for the potential outcomes of perpetration-based events, which are largely characterised by severe behavioural changes such as interpersonal difficulties, domestic violence, further criminal behaviour, and a loss of spirituality and religion.

Furthermore, the participants reported four personal and event characteristics that influenced their trauma sequelae. First and second, the participants battled with the idea that they committed such violent and serious offences at such young ages, especially since they deemed the reasons not good enough to warrant murder or such serious offences. This makes them believe in a flawed self, complicating their ability to reconcile their dissonance and move towards correction, reparation, and reintegration. Motivations for the offences are important in using rationalisations in defending against the impact of one's actions (Grossman, 1995). According to Grossman (1995), veterans who murdered to defend and protect were able to deal with the lasting impact of their actions by comforting themselves that their perpetration of violence resulted from them serving, defending, and protecting. However, those who murdered innocent civilians struggled to deal with their actions as they had no rationalisations to defend against what they had done. This was supported by the participants' responses, as most of their responses were based on the deep-rooted guilt that arose from murdering and seriously harming others when there was no need to do so. Thirdly, the negative responses from families through disappointment and societal condemnations of their actions reiterate the wrongfulness of their actions and further create a divide between the rest of society and them. This negatively influences their evaluation of self, reinforces their feelings of shame and guilt, and creates anticipation of rejection and stigma after release. Furthermore, it was found in the participants' responses that the closer the relationship between the victim and offender, the more difficult it is to come to terms with the act than when one has killed or seriously harmed a stranger or acquaintance. This supports Ternes et

al. (2020), who hypothesised and established that close relationships with the victims are associated with stronger posttraumatic stress reactions. Similarly, Harry and Resnick (1986) and Papanastassiou et al. (2004) reported similar findings. These personal and event or offence-specific characteristics might serve as differing factors between perpetrator trauma amongst juvenile offenders or offenders generally, from perpetrator trauma amongst those who have committed murder or harmed in their line of duty.

Another factor specific to the current population was the negative impact of incarceration. Incarceration on its own has major psychosocial demands, which, combined with the trauma from their actions, might continue to affect their psychological well-being negatively, aggravate their trauma and lead to the failure to rehabilitate and move towards development and healing. Despite this, the participants reported various protective experiences, activities, and behaviours that assisted them in alleviating their distress. They identified self-forgiveness and acceptance, seeking forgiveness from others and God as a factor that helped lessen their distress. Litz et al. (2009), in their conceptual model for moral injury, argued that forgiveness from others and self-forgiveness is a factor that can weaken the injury caused by one's actions. Furthermore, the participants hailed rehabilitative programmes and the availability of support services within correctional centres as factors that helped them construct new meaning, learn from their past mistakes, and work towards healing from their trauma and moral conflict. It also helped them in moving towards reparation, development, and empowerment. Additionally, the use of various coping strategies and social support were protective factors that helped alleviate their distress and trauma symptoms. The participants used various strategies to cope with their trauma. For example, they would often engage in various activities in an attempt to distract themselves and keep busy by reading books or engaging with their scholastic content, watching tv, listening to the radio, or being in the presence of fellow inmates. Others used journaling, prayer and fasting, as well as catharsis

through crying to release painful trauma emotions and material as well as alleviate their distress. Another protective experience was social support from significant others and fellow inmates in the same situation. The presence of support, according to Grossman (1995) and Litz et al. (2009), is an important feature in healing the individual suffering from perpetrator trauma, and the lack thereof is associated with poor prognosis characterised by chronic and complex perpetrator trauma symptoms.

Lastly, the participants made sense of their symptoms as spiritually induced by their victims' families to haunt them in an attempt to reconstruct and make sense of their trauma. It is evident that perpetrator trauma is not only limited to psychic suffering following the commission of an offence, but it is also a multidimensional experience that the individual experiences following the commission of an offence, and their suffering embodies the legal, spiritual, cultural, and moral binds that govern human interaction and functioning.

5.3 Reflection

It would have been a great injustice to this study not to include this section (which will be written in first person), particularly from the emotional impact of the participants' experiences and stories on me as the researcher, to the highly contested nature of perpetrator trauma, particularly within a space where there is an increase of violence committed against woman and children, and the violent and gruesome nature of our history, from the holocausts, wars, genocides, and apartheid to name a few. Firstly, I would like to take the reader through the initial or conceptual stages of the study all the way to the data collection and the end of the study.

5.3.1 Pre-study reflection

My interest in the study began years before I enrolled for the Applied Master's degree specialising in Clinical Psychology. It first began with my curiosity that arose from the movie

For Coloured Girls (Perry, 2010), where a combat veteran was shown to be enthralled by intrusive imagery, particularly flashbacks of his participation during the war. Because of that, he started abusing alcohol, was abusive towards his wife and children, and he was clearly suffering from the aftermath of his participation in the war. The man's suffering and trauma were his personal experience. However, it affected the family system. The abuse escalated until he murdered his two children by throwing them out of their fifth-story window. Although the movie's focus was not on this man and his suffering, his experiences sparked a curiosity and empathy within me for how his suffering was overlooked. His trauma resulted in him abusing his wife and ultimately murdering his children. However, his psychological process after murdering his children also captured my interest.

At a later stage, in early 2020, a few weeks before the start of the 2020 Applied Masters' academic year, there was an outcry within my community where an adolescent boy fatally stabbed another adolescent. There was an increase in reports of adolescents being victimised and adolescents perpetrating violence in my community. From studying the factors that contributed to teenage gangsterism during my honour's year, I could not help but wonder whether committing murder or causing serious harm to others is associated with any psychological consequences. At this time, I was reminded of the movie *For coloured girls* and the series where a man kept a list of the names of all the people he murdered over the years. At the end, he looked for their families to seek forgiveness and ease his guilt. This reminder led to the conceptual stages of this study. However, with an emphasis on juvenile offenders. The conceptual topic was "An exploration of the psychological footprint of violent juvenile offending on the offender." As I read, I came across the concept of perpetrator trauma and, through guidance from my supervisors, changed my topic to "Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent offences". This led to the start of this study.

5.3.2 Data collection and the language discourse

It will be a great injustice to reflect on this process and not talk about the emotional impact this study has had on me as the researcher. Although it was a fulfilling experience exploring this phenomenon of perpetrator trauma amongst juvenile offenders, it was the most emotionally taxing and daunting experience, especially during the data collection. The data collection was in itself a draining experience. However, the stories the participants told and the nature of their offences were often difficult to process.

During the data collection, I found myself in a constant empathic experience, alternating between the victim, the offender, and both the victim's and the offender's families. I put myself in the victims' shoes and wondered how it must have been for the victim to be in that moment of pain, fear and terror. I felt for the victim's families, how it must have felt for them to find the helpless and lifeless body of their 12-year-old daughter with a big rock on her now disfigured face, with a cracked skull, stabbed multiple times on her body. How traumatic it must have been for them to experience that. I also felt for the participant's family, and I tried to make sense of the pain they must have gone through upon finding out that their 16-year-old had committed murder; what the father of one of the participants must have felt when he was told that his 16-year-old son brutally stabbed and killed his partner. Or how the family dynamics must have been when they found out that the male cousins murdered their female cousins, and how it must have felt for the family who found out that their son was guilty of 11 counts of rape. The continued judgement and condemnation they must have experienced from the other family members and community members, and how they navigate and manoeuvre the drastic change and the possible dynamics. I also felt for the offenders and was empathic toward their experiences from how traumatising the first day of incarceration must have been, how it really feels for them to be haunted by their own actions and to experience all these symptoms that propel them to relive the very actions they are trying so hard to

forget. During this period of collecting data and putting myself in the shoes of all those impacted by the offenders' actions, I used LaCapra's empathic unsettlement in relating with the offenders. I also wish to translate this concept of empathic unsettlement to the reader and all those contesting perpetrator trauma. LaCapra (1999) spoke on the term empathic unsettlement in the context of victims. Anderson (2018) further explained this in the context of perpetrators. LaCapra (1999) argued that empathic unsettlement does not entail identifying with the sufferer of trauma to the extent of making oneself a surrogate sufferer. However, empathic unsettlement entails "a kind of virtual experience through which one puts oneself in the other's position while recognising the difference of that position and hence not taking the other's place" (LaCapra, 1999, p. 722). Anderson (2018, p. 102) added that the core of empathic unsettlement in perpetrator trauma "is that the individual who is listening to a trauma testimony responds empathically, while still being reflective about the difference between the trauma itself, the experience of the narrator, and the experience of listening to that trauma." Therefore, it is possible to acknowledge the trauma of offenders while scrutinising the gruesome nature of their actions and identifying the victim's pain and the lasting impact of the offenders' actions on them. It is possible to recognise and be empathic to the perpetrator's suffering while still holding them accountable for their actions and maintaining one's positionality. Furthermore, LaCapra (1999, p. 722-723) also saw empathic unsettlement as a "desirable affective dimension of inquiry that complements and supplements empirical research and analysis." Thus, even in this regard, empathic unsettlement was particularly important in engaging and relating with the participants when they shared their stories to understand and capture the essence of the experiences, spoken and unspoken.

