

**TITLE:**

**THE INTERPLAY BETWEEN HISTORICAL TRAUMA, SUBSTANCE USE  
DISORDERS, APPETITIVE AGGRESSION AND THE LINK WITH VIOLENT CRIME  
AMONG YOUNG MALE ADULTS IN CONFLICT WITH THE LAW IN SOUTH  
AFRICA.**

**Sean Allen Whiting**

**Student Number: Whtsea001**

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Supervisor: Associate Professor Leon Holtzhausen

Department of Social Development

University Cape Town

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## **ABSTRACT**

The study investigated the interplay between trauma, substance use disorders (SUDs) and appetitive aggression and its links to violent crime among a cohort of 159 young male adults (aged 25 to 34) incarcerated at George Correctional Centre in the Garden Route District in the Western Cape Province.

The context of why there are high rates of violent crime in South Africa relates to various correlates, including underlying structural factors – that provide the contextual basis of the study. The cycle of violence theory provides the conceptual and theoretical framework. This dissertation hypothesises that trauma, in the form of adverse childhood experiences and adverse adult experiences, is central to male victimisation, while SUDs and appetitive aggression serve to exacerbate young males' propensity to violent crime. The assumption is that male victimisation perpetuates the cycle of violent crime in South Africa – along with other correlates related to context, biology, etc.

This cross-sectional study is a quantitative examination of particular predictors that predispose young adults to violent crime in South Africa. The study utilised a semi-structured Survey Questionnaire. Data was collected in a classroom set-up by the Researcher assisted by Correctional Services' staff officials. Psychological measurement scales previously tested for reliability and validity were used in the questionnaire instrument. These included: Scale for Historical Trauma exposure; Scale for SUD); and Scale for Appetitive Aggression.

Data analysis proceeded using SPSS software, incorporating descriptive and inferential analysis. Pearson's correlations of bivariate predictor and outcome variables provided significance measures for hypothesis tests to answer questions 1 – 3. Multiple linear regression tests (t-tests) provided the data to answer the primary question of the study: Is there interplay between trauma, substance use disorders and appetitive aggression and violent crime?

The main findings of the study are that ACEs (adverse childhood experiences) and adverse adult experiences is central to male victimisation and violent crime and that SUD and appetitive aggression 'makes a bad situation worse'. The primary limitation of the study was that the sample was too small to make significant relational findings

of the multivariate variables. Recommendations include that similar, national longitudinal studies be done with larger samples – to produce improved findings and to better understand male victimisation and violent crime offending as predictors of the cycle of violence in South Africa. The Significance of the study includes inter alia to add to the body of knowledge of a broader understanding of the correlates and the interplay of predictors that perpetuate the cycle of violent crime in South Africa.

**Keywords:** trauma, substance use disorders, appetitive aggression, violent crime, cycle of violent crime

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## **ACRONYMS AND ABBREVIATIONS**

ACEs – Adverse childhood experiences

AAEs – Adverse adult experiences

CBT – Cognitive behaviour therapy

CDA – Central Drug Authority

ECD – Early childhood development

DCS – Department of Correctional Services DSD – Department of Social Development

DWYPD – Department of Women, Youth and People with Disabilities

GCC – George Correctional Centre

GCVP – Global Campaign for Violence Prevention

NCADD - National Council on Alcoholism and Drug Dependence NDMP – National Drug Master Plan

SDGs – Sustainable development goals SUDs – substance use disorders

UCT – University of Cape Town UN – United Nations

UNODC – United Nations Office on Drugs and Crime WHO – World Health Organization

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# CHAPTER ONE

## GENERAL PERSPECTIVE AND ORIENTATION

### 1.1 Introduction

Studies show that elements such as historical trauma, substance use disorders, and appetitive aggression increase the risks for violent crime (Cicchetti, 2016; Farrington, 2014; Ellis, Farrington & Hoskin, 2019; Hsiao et al., 2018; Dong et al., 2004). Only a few studies have been conducted in South Africa that studied the interplay between trauma, substance use disorders, and appetitive aggression and its link to crime (Sommer et al., 2016).

This chapter provides a baseline for the research at hand. It commences with a statement of the problem, where the knowledge gaps are and why it is important to address these gaps in knowledge. Next, the rationale and significance of the study will be looked at, which discusses how results from the study will be used practically. The chapter will then state the research topic, research questions, objectives, and assumptions. Key concepts and constructs relevant to the study, the nomenclature, will be clarified and ethical considerations discussed. The chapter concludes with a depiction of an outline of the report.