Lastly, language during this stage was an important part of the data collection. The participants used a mixture of different languages. I soon realised during the interviews that it

was not only what the participants were saying but how they were saying it. This was also important to maintain during the translation to ensure that even in the translation of what was said, the researcher still captured the true meaning of what was said by paying careful attention to how it was said. For example, one participant used a Zulu slang, *"…Angilalangiseki…"* (Participant 6), which, without the discourse of it, can be translated into *"I can't sleep"*. However, the context and how it was said reflected a point of uneasiness, unsettlement, or not being at peace. This process was not an easy task to ensure that the translation speaks directly to what was said without over- or under-interpreting—listening and re-listening to the recorded interviews helped in the process.

5.3.2 Post data collection

In a study with minimal information or where the debates or points of discussion are still in its infantile stage, one wishes to make meaningful contributions to the conversations, debates, and discussions. This is the great responsibility that I felt when undertaking the research topic. Thus, during the transcription and translation process, I constantly wondered whether I did enough or collected enough rich data to aid the discussion. This was not only limited to the transcription and translation phase but also during the analysis, reporting and discussion of the findings. It was a constant battle between wanting to produce ground-breaking findings and discussions and the need and pressure to complete a degree that made me feel stagnant. Therefore, I always wanted to add more to the discussions, read more on the topic, and change as well as amend arguments in trying to make meaningful contributions. Perhaps this speaks to my underlying processes around competence and the lack thereof. However, I found comfort in Erin McGlothlin's account when she spoke on the complexity and the vexing problem of researching perpetrator trauma. She reported:

> It is impossible to represent adequately in such a limited forum the ways in which perpetrator trauma can play out in the diverse contexts where violence happens on every corner of the planet, both historically and in our present moment. Moreover, no single scholar can possibly do justice to the myriad forms and forums in which perpetrator trauma occurs." (McGlothlin, 2020, p. 101)

Thus said, it left me with the comfort that the gaps identified in this study will inform my next research project with the hope of continuing and expanding on this study and the topic as a whole in my academic journey.

5.4 Limitations of the study

The major limitation of this study is the relatively small sample size, particularly in a field where minimal is known. The small sample size makes it difficult to make hypotheses about perpetrator trauma amongst juvenile offenders as the findings of this study are only limited to the participants of this study. Secondly, perpetrator trauma studies in South Africa and globally amongst juvenile offenders are very limited. Therefore, there were limited conceptual models to choose from in terms of conceptualising the study and locating it within a specific theoretical framework. Thus, the researcher had to rely on conceptual models based on veterans who murdered in their line of duty and not juvenile offenders or offenders generally. Furthermore, the limited empirical studies on perpetrator trauma also led to the researcher developing a screening questionnaire to help in the recruitment process, as there were no other realistic ways in which the researcher could have recruited the participants due to a lack of valid and reliable questionnaires that are specific to perpetrator trauma.

Moreover, only participants who reported symptoms of perpetrator trauma on the questionnaire were selected. Thirdly, language became another limitation in the study as it was initially planned that only participants fluent in English would be included. However,

during the data collection, most of the participants conversed using a mixture of English, Tsotsi-taal, Sesotho, Setswana, isiZulu, and Sepedi. Subsequently, during the interviews, clarity was constantly sought, and it was often difficult as Tsotsi-taal is a language that is not known to the researcher. Furthermore, during the translation of the interview transcripts, capturing the meaning of what was said became of utmost importance. A challenge arose as some of the phrases and interjects used were difficult to translate directly into English.

5.5 Recommendations and future study

This study revealed a dearth of research in multiple areas of juvenile offending and perpetrator trauma. Specifically, there is a lack of empirical studies on the scope, nature, and trends of juvenile offending within a South African context. The current body of knowledge either speaks to child and adult offenders with no emphasis on juvenile offenders, with statistics on the state of juvenile offending in South Africa not known in the empirical literature. Secondly, this study revealed that minimal information is known in the field of perpetrator trauma, especially in South Africa, and from the participants' African conceptualisation of their trauma, it would be of great value to the field to further explore these ideologies and culturally embedded notions of perpetrator trauma. Exploring perpetrator trauma amongst offending populations beyond juvenile offenders would also be of great value. For example, to include female, child, and adult offenders to compare how perpetrator trauma might differ amongst these populations and to get a clearer and more descriptive picture of perpetrator trauma amongst the broader offender population. Therefore, a quantitative study with a larger population across different ages, genders, and types of offences could yield valuable results in the field of perpetrator trauma amongst offenders. Secondly, perpetrator trauma is often neglected and overlooked as it is not an officially recognised and diagnosable disorder. Therefore, it would be of great benefit for offenders if a perpetrator trauma questionnaire (measurement scale) was to be developed. This

questionnaire could be used in correctional settings to assist in identifying offenders suffering from perpetrator trauma for successful treatment and management before release or reintegration into society. Furthermore, there is a need for perpetrator trauma studies that not only focus on proving or convincing scholars and researchers alike of its existence but studies that will work on designing conceptualisation models to better understand the aetiology and mechanisms of perpetrator trauma amongst various groups, including offenders. There is also a need for treatment models and ways of intervening specifically designed for treating individuals suffering from perpetrator trauma, with a specific focus on the multidimensional effects underpinning such a trauma.

5.6 Conclusions

From the 1980s, when the first trauma diagnosis was recognised and officiated, it has been argued that perpetrators or offenders murder or commit serious and violent offences callously and gleefully without any psychological repercussions. However, it was evident from this study that committing murder or causing serious harm to others is associated with multidimensional consequences not only for the victim and the victims' families but also for the offenders. These offenders are confronted by the moral and societal norms they have violated, which leads to a reaction that is accompanied by existential, moral, and psychological processes, including but not limited to self-reflections of the offence and its impact on others, and various psychiatric and psychological symptoms associated with the offence(s) and the victim(s). These symptoms and the psychosocial, cultural, and moral enquiries associated with having committed murder or caused serious harm to others affect not only their identity and being but also their daily functioning and tend to cause significant behavioural changes that have deleterious consequences on them and the society at large. This is because, without treatment or effective rehabilitation, these traumatised individuals might engage in repetition compulsion, a central feature of trauma, where traumatised

individuals unconsciously relive, re-enact, or re-act their traumatic events or find themselves in situations where the event is likely to happen. Therefore, an untreated or unresolved perpetrator trauma might translate into repeated cycles of violence, chronic offending, and recidivism.

In conclusion, it is important to note that perpetrator trauma is not a discussion of accountability or criminal responsibility but rather an acknowledgement of the perpetrator's suffering. It does not wish to overlook the experiences of victims by emphasising the perpetrator's suffering but rather chooses to see trauma as a holistic entity that affects all those who are involved in atrocities or any traumatic event and wishes to see trauma as an independent experience from victimhood as not all who suffer from trauma are acknowledged as victims.

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Appendix 1: Information Leaflet and informed consent

RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM

DATE

2021-2022

TITLE OF THE RESEARCH PROJECT

Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent crimes

PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):

Grace Mahlako *2019660543* *0727583725*

FACULTY AND DEPARTMENT:

Name of Faculty: *Humanities*

Name of Department: *Department of Psychology*

STUDY LEADERS NAME AND CONTACT NUMBER:

Name of Study Leader (UFS staff member): Dr. J. Jordaan

Contact number: *051 401 2890*

Name of Study Leader (UFS staff member): Dr. M. Cronje

Contact number: *051 401 7717*

WHAT IS THE AIM / PURPOSE OF THE STUDY?

This research will focus on the trauma experienced by perpetrators as a result of their own violent offending. Previously, trauma development has always been associated with being a victim of or witnessing a traumatic event with no focus on violent offending as a possible cause for trauma development. Therefore, this study will seek to explore and describe trauma as experienced by incarcerated violent juvenile offenders as a result of their own violent offending behavior.

WHO IS DOING THE RESEARCH?

My name is Grace Mahlako and I'm currently doing my Master of Social Sciences in Clinical Psychology at the University of the Free State. I am conducting this study in accordance with the requirements of a Master's degree.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher.

Approval number: UFS-HSD2020/1200/1711

WHY AM I INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

You have been invited to participate in this study because you are part of the population the researcher wishes to study, and are therefore in the best position to answer the research questions and help the researcher reach the research objectives.

WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?

For this study, you will be requested to complete a screening questionnaire as part of the recruitment process to identify you as a possible participant. Should you meet the inclusion criteria, you will then be requested to participate in an audio-recorded individual interview that will take approximately 60 minutes where you will be asked questions about the offence/s that you are currently incarcerated for, the symptoms that you are experiencing as a result of your violent offending, and how those symptoms have affected your life. Please note that should the researcher require additional information from you, you will be requested to participate in another audio-recorded individual interview.

CAN THE PARTICIPANT WITHDRAW FROM THE STUDY?

Your participation in this study is completely voluntary. You have the right to choose not to participate and will not be penalized for your decision. If you decide to participate in this study, you will be given this information sheet to keep and be asked to sign a written informed consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

This study is not designed to benefit you personally; however, some participants might find it beneficial to talk about their experiences without fear of being judged and should you experience any discomfort, as a result of your participation in the study, you will be referred to a psychologist or social worker for support services. The study will potentially benefit young offenders who have similar experiences by leading to the development of programs that will seek to address this kind of trauma. Although your answers will not be tied to you, your experiences/ input as the participant will add to the gap that exists in perpetrator trauma research in South Africa, particularly amongst juvenile offenders.

WHAT IS THE ANTICIPATED INCONVENIENCE OF TAKING PART IN THIS STUDY?

You might be asked questions that might want you to share certain information about your offence/s or experiences that might be uncomfortable to mention, or might require you to re-live/ re-experience situations/moments that might evoke psychological distress. However, procedures have been put in place to mitigate this and support services will be provided by the Correctional centre's psychologist or social worker. Alternatively, should there be no psychologist or social worker available at the correctional centre, support services will be provided by a psychologist or social worker from outside the centre. Also, the research might interfere with your daily activities such as programmes, workshops, schooling, or any other responsibilities or activities that you are currently involved in, however, I will communicate with all relevant parties to ensure that they know where to find you if needed.

WILL WHAT I SAY BE KEPT CONFIDENTIAL?

It is the researcher's duty to protect your identity and the nature of your contribution. All the information that you share will be kept confidential and stored on a secure computer which only the researcher, research supervisor, and co-supervisor have access to. All hard copies will be stored in a locked cupboard and all audio recordings and digital information will be encrypted and password protected. Your name will not be recorded; anywhere and no one will be able to connect you to the answers you give. Your answers will be given a false name and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. Please note that during the recruitment process, the researcher will keep a list that will contain your DCS number and participant number in order to identify you during the data collection phase. However, this information will only be available to the researcher and will be destroyed once the recruitment process has been finalized. Furthermore, if you share any incriminating information about offences that you have committed and have not been sentenced for, I am obligated by law to report this; therefore, it is advisable to focus on the factors associated with offences for which you have been sentenced.

HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?

All hard copies, audio recordings, and other digital information will be stored in a secured cupboard and a password-protected computer for a period of five years for future research or academic purposes. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After the relevant time period, all audio recordings and other digital information will be permanently deleted from all platforms.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

You will not receive any payments, rewards, benefits, or privileges for participating in this study. Taking part in this study will in no way positively influence your sentence or possible parole outcomes or give you any other benefits or privileges while incarcerated.

HOW WILL THE PARTICIPANT BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?

You have the right to request any information regarding the study or the findings of the study. Therefore, should you require any further information or want to contact the researcher about any aspect of this study or if you would like to be informed of the final research findings, please contact ***Grace Mahlako*** *on* ***0727583725*** *or email* ***mahlakogm97@gmail.com****. Should you have concerns about the way in which the research has been conducted or if you wish to report any problems you have experienced related to the study, you may contact the supervisor Dr. J. Jordaan on 051 401 2890 or email JordaanJ1@ufs.ac.za and/or the co-supervisor Dr. M. Cronje at CronjeM3@ufs.ac.za.If you have concerns about the study, you can email the secretary of the Research Ethics Committee CharnéVercueil at VercueilCC@ufs.ac.za.*

Thank you for taking time to read this information sheet and for participating in this study.

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty. I am aware that the findings of this study will be anonymously processed into a research report, journal publications, and/or conference proceedings.

Please tick one that is appropriate:

☐I agree to the screening questionnaire.

☐I agree to the audio recording of the individual interview.

I have received a signed copy of the informed consent agreement.

Full Name of Participant: _____

Signature of Participant: _____ Date: _____

Full Name(s) of Researcher: _____

Signature of Researcher: _____ Date: _____

Appendix 2: Perpetrator trauma symptomatology screening questionnaire

PHASE 1: SAMPLING PROCEDURE

PERPETRATOR TRAUMA SYMPTOMATOLOGY SCREENING QUESTIONNAIRE

Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent offences

Participant no: _____ (The researcher will use this number alongside your personal information (in a list that is only available to the researcher) to identify you in the subsequent recruitment process, however, this information will be kept confidential and will be destroyed once the recruitment process is complete)

Section A: Biographical and Offence Related Information

1. **Age:**

2. **Gender:**

☐Female ☐Male

3. **What is your highest level of education?**

4. **Race**

☐Black ☐Coloured ☐Indian

☐White ☐Other:_____

5. **Home Language**

☐Afrikaans ☐English ☐isiNdebele

☐isiXhosa ☐isiZulu ☐Sepedi

☐Sesotho ☐Setswana ☐siSwati

☐Tshivenda ☐Tsonga

Other_____

6. **All other languages you are fluent in:**

☐Afrikaans ☐English ☐isiNdebele

☐isiXhosa ☐isiZulu ☐Sepedi

☐Sesotho ☐Setswana ☐siSwati

☐Tshivenda ☐Tsonga

Other_____

7. Have you ever been diagnosed with any psychiatric/ psychological disorder?

☐Yes ☐No

7.1 If yes, did you undergo therapy or receive any form of treatment?

☐Yes ☐No

7.2 Also, are you currently undergoing therapy or receiving any form of treatment?

☐Yes ☐No

8. For which offence/s are you currently serving a sentence? Please choose the offences that apply to your current sentence

1. Contact offences

☐Murder ☐Culpable Homicide ☐ Attempted Murder

☐Conspiracy to commit murder ☐Common Assault ☐ Assault GBH

☐Common Robbery ☐Aggravated Robbery

(specify)_____

2. Contact-related offences

☐Arson ☐Malicious damage to property

3. Sexual offences

☐Rape ☐Sexual assault ☐Indecent offence

☐Attempted sexual offence ☐Other sex-related

offence:_____

4. Drug offences

☐Possession of drugs ☐Selling of drugs ☐Drug trafficking

☐Other drug-related offence:_____

5. Weapon offences

☐illegal possession of firearm ☐Other weapon-related

offences:_____

6. Other offences

☐Fraud ☐Shoplifting ☐Theft

☐Extortion ☐Forgery

☐Other offences not specified elsewhere above:_____

9. Have you ever been found guilty of another offence?

☐Yes ☐No

9.1 **If yes, what was the offence?**

_____

_____

_____

10. What portion of your current sentence have you already served?

_____

11. Were you ever involved in a gang, inside or outside the correctional centre?

_____

11.1 If yes, did your gang involvement influence your offending?

☐Yes ☐No

Section B: In this section, we are interested in some of the difficulties you have experienced in relation to the offence you have committed. Please read each statement carefully and respond by ticking the box that best describes how you have been feeling since you have committed the offence.

	Never	Once since I have committed the offence	More than once since I have committed the offence	Five or more times since I have committed the offence
I often experience flashbacks or relive the offence I have committed as if it was happening again				
I often have distressing memories or thoughts about the offence I have committed				

I often experience distressing dreams in which the content of the dream are related to the offence I have committed				
I often hear voices related to the offence and/or the victim(s), and these voices are not heard by others				
I often see things related to the offence and/or the victim(s), and these things are not seen by others				
I often made/make efforts to avoid everything related to the offence that I have committed, for example, avoiding thinking or talking about it				
I often feel like I am suffocating or running out of breath when reminded about what I did, either following a dream, flashback or being reminded by someone or an external cue				
I am involuntarily unable to remember certain details about the offence and/or the victim(s)				
I often feel numb or experience headaches when I think or I am reminded about what I have done				
I often have difficulty falling asleep or maintaining sleep because of what I have done				

I often feel sorry and ashamed about what I did to an extent where I feel like I am a bad person				
I often made/ make any efforts or attempts to forget everything about the offence and/or the victim(s)				

You have come to the end of the questionnaire, thank you for participating.

Appendix 3: Interview Schedule

SEMI-STRUCTURED INTERVIEW SCHEDULE

Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent crimes

Participant no: _____

Pseudonym: _____

QUESTIONS

1. With reference to the violent offence(s) you are currently incarcerated for, please explain and describe in as much detail and as honestly as possible what happened the day you committed these offence(s)?
   Prompt- Upon realizing what you had done, what was your immediate response?
2. How has your life been after the offence(s) that you committed? How have you been able to cope?
   Prompt- How did you feel about it?
   Prompt- What were thoughts about it?
   Prompt- Did you start acting differently? Please explain
3. Previous researchers have mentioned that people usually experience the following symptoms after committing a violent offence: flashbacks or nightmares related to their violent offence/s, reliving the violent offence/s as if it was happening again, difficulty remembering details of the offence, hearing voices or seeing images of the victim/s that might not be seen by others, experiencing headaches, feelings of guilt, shame or self-devaluation. Have you ever experienced these symptoms?
   Prompt- Tell me more about these symptoms and how they make you feel?
   Prompt- When and how did they start?
   Prompt- How do these symptoms influence your daily life?
4. What are some of the factors/things that you can think of that make/made those symptoms better/ worse?