### 1.2 Problem Statement

Studies show that in South Africa, the cycle of violence and violent crime, evidenced by studies (Sommer, 2017; Hinsberger, 2017; Sommer et al, 2016; Wright & Fagan, 2013; Schuck & Widom, 2005) has deep roots in structural, cultural, and political history (Nattrass, 2019; Kaminer, Grimsrud, Myer, Stein & Williams, 2008). Violent crime comprises various harmful acts against people and impacts lives (individuals, families, communities, and society) directly and indirectly. According to Sen (2008), "violence is ubiquitous in the world and in South Africa and various risk factors coalesce and result in violent crime" (Sen, 2008). Understanding the various correlates of violent crime and how they interplay [coalesce] is important to find means to break the cycle of violent crime in South Africa (Ellis et al., 2019; Bushman, et al., 2016; Kaminer et al., 2008; 2013; Hinsberger, 2017; Sommer, 2017; Fagan, 2005).

At a global level, violence claims an estimated 1.6 million lives annually. This amounts to 4 000 deaths per day. Of those killed by violence, just over 50% die by suicide, more than one-third die by homicide (murder), and approximately 10% die directly because of war or other forms of collective violence. According to the World Health Organisation (WHO), approximately 90% of deaths due to violence occur in low-income and middle-income countries; and males account for 77% of all homicides (WHO, 2002). The global murder rate in 2017 was 6 per 100 000 people [United Nations Office on Drugs and Crime (UNODC, 2019a). In South Africa, 21 022 people were murdered between April 2018 and March 2019; this amounts to 58 people per 100 000 killed each day. By comparison, the United Kingdom (UK), which has a similar population as South Africa (58 million vs over 60 million people), experienced 732 murders between 2018 and 2019 (South African Police Services (SAPS), 2019; Africheck, 2019). Hence, the 2018 Global Peace Index listed South Africa as “one of the most violent and dangerous places on earth and getting worse” (Institute for Economics and Peace (IEP), 2020).

Notwithstanding international prescripts, constitutional law, public policies, and programmes to fight the scourge of violent crime in South Africa, it continues unabated. Understanding the problem of violent crime in South Africa, referring especially to murder, sexual assault and rape, robbery, and assault that causes physical bodily harm requires a broad view of the context of the problem and the causal or risk factors that determine violent behaviour. The context of why there are high rates of violent crime in South Africa relates inter alia to a culture of violence emanated from colonial and apartheid laws and practices that intentionally undermined and underdeveloped black people (African Black, Coloured, and Indian or Asian descendants). The apartheid-era police or security forces applied immense physical violence in the way they protected the state (Posel, D., 2011; Nattrass, 2019). A culture of violence has manifested in young adult males living in volatile and marginalised communities in South Africa and perpetuated the problem. The culture of violence is however linked to other risk factors that perpetuate a cycle of violence that continues relentlessly. These are discussed further in the literature in Chapter two.

While the interplay between risk factors and violent crime is the subject of this study, the study is primarily premised on male victimisation and criminal offending. Male

victimisation and violent criminal offending are interlinked (Sommer et al., 2016; Cicchetti, 2016; Hinsberger, 2017). While youth and young male adults are the predominant offenders of violent crime, they also are victims due to their own violent trauma (maltreatment, neglect, etc.) experienced or witnessed since childhood and into adulthood (Ellis et al., 2019; Bushman et al., 2016; Sommer, 2017; Hinsberger, 2017; Hsiao et al., 2018). Young male adults involved in violent crimes, especially from poor areas in South Africa, have a history of exposure to multiple traumas in the form of physical abuse, sexual abuse, neglect, etc. (UBS, 2016; Hsiao et al., 2018; Pinnock, 2016; Gould, 2015; Ward et al., 2012).

According to Ward, Van der Merwe & Dawes (2012):

“...the impact of historical trauma exposure as a child manifest in antisocial behaviours, including aggressive behaviour, violent crime and substance use disorders, as young adults. These adverse developmental factors have a reciprocal and often harmful effect on the behaviour and development of affected children as they grow from child to adolescent and then into adults”.

The above sentiment resonates with the study's hypothesis that young males from especially marginalised neighbourhoods are predisposed to violent crime due to their own victimisation. From where the Researcher hails, in Athlone, a violent suburb in Cape Town in the Western Cape Province, young males are seen to be drawn to gangs and violence because of their own households being violent.

International research studies show that there is a strong relationship between the experiences that a child face when they are growing up and how they act during adulthood (Raby, Roisman, Fraley & Simpson, 2015; Fletcher & Schurer, 2017). Seminal studies by Widom (1989a; 1989b) sought to address the relationship between child maltreatment and deviant behaviour. The results showed that children who were victims of physical abuse and/or neglect were almost twice as likely to be arrested because of violent crime as adults (Widom, 1989b). Adverse childhood experiences (ACEs) and trauma exposure in young adulthood, therefore, are deemed key risk factors for the perpetuation of violent crime in South Africa (Hsiao, et al., 2018;

Sommer et al., 2016; Kaminer et al., 2008; Kaminer & Eagle, 2010a; Kaminer et al., 2008; Williams, et al., 2007). However, other risk factors such as substance use disorders and appetitive aggression are also of concern (Sommer et al., 2016).