Appendix 4: Approval letter: Faculty of the Humanities Research Ethics Committee

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS UV

GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

18-Nov-2020

Dear Ms Grace Mahlako

Application Approved

Research Project Title:
Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent crimes

Ethical Clearance number:
UFS-HSD2020/1200/1711

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely
Dr Adri Du Plessis
Chairperson: General/Human Research Ethics Committee

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Appendix 5: Approval letter: Department of Correctional Services

correctional services
Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O WF Nkomo and Sophie De Bruyn Street, PRETORIA
Tel (012) 307 2770, Fax 086 539 2693

Dear Ms Grace Mahlako

RE: EXPLORING PERPETRATOR TRAUMA AMONGST JUVENILE OFFENDERS INCARCERATED FOR VIOLENT CRIMES

I wish to inform you that your request to conduct research in the Department of Correctional Services has been approved

- This ethical approval is valid from **15 March 2021 to 15 March 2022**
- The Area Commissioner where the research will be conducted will be informed of your proposed research project.
- You are requested to contact him before the commencement of your research
- It is your responsibility to make arrangements for your interviewing times.
- Given the sensitive nature of the topic it is recommended that debriefing session be arranged prior rather than on an ad hoc basis.
- A letter from the debriefing psychologist/social worker must be attained
- Your identity document/passport and this approval letter should be in your possession when visiting regional offices/Correctional Centres.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) and Correctional Services Act (No.111 of 1998) e.g. “Offenders” not “Prisoners” and “Correctional Centres” not “Prisons”.
- You are not allowed to use photographic or video equipment during your visits, however the audio recorder is allowed.
- Comply with COVID-19 19 safety and hygiene procedures during data collection processes
- Ensure that all participants have been duly screened for Covid19 according to DCS screening protocols
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the REC Administration for assistance at telephone number (012) 3072894/95

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully

ND MBULI
DC: POLICY COORDINATION & RESEARCH
DATE: 15/03/2021

Appendix 6: Plagiarism report

Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent offences

ORIGINALITY REPORT

11%	9%	5%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of the Free State Student Paper	1%
2	uir.unisa.ac.za Internet Source	1%
3	hdl.handle.net Internet Source	<1%
4	ujcontent.uj.ac.za Internet Source	<1%
5	ebin.pub Internet Source	<1%
6	"Encyclopedia of Adolescence", Springer Science and Business Media LLC, 2018 Publication	<1%
7	etd.uwc.ac.za Internet Source	<1%
8	scholar.sun.ac.za Internet Source	<1%
	repository.up.ac.za	

Appendix 7: Audit Trail

Stage 1: Conceptual stages: Research proposal

- Title: Exploring perpetrator trauma amongst juvenile offenders
- Methodology:
  Research approach and design: Qualitative research approach, multiple case study research design, descriptive phenomenology
  Participants and sampling: One phase-sampling procedure (Purposive Sampling [DCS staff to assist in the screening and identification of participants based on inclusion criteria])
  10-15 Participants
  Data collection: Semi-structured audio-recorded individual interviews
  Analysis: Inductive thematic analysis (Braun & Clarke's six-phase framework)

Conceptual stages: Changes to the proposal and planning in response to feedback and recommendations

Changes in the title:

- From "*Exploring perpetrator trauma amongst juvenile offenders*" to "*Exploring perpetrator trauma amongst juvenile offenders incarcerated for violent offences*"

Changes in the methodology:

- Changes from multiple case studies to single case study
- Changes from one phase sampling procedure to two phase sampling procedure:
  First phase (Convenience sampling): maximum of 250 participants
  Second phase (Purposive sampling): 10-15 participants
  Development of screening questionnaire to assist in the recruitment process
  [Perpetrator trauma symptomatology screening questionnaire]
- Changes from inductive thematic analysis to hybrid thematic analysis (Abductive thematic analysis- use of both deductive and inductive methods of thematic analysis)

Stage 2: Implementation phase: Data collection

Boksburg Correctional Centre

Recruitment process

- Phase 1: Convenience sampling (Over 2 days)
  24 participants recruited (Discussion of information leaflet, signing of informed consent, and filling in the perpetrator trauma symptomatology screening questionnaire)
- Phase 2: Purposive sampling (Feedback from the screening questionnaire)
  12 Participant recruited for the data collection
- Data collection (Over 2 days): Reminder of the information leaflet, signing of informed consent for audio recorded individual interview

Data collected from 12 participants (however, interviews from 3 participants were cut short due to trauma from other causal factors and not perpetration)

Grootvlei Correctional Centre

Recruitment process

- Phase 1: Convenience sampling (Over 1 day)
  36 participants recruited (Discussion of information leaflet, signing of informed consent, and filling in the perpetrator trauma symptomatology screening questionnaire)
- Phase 2: Purposive sampling (Feedback from the screening questionnaire)
  2 Participants recruited for the data collection
- Data collection (Over 1 day): Reminder of the information leaflet, signing of informed consent for audio recorded individual interview
  Data collected from 2 participants (However, 1 interview was cut short due to trauma from other causal factors and not perpetration)
  (Data saturation reached)
- Transcription and translation

Stage 3: Data Analysis

Data Analysis: Braun and Clarke's six-phase framework: Deductive and inductive methods

- Step 1: Familiarizing with the data (Reading translated transcripts and listening to recordings)
- Step 2: Coding
  : External co-coding
- Step 3: Searching for themes
  : Deductive methods: 1 theme deduced from the literature
  : Inductive methods
- Step 4: Review themes (Broadening themes, merging similar themes)
  : For example, all positive experiences and activities were merged to form one theme called "Protective experiences, activities, and behaviours"
  : All symptoms of perpetrator trauma were merged into one theme, with the various symptoms generated into subthemes
  : All accounts that spoke to the experiences of the offenders' offences were merged into one theme
- Step 5: Define themes: All themes were then defined.
- Step 6: Reporting on the themes

Appendix 8: Transcript (Participant 5)

Interviewer: Ok, so with reference, when we, when we are talking about the violent offence that you are currently incarcerated for, right,

Participant: Yes mam

Interviewer: please explain and describe in as much detail and as honest, and as, as honest as possible what happened the day you committed these offences.

Participant: Yes

Interviewer: Ok, so you can describe and explain, in as much detail

Participant: The way that it happened?

Interviewer: Yes

Participant: Ok mam. The way that this offence that I committed happened was that, like, I was chilling with my friends at X-Factor, you see mam. X Factor is a club where people drink, where people smoke drugs, and where a lot of things happen, I was with 3 of my friends

Interviewer: mmm

Participant: as I was with 3 of my friends, we were just chilling there and drinking you see mam, on Saturday,

Interviewer: mmm

Participant: You see, night. As we were drinking

Interviewer: Saturday night?

Participant: Yes

Interviewer: Ok

Participant: Now as I was drinking with my friends, it happened that we ran out of money to continue partying the night, and smoke you see mam.

Interviewer: mmm

Participant: And now it happened that one of my friends tells us that there is plan that he can come up with so that we can go and hustle you see mam. We asked him "What is the plan?" he said "No, I have this thing" you see mam. We left and went to his home, where he stays you see mam. When we got to where he stays, what does he come with? he comes with a gun, 380 long holes you see mam. When he comes with the gun, he tells us that "there is no other way we can hustle, this is it,

Interviewer: mmm

Participant: this is the plan." And since we didn't have any money to continue partying the night there was nothing we could argue, we left with him. When we left with him, we went up and got to Primrose you see, in town, Primrose.

Interviewer: what were you using as your transport?

Participant: We, we were walking by foot,

Interviewer: Ok.

Participant: you see mam, with my friends

Interviewer: And how many were you?

Participant: We were 3

Interviewer: Ok

Participant: You see. I was carrying an Okapi, another friend of mine, who is 23, was also carrying an Okapi, the other one, who is 30, is the one who was carrying the gun

Interviewer: He is 30?

Participant: Yes, he is 30. We went up, as we went up, we passed by this other tavern, and now this tavern was full, and there were people we knew, you see mam, people we knew that "this one" you get me "often comes here to buy alcohol" you see mam, and now we are watching him, as we were watching him, there comes another guy whom we all knew came from a rich family, and now he was with 3 of his friends.

Interviewer: Ok

Participant: you see mam, we sat outside the tavern, we were waiting for them, as they were, when this tavern was closing and they were going to another tavern that opens 24/7,

Interviewer: mmm

Participant: you see mam, we went up with them, we followed them, when we were following them

Interviewer: Do you know, uh, these people? Do you know them?

Participant: Yes mam, we would often see them,

Interviewer: Ok.

Participant: but most of the time, they were seen by the one who is 30, because he knows them from the sports ground

Interviewer: Ok

Participant: because he played soccer you see mam. We went up, when we went up **[pause]** we approached them, they were first approached by the one who was carrying a gun,

Interviewer: mmm

Participant: you see mam. He stopped them, and they cooperated

Interviewer: So, you were 3?

Participant: We were 3

Interviewer: and then they were 4?

Participant: they were 3

Interviewer: They were 3, ok

Participant: Yes mam. As they were 3, he approached them and they were cooperative, now we started searching them but one of them was carrying a butcher knife,

Interviewer: mmm

Participant: Yes mam, he was carrying a butcher knife, and now he wanted to jump on the one who was holding a gun, and the one who was holding a gun quickly saw him that "Ok, this guy wants to stab me with his weapon first" you see, that's when he shot one of them you see mam

Interviewer: The one who was carrying the butcher knife?

Participant: the one who was holding a gun you see mam,

Interviewer: Ok

Participant: and now I was busy searching one of them you see mam, as I was searching him, I found 2 phones you get me, I also found his wallet, and, and money that was inside the wallet, the money that was in the wallet was 4000

Interviewer: mmm

Participant: you see mam. My friend and I then searched another one, and he found a cell phone, a Huawei phone you see. When he found the Huawei phone, so my other friend who was carrying a gun saw the other guy approaching him, and he was high on drugs you see mam, and when he is high **[pause]** and the drugs that we had smoked, crystal meth and weed, makes you see things that are not there you see.

Interviewer: Ok

Participant: Yes mam, like he thought that if he didn't shoot that guy, the guy was going to stab him first with the knife that he was holding,

Interviewer: mmm

Participant: he shot him, you get me mam, he also shot his friend, you get me, straight shot,

Interviewer: mmm

Participant: you see, he shot them both, because the gun was only left with 2 bullets.

Interviewer: mmm

Participant: The one that I was busy searching could see that his friends were shot, and that they were both lying down, and he was cooperative, I continued searching him, he then tried to run away, and I realised that, ok, this guy is now an eyewitness because he was at the scene, there's no way we can leave him. When he tried to run away, I chased him, and I tripped him

Interviewer: mmm

Participant: you see, when I tripped him, I stabbed him, I stabbed him with two holes.

Interviewer: where did you stab him?

Participant: Here **[Points to the neck],** with two holes. I saw the blood coming out, it was even dripping on me, you see, as it was dripping on me, I told the guys that "No, this person has lost a lot of blood" you see mam, as he was losing a lot of blood like that, I told them that maybe he was dead already you see, we left him there, and we ran away. We went to my friend's place, the one with the gun to put the gun away. After that, we shared the money that I found there, we let our other friend hold the phones because it was late at night, there was no way we could sell the phones at night, as long as we had the money, we will sell the phones the following day.

Interviewer: mmm

Participant: But we, we, we, we left the, the, the township where we stayed and we went to this other lodge, we booked at the lodged and stayed there but, **[pause]** the whole night we continued the party at the lodge. In the morning, I heard that we were wanted, and we were still at the lodge you see mam, we were told

Interviewer: Who told you that you are wanted?

Participant: Uh, I was told by this other friend of mine who also liked coming to smoke at the lodge you see, he tells me that "You are wanted" he first asked me "What did you guys do yesterday?" I told him "We didn't do anything" he said "but you are wanted" you see, we are wanted by the community members of Primrose, together with the community members from the Skwatta camp.

Interviewer: mmm

Participant: I told him that "No, we didn't do anything, we've been here ever since" he said, "but you are wanted, and it seems as though you did a serious thing because there was no way you would be wanted like this" you see. I don't know, as time went by, they tried to come to the, the

Interviewer: the lodge?

Participant: the lodge, when they arrived at the lodge, they found us gone, because as soon as we heard that we were wanted, we moved the same time. When we left the very same time, there were people following us, they followed us, and with a car. As we were about to enter Germiston you see mam, they, they got to me first you see and took me and put me in the car, my friends ran away,

Interviewer: mmm

Participant: Remember we were 3, it was me, **[mention's name], [mentions name],** they ran away, and they caught me first, when they caught me first, they took me to the police station, and they asked me "where are your friends?" I told them that "I don't know them." That's when the CID started asking me questions, they wanted the gun from me you see mam. I told them that "I don't know anything about a gun" you see. Like, since I was arrested around 3, around 5 they arrived with them.

Interviewer: mmm

Participant: They caught them running away, it was **[mentions name]** and the other one

Interviewer: we don't, uhm, mention their names

Participant: Yes mam.

Interviewer: but then I will cut it out, don't worry

Participant: Yes mam. It seems he ran to his mother so that she can give him money for him to run to Cape Town you see. But they were also following them with a car, and they caught them, and they came with them to the police station at around 5.

Interviewer: Who was following you? The police or just people?

Participant: Like other metro police officers,

Interviewer: Ok

Participant: but they stay in the same location,

Interviewer: Ok

Participant: they were driving a white polo, they were even wearing casual clothes, they were not wearing their, uh, uniform you see mam. They followed them and they came to the police station with the both of them. Immediately they started asking us "Where is the gun? Who was carrying the gun?" I denied the idea that I was the one carrying the gun you see.

Interviewer: mmm

Participant: Days went by, days went by and then we went to court, when we went to court, they, the ID parade pointed us out you see that "They are the ones"

Interviewer: Who pointed you out?

Participant: the ID parade

Interviewer: ID?

Participant: ID parade

Interviewer: ID parade?

Participant: Yes

Participant: What's that?

Participant: ID parade like, the victim, you see the person who saw that

Interviewer: Ok, and then who saw you because, uh, the other two were shot, and then you stabbed the other one, right

Participant: Yes mam

Interviewer: Yes, so,

Participant: and now, like, I won't be able to tell who saw us because sometimes it happens that you tell yourself that nobody saw what you did,

Interviewer: mmm

Participant: but there will always be that one person who saw you, because there were rooms where we committed this offence, there is this other place where people rent rooms called Chemelot

Interviewer: mmm

Participant: So, there are rooms on top and we did this thing at the bottom and now

Interviewer: Oh, it was not at a veld, or, it was in a room?

Participant: Yes mam, so I think that someone on top heard the shots and saw us running,

Interviewer: Ok

Participant: you see mam, I can say that,

Interviewer: Ok

Participant: they pointed us out exactly, that, but I did not tell them where the gun was

Interviewer: mmm

Participant: you see mam, they got us like that, and I was still underage. They took me to Baviani in Pretoria, my friend came here at Boksburg because he was older. I was still, this offence happened in 2019, July, I was still 16,

Interviewer: mmm

Participant: I was 17 on the day of the offence you see mam, so those people pointed us out, and they took me to Pretoria, my friends came here at Boksburg because one was 23 and the other one was 30

Interviewer: mmm

Participant: You see mam, that is how I was arrested.

Interviewer: Okay, alright. And then after that, after realizing that, uh, you, did they die these people?

Participant: Yes mam

Interviewer: 3 of them?

Participant: No like, only two of them died,

Interviewer: Ok

Participant: two of them. When I was in court, already attending at, at the High Court I saw the one I stabbed you see mam, obviously they said he was in the ICU, I thought that he died because I saw a lot of blood coming out you see mam, so I told myself that he was dead. But he came to court when we were under oath

Interviewer: mmm

Participant: you see mam, he also testified in court that “They are the ones that killed two of my friends, and I survived”

Interviewer: mmm

Participant: and I also knew at that time that “he’s the guy that I stabbed” and during his testimony, he pointed to me that “This is the boy that stabbed me”

Interviewer: mmm.

Participant: Yes.

Interviewer: So, after realizing what you have done right

Participant: Yes mam

Interviewer: what was your immediate, what, how did you respond immediately?

Participant: Well, immediately after doing that thing, since I was under the influence of substances; nothing came to mind, I didn’t realise anything, but I was terrified.

Interviewer: mmm

Participant: you see mam, but one thing that was on my mind, like when you are under the influence of drugs, you can’t feel a thing you see mam. Yes, but when I got arrested, after being arrested, all the memories flooded my mind. I started having nightmares you see mam, when I’m asleep those two people who died in front of me would appear to me

Interviewer: mmm

Participant: you see mam, yes.

Interviewer: Ok, alright. So after, at that time you, you did not feel anything, you were still on the high

Participant: Yes

Interviewer: of the crystal meth and then everything was just okay, but then when did you realise that you killed people?

Participant: Yes

Interviewer: When, when did, when did that happen? when did that realisation that “Yoh! People died, and they died because of me” When did that realisation come?