Various research shows the nexus between substance use disorders (SUDs), trauma exposure, aggression, and its link to violent crime. SUDs exacerbate the propensity for violence in people suffering from mental illness. Therefore, when individuals present with comorbid substance use disorders, where they simultaneously have a SUD and a mental disorder, like PTSD or depression, the risk of violence increases (Van Dorn, Volavka & Johnson, 2012). This is common in poor communities, as being exposed to severe forms of interpersonal trauma and community violence not only predicts heightened violence but also heightened SUDs (Doweiko, 2015; Kerig, Vanderzee, K. L., Becker, S. P., & Ward, 2012; Waller, Gardner & Cluver, 2014).

Alcohol and illicit drugs are interrelated to violent personal crimes, such as murder, intimate partner violence and child abuse (Plüddemann, Dada & Parry, 2010; Seedat, Van Niekerk, Jewkes, Suffla & Ratele, 2009; Ward et al., 2012; Parry, Plüddemann, Louw, & Leggett, 2004). Studies of former and current - Offenders incarcerated in correctional centres by Pinnock (2016), Gould (2015) and Steinberg (2004) reveal close associations between alcohol and other drugs and violent crime. Ted Leggett's (2003) monograph describes the drug-crime nexus in South Africa. Some of the findings reveal that 46% of 2 859 arrestees given urine tests for drugs were found to be positive for one of six controlled substance types, and Arrestees under the age of 20 were most likely to test positive for some substance (66%) (Leggett, 2003). The latter study does not delineate violent from non-violent crimes per se, as is the focus of this study.

There is sufficient evidence that shows the nexus between exposure to violence, as a victim or a witness, and self-committed aggressive behaviour (Kerig & Becker, 2015; Weierstall, Huth, Knecht, Nandi, Elbert, 2012). The risk of becoming a violent offender is significantly higher in persons with a background of childhood victimization (Elbert, Moran & Schauer, 2016; Maas, Herrenkohl & Sous, 2008; Scarpa & Haden, 2006). Having been sexually abused in the past is strongly related to sexual-offending behaviour (Aebi et al., 2015). Furthermore, witnessing domestic violence in childhood

is significantly associated with violent behaviour as an adult (Abrahams & Jewkes, 2005). One potential explanation for the above-mentioned associations could be the development of appetitive aggression (Sommer, 2017). Appetitive aggression frequently arises when individuals face conditions of severe violence (Elbert, Weierstall & Schauer, 2010; Hecker, Hermenau, Mädler, Elbert & Schauer, 2012).

In South Africa, gang violence is rife and invariably linked to aggression, peer pressure and survival (Seedat et al., 2009). Under these adverse circumstances, individuals seem to learn that acting aggressively may be beneficial and even crucial to survive (Crombach & Elbert, 2015; Nell, 2006). Further, aggression-seeking behaviour may represent feelings of control and power (Parkes, 2007). Issues of survival, control and power are fundamental in this study of male victimisation and violent criminal offending and key aspects of the cycle of violence that permeates within poor communities in South Africa. Survival, control, and power are synonymous with gang formations in poor areas in the Western Cape and other provinces in South Africa (Kinnes, 2017).

This nexus between violent crime, historical trauma, substance use disorders, and appetitive aggression form the premise of the cycle of violent crime in the study. The perpetual cycle of violent behaviour in some young males is disconcerting because it has an impact on the individual, their families, communities, and society generally. Understanding the risk factors that perpetuate violent crime is thus important because it highlights socio-economic, psychological, and other issues that predetermine young male adults' propensity to commit violent crimes (Bushman et al., 2016). However, violence is complex, and no single intervention or programme will address all its risk factors, nor will all programmes be suitable for all contexts (Amisi, 2019). Therefore, a multidisciplinary, multisectoral, "whole of society", targeted, and holistic approach must be sought to break the cycle of violent crime, as well as its' related risk factors. This discussion is expounded in the literature review in Chapter two.

### **1.3 Rationale & Significance of the Study**

The rationale and motivation for this study are premised on the unabated violent crime rate in South Africa against the most vulnerable children, women, older persons, and people with disabilities in general. South Africa is ranked as having the third highest

crime rate in the world (World Population Review, 2020). Violent crime in South Africa is more lethal (relative to international standards) due to the use of guns and knives (Kaminer & Eagle, 2010b; Seedat et al., 2009). South Africa's colonial and apartheid past bears testimony to the culture of a violent means to control people (Nattrass, 2019) which continues in society. This notwithstanding, violent crime in context is complex and continues unabated as a global and national problem (Sen, 2008).