Participant: I realised when I was still at the lodge, smoking

Interviewer: mmm

Participant: you see mam, because I smoked and smoked and then I slept you see mam,

Interviewer: mmm

Participant: When I slept, I then, I won’t say I slept because I only slept for about 2 hours 3 hours you see mam.

Interviewer: mmm

Participant: That’s when I realised that “No!” at the same time a lot of people are busy telling me that “You are wanted”, I started regretting myself, and now even the money I got from those people, I didn’t enjoy spending it, you see mam.

Interviewer: mmm

Participant: And now I started thinking of coming up with a plan to leave Johannesburg

Interviewer: mmm

Participant: you see mam.

Interviewer: So how has your life been after the offence that you committed? And how have you been able to cope, so how has your life been after everything that has happened?

Participant: Well mam it was painful because it was not only painful to me alone, but it was also painful to the people who lost their fathers because I killed them you see mam

Interviewer: mmm

Participant: over such a small thing, just because we wanted to feed that habit, but it happened that they died.

Interviewer: mmm

Participant: Because our intention at that time when we went to rob them, was to take everything we can take, they cooperate, and we leave them. But because my friend had smoked a lot, he thought that one of them was going to stab him with the butcher knife that he was carrying, and then it was a must for him to shoot him,

Interviewer: mmm

Participant: he shot; he shot the both of them

Interviewer: mmm

Participant: mmm

Interviewer: So, uhm, how has your life been? How was your life after that? Was everything ok, uh, at home what was their response, and what was the community's response after that?

Participant: Well at home, like, when they found out that I did this, they were disappointed, because they stood by me and said that "No, **[mention's his name]** didn't do such a thing" and now the community, since I used to like wearing a sling bag you see mam, and yes the sling bag would carry a knife, and the drugs that I smoked, so they said that I always had the gun in my sling bag

Interviewer: mmm

Participant: and my parents denied that, and they said, "No, **[mention's his name]** does not have a gun." And now I started living in fear, even when I was walking on the road, I would constantly look around, I did not trust anything

Interviewer: mmm

Participant: you see even when a car stops in front of me, I felt like now you see, until they arrested me.

Interviewer: mmm

Participant: you see

Interviewer: So, did you fear, when, when, when you not being free, did you fear that people will come and attack you? Or what did you fear at that time?

Participant: Uh, at that time after committing the offence, I felt as though someone saw what I did, especially at that place, I didn't believe that no one saw us.

Interviewer: mmm

Participant: And another thing **[pause**] it wasn't long after we committed the offence when a lot of people started telling us that, "you are wanted, you are wanted" wherever I went, someone would tell me that I am wanted, "Hey my brother" wherever I went I was told that "I am wanted." So, I started, I didn't even enjoy spending the money we got from those people because I was already thinking about the fact that "eish I am wanted, and I did something like this"

Interviewer: mmm

Participant: you see mam

Interviewer: Ok, at that time did you know that they died?

Participant: Those two I was sure of them because **[pause]** it was straight shots

Interviewer: mmm

Participant: you see, straight shots. But the one that I stabbed, I thought that "No, he is dead" because he lost a lot of blood you see mam.

Interviewer: mmm. And then after the whole situation right,

Participant: Yes mam

Interviewer: how were you able to cope with what you have done?

Participant: **[sigh]** Mam I couldn't cope, you see, because when someone would ask me something you see mam, when I was still on trial, soon after I was arrested, I wouldn't give an answer to what he was asking,

Interviewer: mmm

Participant: you see, I would derail, because I couldn't believe that I did something like that you see, and now all the drugs were out of my system

Interviewer: mmm

Participant: you see mam,

Interviewer: So, after the drugs are out,

Participant: Yes

Interviewer: you now realise that you killed someone,

Participant: Yes mam

Interviewer: uhm, or people died because of you?

Participant: Yes, and now one thing that made me regret even more is that those people died over petty things you see

Interviewer: mmm

Participant: 4000 is nothing for someone's life you see mam

Interviewer: and then how did you feel about it?

Participant: Ai! It's painful mam because it's not just painful to me, it's also painful to the people who lost their fathers, today they don't have fathers **[pause]** because of me and my friends, and over something so stupid, because of drugs you see mam.

Interviewer: mmm

Participant: And now this thing that I have done, ai, is painful mam, because these people had children, and the mother of their children were not working

Interviewer: mmm

Participant: they were the ones who would put food on the table; now I see that me and my friends made a mess by killing them

Interviewer: And then what would you think about, like what were you thinking about at that moment or maybe immediately after, or what are you constantly thinking about? When you thought about everything, what would you think about?

Participant: Well what I would think about, you see mam, I would think about those people that I did this thing to, because they had brothers, they were Zulus, you know that Zulus always work together, there are those whom they call hitmen, so I thought that they would go and look for me at home, **[pause]** if they don't find me, they would do something that would scare my parents, that's what I thought about you see. Even when I was walking in the streets, I didn't feel safe you see

Interviewer: mmm

Participant: that is what used to scare me.

Interviewer: Ok, and then did you start acting differently after that?

Participant: **[Pause]** Well mam, I continued using drugs because **[pause]** the moment I realised this thing it, it started eating me up, you see, it was only better when I was under the influence you see

Interviewer: mmm

Participant: I tried to forget a bit

Interviewer: So, smoking helped you forget everything that has happened?

Participant: Yes mam

Interviewer: Okay, alright. And then, so is there anything because you used to smoke before, right?

Participant: Yes

Interviewer: Yes, so after that, did you start acting differently? Perhaps you noticed a personality change, you are no longer helping out at home or, like, did you ever start acting differently after everything, to a point where people would say you are not the same person?

Participant: Yes, like mam I was not acting the way people knew me

Interviewer: mmm

Participant: you see mam, yes, I changed, a lot of people couldn't believe that I did something like that you see, I have now turned into something else. Even the people who were close to me no longer trust me, I also felt like you see, I also felt like you see, a monster at home you see mam

Interviewer: mmm

Participant: and when I would think about this thing, I would say to myself that "eish, I did something else,

Interviewer: mmm

Participant: by killing people"

Interviewer: mmm

Participant: you see

Interviewer: Okay, so now previous researchers right,

Participant: Yes

Interviewer: uh, they discovered that, uhm, or they mentioned that people usually experience the following symptoms after committing a violent offence, so they experience flashbacks, you know flashbacks, right?

Participant: Yes, flashbacks means that you are thinking about the offence that you have committed

Interviewer: Yes,

Participant: Yes

Interviewer: and then they think about it as though it is happening again

Participant: Yes mam

Interviewer: Yes, and then, uhm, yes so, they think about it a lot, uh, as though it is happening again, and then they have difficulty remembering details of the offence, they, they forget certain things, not intentionally, uh, they just don't remember some of the things that happened

Participant: Yes

Interviewer: and then, uhm, they hear voices or see things, things that are related to the offence or the victims,

Participant: Yes

Interviewer: like perhaps you are seated, and you see your victim, looking at you,

Participant: Yes

Interviewer: or you hear screams

Participant: Yes

Interviewer: or whatever it is that you can hear or see, that is not seen, uh, that other people don't necessarily see, right.

Participant: Yes mam

Interviewer: And some of them also experience, uh, headaches, feelings of guilt, shame,

Participant: Yes

Interviewer: or self-devaluation, have you ever experienced those symptoms?

Participant: Yes mam

Interviewer: Ok what are those, what are some of the symptoms that you have experienced?

Participant: Ah, whenever I would sleep, soon after, soon after I was arrested,

Interviewer: mmm

Participant: those two people who died in front of me would appear to me

Interviewer: mmm

Participant: and now I would feel like **[pause]** that thing was happening, you see mam

Interviewer: mmm

Participant: I would quickly wake up and just pace around at night

Interviewer: mmm

Participant: you see because whenever I would sleep, here is this thing appearing, but I was still on trial, since I got here and since I was sentenced, it doesn't happen

Interviewer: Okay, so before, uh, when did it start?

Participant: it started, I was on trial from 2019 July,

Interviewer: mmm

Participant: Yes, that's when it started

Interviewer: Ok, so from July uh, 19, 2019,

Participant: Yes mam

Interviewer: that's when it first started?

Participant: yes mam

Interviewer: And how long after you've committed the offence?

Participant: **[Pause]** I don't understand

Interviewer: Ok so, when did you commit this offence?

Participant: I committed it July 2019

Interviewer: July 2019

Participant: Yes

Interviewer: When did your trial start?

Participant: I started attending trial 2019

Interviewer: July?

Participant: Yes

Interviewer: Ok, so sort of like in the same month,

Participant: Yes

Interviewer: that's when you started experiencing, seeing these people?

Participant: Yes

Interviewer: and then how, how many times after that did you experience that?

Participant: maybe a month mam,

Interviewer: mmm

Participant: month

Interviewer: the whole month?

Participant: Yes, because I even told the care workers at Baviani that "I am experiencing these things" you see mam, and they helped me by referring me to go see a psychologist

Interviewer: mmm

Participant: you see, they asked me questions, and I answered them the way it happened.

Interviewer: mmm

Participant: The psychologist also called my mother and my aunt,

Interviewer: mmm

Participant: and she explained to them that "**[mention's his name]** says he is experiencing these things because of his case"

Interviewer: mmm

Participant: you see, and they told them that "No, this thing really scared him, especially because he was also under the influence of drugs, and so forth" you see

Interviewer: mmm.

Participant: Yes

Interviewer: So, at night, would it come to you only at night?

Participant: Yes, at night, when I am asleep

Interviewer: When you are asleep?

Participant: Yes

Interviewer: and then was it a dream or was it a bad dream or would it be like, as though you are seeing them?

Participant: As though I was seeing them mam

Interviewer: Would you be asleep at that time?

Participant: Yes

Interviewer: Ok, and then what else?

Participant: Another thing mam, is this guy that I stabbed

Interviewer: mmm

Participant: you see mam, the guy that I stabbed, I once dreamt about him this other day, you see mam, it was as if he is strangling me while I was sleeping

Interviewer: mmm

Participant: you see mam

Interviewer: mmm

Participant: and I woke up, when I woke up that's when I told the guy that I was sharing a cell with that "My brother I dreamt, I just had a nightmare about things that are related to my offence"

Interviewer: mmm

Participant: you see mam

Interviewer: And then when did that dream happen?

Participant: That, that dream happened **[pause]** now, when covid started

Interviewer: mmm

Participant: 2020, March.

Interviewer: mmm

Participant: Yes mam, before I was sentenced.

Interviewer: Ok. So, everything, all the symptoms that you've been experiencing, they happened before you were sentenced?

Participant: Yes

Interviewer: before you were sentenced?

Participant: Yes

Interviewer: Ok, then after being sentenced?

Participant: No, after being sentenced mam, no, because it just stopped appearing

Interviewer: mmm

Participant: you see mam. But in here it happened once, and I told the psychologist

Interviewer: mmm

Participant: you see, the psychologist asked me "what's happening" I told her "I have started having nightmares, because this thing once stopped," you see mam,

Interviewer: mmm

Participant: "now it's all coming back again in here,

Interviewer: mmm

Participant: and I thought that it was resolved since I was sentenced"

Interviewer: mmm

Participant: She said "No, it won't end just like that." And now I started thinking about other things because most families won't let you kill their family members and leave you just like that. Others perform rituals on the bodies so that the person who died can haunt you and do all these things

Interviewer: mmm

Participant: I started thinking about such things you see mam.

Interviewer: Ok

Participant: Yes

Interviewer: So, you thought that perhaps, uh, family

Participant: Yes, their family

Interviewer: did something

Participant: Yes

Interviewer: with the bodies of the

Participant: their bodies,

Interviewer: mmm

Participant: so that it can haunt me and hurt me, I thought of such things you see

Interviewer: mmm. Ok, and then you said, uhm, you think, you have distressing memories and thoughts about the offence?

Participant: like, like when I start sitting alone, you see mam, and there's no one disturbing me, like if I am just seated alone, there are times were you just sit alone and think,

Interviewer: mmm

Participant: that's when it comes you see

Interviewer: And then is it still happening to you even now?

Participant: No, no mam

Interviewer: Ok. and then, uhm, you said you often hear voices related to the offence and or the victims and these voices are not heard by others

Participant: Yes

Interviewer: what kind of voices would you hear?

Participant: **[Pause]** I would hear voices saying, "why did you kill us?"

Interviewer: mmm

Participant: "why did you kill us?" you see "Whose child deserves to be killed?" you see, because when I was caught by that community, you see, mam, **[pause]** they wanted to burn me mam

Interviewer: the community?

Participant: Yes,

Interviewer: Ok

Participant: I thought about things like that, eish, and I even started dreaming, dreaming about my mother, like, they wanted to harm her, like I dreamt that they did to her what they wanted to do to me, and now they couldn't get to me because I am in jail, I started feeling like, I even called her and I asked her "Are you ok?" I told her that, "I dreamt they were doing this and that to you."

Interviewer: mmm

Participant: you see

Interviewer: What were they doing to her?

Participant: I dreamt they were chopping her badly you see mam, and right in front of me and I was tied to a chair like this

Interviewer: mmm

Participant: and they were doing things to my mother that,

Interviewer: mmm

Participant: hurt her, but in front of me, and then they eventually chopped her in front of me. I woke up from that dream,

Interviewer: mmm

Participant: I even told the, the prison warders at the, at the section that "I can't sleep because of this thing" you get me,

Interviewer: mmm

Participant: they enlisted me to the psychologist, and I spoke to her

Interviewer: And then would it happen, uhm, all the time?

Participant: Yes mam

Interviewer: Ok, and then did you ever experience, uh, that in the past few months?

Participant: **[Pause]** No mam

Interviewer: Ok, alright. and then you said you see things, and then, but then you did explain that you used to see, uh, those people

Participant: Yes mam

Interviewer: Ok, and then you said you want to avoid everything that is related to the offence and then you don't want to think about it, you don't want to talk about it?

Participant: Yes mam

Interviewer: Don't you want to talk about it with, uh, other people from outside or you just don't want to talk about it to anyone?

Participant: Ha! I actually don't like talking about it, because others often talk about it as though it is nice you see

Interviewer: mmm

Participant: like what I did, I'm not denying the fact that I am already sentenced for this offence, but every time I think about what I did, you see mam it makes me feel unsettled, because you see

Interviewer: mmm

Participant: this thing that I did mam, eish, I disappointed a lot of people, and I was only 17 years; at the age of 17, I am already being arrested for crimes like this

Interviewer: mmm

Participant: Hai.

Interviewer: Who did you disappoint?

Participant: Like my mother, you see mam

Interviewer: mmm

Participant: and my aunt, because this thing happened where my aunt stays, and now they look at her in a different way you see mam,

Interviewer: mmm

Participant: because I was coming from my mother's house in Tembisa going to my aunt's house in Germiston,

Interviewer: mmm

Participant: so, it happened at my aunt's, and now my aunt wants to move from there because she can see that, uh, Zulus, Zulus are really stubborn, they might do something bad to her. She even told the police officers and they said "No, relax, as long as the person who committed the offence is arrested, and the community members are aware of this, if someone does anything to you it means they are taking the law into their own hands"

Interviewer: mmm

Participant: you see

Interviewer: Ok, and then, you are unable to remember certain things about the offence and or the details,

Participant: mmm

Interviewer: so, you can't recall certain things, certain things that happened that day?

Participant: Yes, others I do remember you see mam, others I don't remember,

Interviewer: You don't remember them at all?

Participant: Yes

Interviewer: Ok, things like what?

Participant: Things like, for example, this guy, I tripped the guy and stabbed him, but he said I stabbed with one hole, but I remember stabbing him with two holes

Interviewer: mmm

Participant: You see, things like that

Interviewer: Ok, so yes, you can't remember certain things that happened?

Participant: Yes mam

Interviewer: Ok, is that the only thing that you don't remember?

Participant: uh, and things like how they were dressed, you see things like that, you see

Interviewer: mmm

Participant: Uh, and the other thing that **[pause]** yes, it's just those,

Interviewer: mmm

Participant: things that I don't remember mam

Interviewer: Ok. And then sleeping? Do you have difficulty sleeping?

Participant: It used to happen mam, I couldn't sleep, and now I can sleep but once I start thinking about it **[pause]** then at night it will come back to me

Interviewer: mmm

Participant: I know, you see

Interviewer: and you can't sleep?

Participant: and I can't sleep, and once I dream about it and I see those people at night, I won't go back to sleep,

Interviewer: mmm

Participant: I'm going to pace around the whole night

Interviewer: you?

Participant: I pace around, I don’t sleep

Interviewer: Oh, you just pace around?

Participant: Yes mam

Interviewer: Ok, and then you say you often feel sorry and ashamed about what you did

Participant: Yes mam

Interviewer: to an extent where you feel like a bad person, do you feel like a bad person?

Participant: Yes mam **[inaudible]**

Interviewer: Do you feel like a bad person?

Participant: Yes mam

Interviewer: Ok, so, uhm, so you have shame, and you feel guilty about it?

Participant: Yes mam

Interviewer: Do you think the guilt and the shame, it affects you that much? To an extent where you just can't cope with it anymore?

Participant: Well, like you see mam, because even in court, I pleaded guilty because this thing was hurting me you see mam,

Interviewer: mmm

Participant: it was hurting me because **[pause]** I saw the mothers of the two victims’ children crying in court

Interviewer: mmm

Participant: and now they mentioned that they have young children, and they were dependent on the victims, and now those children no longer have fathers you see mam

Interviewer: mmm

Participant: and now that thing does not sit well with me

Interviewer: mmm. Ok. **[pause]** Ok, alright. So, those are the only, only, this are the only symptoms that you experience?

Participant: Yes

Interviewer: What about, what happens when you wake up? Let's say you have a nightmare, and then what happens when you wake up?

Participant: Like you see when I have a nightmare, when I wake up, I don’t talk to anyone, I just pace around because I know myself, my heart just gets filled with hate and anger you see mam

Interviewer: mmm. It gets filled with?

Participant: like it gets filled with evil spirits you see mam,

Interviewer: And then when it gets filled with evil spirits?

Participant: when this thing happens**,** I don't talk to anyone I just pace around alone you see

Interviewer: If you can talk to someone, what will happen?

Participant: Ha! mam, the more I think about this thing you see mam, I feel like even the smallest things, you know we often, we often joke around you see mam, and now even the smallest things can turn into something very big you see,

Interviewer: mmm

Participant: things like that

Interviewer: So

Participant: that's why I avoid, I just want to be alone

Interviewer: mmm

Participant: Yes mam

Interviewer: So, when someone talks about it, what do you do? What do you think you can do? What do you fear might happen?

Participant: like if they talk about this thing?

Interviewer: mmm

Participant: Yoh! Ha! mam, well it's like they are provoking me now, I am trying to forget about this thing, and they are bringing it back you see

Interviewer: mmm. And then what would you do?

Participant: Well mam, there's a lot that I can do so that

Interviewer: Have you ever gotten into fight when someone

Participant: Yes

Interviewer: talks, talks about it

Participant: Yes, I once fought, but not here, during my trial you see, because I have, have an assault case where I stabbed someone;

Interviewer: mmm

Participant: he was talking about this thing. he was talking about this thing. Like I found him **[pause]** talking about it in my absence, in my absence

Interviewer: mmm

Participant: you see mam, I asked him "Why is it that you are talking about this when I am not here, like, why don't you come to me and ask me or tell me?" you see mam, "it means you are always talking about me and my crimes when I'm not here, it means

Interviewer: mmm

Participant: that you are disrespecting me"

Interviewer: mmm

Participant: I ended up stabbing him

Interviewer: mmm

Participant: you see mam, then they opened a case against me

Interviewer: So, you just don't want to talk about it?

Participant: Yes mam

Interviewer: mmm. And do you get aggressive when someone talks about it?

Participant: Yes mam

Interviewer: Ok, and what do you do to cope? You mentioned that you smoked when you were outside?

Participant: yes

Interviewer: Because when you did not smoke, you could not handle it, but then, when you smoked it helped, so what are you doing currently to cope?

Participant: Like now mam, I keep myself busy you see mam, and I don't like to be in places where there are a lot of people you see, mam, because that's where someone will bring it up, so I avoid such things

Interviewer: mmm

Participant: you see, sometimes I see others playing Ludo, I would probably take the police officers' shoes and polish them alone you see. I'm not saying that I don't play with them you see, but I would play maybe a game of cards you see, but most of the time I am alone

Interviewer: Ok. So, you prefer staying, being alone all the time?

Participant: yes mam

Interviewer: Just to avoid so that people don't talk about it

Participant: Yes mam

Interviewer: Ok, and then, uh, how did these things affect you? The, the symptoms, so you could see these things, how would it affect you? You would see these things, hear things, and then you struggle to sleep,

Participant: Yes mam

Interviewer: how did it affect you?

Participant: These things affected me inside

Interviewer: mmm

Participant: my heart you see, it turned me into someone I'm not, you see mam

Interviewer: Someone else? Please explain

Participant: Like the way that this thing happened, it made me someone else, especially inside my heart you see mam, this thing of killing two people you see mam, and now this thing was

unlike me, according to others, you get me mam, and since it has really affected me emotionally, there are a lot of things that I just don't want to see happen no matter what

Interviewer: mmm

Participant: and when I think about the reason why I am here in jail, I think about what I am actually in here for, you see mam

Interviewer: And then how did they influence your daily life, so you've experienced this, uh, you couldn't sleep, you couldn't do, you could see things, you could hear things, and then you could, uh, be a bit aggressive. How did it influence your, your daily life, so being aggressive as well is part of that, since when someone talks about these things and then you become a bit aggressive, so that's one

Participant: Yes

Interviewer: what are other things that would be influenced by your symptoms?

Participant: like mam, something that is influenced by these symptoms, like, I feel like I am useless in life you see mam, like things like that, like others are sleeping and I am busy pacing around because I am being haunted by these things, you see. I feel like there's something that they did

Interviewer: mmm

Participant: with, with their bodies you see mam,

Interviewer: mmm

Participant: and you know that a black person will never allow his family member to die just like that,

Interviewer: mmm

Participant: and I know Zulus, they are problematic

Interviewer: mmm.

Participant: you see

Interviewer: Ok, uhm, so what are things that you do to make yourself feel better?

Participant: things that I do to feel better, you see, mam **[pause],** one thing that I do, is to go to school you see mam

Interviewer: You, you go to school?

Participant: Yes mam,

Interviewer: Ok

Participant: you see, going to school. When I come back from school, I know that there is only limited leisure time left for me, and then it will be time for us to go into the cells. When I get to the cell, I get busy with my work, and then after that, I sleep.

Interviewer: mmm

Participant: Yes mam

Interviewer: So, you, you, you keep yourself busy?

Participant: Yes

Interviewer: Ok, alright. And then what are some of the things that you think made those symptoms worse?

Participant: Things that I think make those symptoms worse?

Interviewer: Yes, make them worse

Participant: Well! this thing of talking about it, talking about it

Interviewer: Ok,

Participant: Yes

Interviewer: when you talk about it then your symptoms become worse?

Participant: Yes mam

Interviewer: Ok.

Participant: You see mam, like when I talk about it, it once happened that I was chilling with the gents, the gents always like to talk about how they got arrested

Interviewer: mmm

Participant: but I don't remember telling an inmate what I am arrested for, or how I got arrested.

Interviewer: mmm

Participant: They know that I was arrested for this and that because they saw the card, but I don't remember telling someone, unless a social worker, someone that I know that they will keep it confidential, they won't spread it the next day

Interviewer: mmm

Participant: in the streets, or judge me because their job is to help me if I need help,

Interviewer: mmm

Participant: and the psychologist only.

Interviewer: mmm.

Participant: Yes

Interviewer: Ok, alright, and then maybe, you did mention that you think that they did something to the bodies of the victims to make your symptoms worse

Participant: Yes mam,

Interviewer: Okay, and then any other things that you think makes your symptoms worse?

Participant: No, those are the only things that I think about

Interviewer: Ok, and then in the community, uh, how did they respond to everything?

Participant: **[pause]** The community?

Interviewer: Yes

Participant: Ever since this thing happened, the community **[pause]** was, they were very angry, you see, mam, they wanted to take the law into their own hands

Interviewer: mmm

Participant: but just that there were law enforcers, the police you see, I used to think that "Eish! This community might harm my mother" I started thinking of, I was not only thinking about myself, but I was also thinking about my parents that they might do something bad to them because when they came to court, they filled a taxi, I thought that just as my mother was leaving the courtroom, **[pause]** they might follow her, things like that, because they were able to follow me

Interviewer: mmm

Participant: put me in the car at gunpoint and now a woman, If I was able to cooperate, obviously she will also cooperate, there's nothing that she can do, I thought that I thought that I also put her life in danger

Interviewer: mmm

Participant: you see mam

Interviewer: Ok, alright, anything that you want to share? Anything else

Participant: No mam, there's nothing

[**Discussion on the need for debriefing and further psychological intervention]**

Interviewer: … But, uh, how do you feel right now?

Participant: like now I'm fine you see mam, since well I am doing programs, you see mam and now

Interviewer: other programs that you are doing?

Participant: Yes, one of the programs that I am doing; anger management

Interviewer: Anger management?

Participant: Yes, with the social worker

Interviewer: Ok,

Participant: it also helps me

Interviewer: mmm

Participant: with how I can behave myself you see mam, and also how you can ignore an inmate who provokes you with something small

Interviewer: mmm

Participant: you see

Interviewer: Ok, so you've been assisted, uhm, you've spoken to the social worker, to the psychologist before about your difficulties

Participant: Yes

Interviewer: and do you think they helped you? They made the symptoms better?

Participant: No like I told the psychologist you see mam

Interviewer: mmm

Participant: and then she said she will have an appointment with me

Interviewer: mmm

Participant: you see but I haven't seen her in a while, but I did explain to her what happened,

Interviewer: mmm

Participant: all the details of the offence.

Interviewer: mmm

Participant: And then she said she will call me and have an appointment with me until today

Interviewer: Ok, I will try to make you that appointment right

Closing remarks>>>>End of interview<<<<<