The literature explains various correlates of violent crime – like age (young adults often being the perpetrator), gender (males being most predisposed), environment (most violence occurs in volatile communities and neighbourhoods), etc. (Ellis et al., 2019; Bushman et al., 2016). The dichotomy of the victim-offender and the cycle of violent crime is described in the literature as a function of young male adults starting on a life course of victimisation within volatile and dysfunctional families and communities and ostensibly becoming perpetrators of violence and violent crimes (Kaminer, du Plessis, Hardy, & Benjamin, 2013; Norman, Matzopoulos, Groenewald & Bradshaw, 2007; Seedat et al., 2009).

The interplay between violent crime, historical trauma, appetitive aggression, and substance use disorders amongst at-risk young male adults has previously been studied by Sommer et al. (2016) in a South African context. The study by Sommer et al. (2016) highlights that there are significant correlations between historical trauma witnessed and experienced by young men at risk with the law and criminal activity. Studies show that the risk of becoming a violent offender is significantly higher in persons with a background of childhood victimization (Elbert et al., 2016; Maas et al., 2008; Scarpa & Haden, 2006). Furthermore, studies attest that young men have the propensity to commit violent crimes after consuming alcohol and illicit drugs (Parry et al., 2004; White, Tice, Loeber & Stouthamer-Loeber, 2002; Chermack & Blow, 2002). The cycle of violence theory espoused by Widom (1989a) and built on by Wright and Fagan (2013), Sommer (2017) and Hinsberger (2017) forms the basis of the study and provides an apt theoretical framework for understanding the complexity of young male victimisation and criminal offending. With this as a backdrop, this study will interrogate whether maltreatment and trauma are central to male victimisation, while SUDs and appetitive aggression serve to exacerbate young males' propensity to violent crime.

Young male adults are perpetrators and victims of violent crimes and pathways out of violent crime, at a very young age, require a humanistic and holistic approach (Ward et al., 2012; Sommer et al., 2016; Hsaio et al., 2018). Gaining a greater understanding of the causes of violence, understanding the dynamics, and investigating risk factors for violence perpetration within the cycle of violence is essential (Bushman et al., 2016). This allows complex relationships to be understood and reveals pathways to violence prevention (Parry, Plüddemann, Louw & Leggett, 2004; Parry, et al., 2004b).

In addition, effective intervention strategies to reduce violent environments can be developed (Saferespaces, 2023; Hinsberger, 2017; Pinnock, 2016; SAPS, 2016; Gould, 2015). This study aims to fill this gap in understanding the complexity of violent crime and add to the knowledge base on how to break the cycle of violent crime in South Africa. This will be useful to public policy makers and civil society organisations involved in safety, the criminal justice system, and social development programmes.

#### **1.4 Research Topic**

The topic of this study is: The interplay between historical trauma exposure, substance use disorders and appetitive aggression and its relation to violent crime among high-risk young male adults in South Africa.

The topic is relevant and current due to unabated high crime statistics among young male adults as perpetrators and victims of crime (SAPS, 2019; Kriegler & Shaw, 2016). High rates of unemployment, income inequality, poverty, substance use disorders, and volatile environments prevail, which provide the context of the cycle of violent crime in South Africa.

#### **1.5 Research Question/s**

The primary research question investigated in this empirical study was:

Is there an interplay between violent crime, historical trauma, substance use disorders and appetitive aggression among young adults at risk with the law in South Africa?

## **1.6 Research Objectives**

The research objective was to test the Null Hypothesis that there was no interplay (correlation) between the outcome variable violent crime, and predictor variables: historical trauma, substance use disorders and appetitive aggression. Secondly, the aim was to investigate the interplay between all three predictor variables (trauma, SUDs, and appetitive aggression) and violent crime as the main outcome variable.

## **1.7 Main Assumptions**

- Traumatic events have a significant relation to violent crime in some children and young adults.
- Substance use disorders and appetitive aggression perpetuates the cycle of violent crime – by “making a bad thing worse”.

## **1.8 Nomenclature**

Terms and concepts are defined in this section for uniform understanding.

### **1.8.1 Youth, young adults, children, and adolescents**

Youth and young adults in the context of this study refer to males between the ages of 25 and 34 years. While the National Youth Policy defines youth in South Africa as people between the ages of 15 and 34 years, the Department of Correctional Services define youth as being between the ages of 18 and 25.

According to the Children’s Act (Republic of South Africa (RSA), 2005), children in South Africa are defined as people younger than 18 years of age. The term adolescent is used interchangeably to refer to children between 15 years and 18 years.

### **1.8.2 Young adults at risk with the law**

Young adults at risk with the law refer in this study to the sampled cohort of males

between the age of 25 and 34 years old who have committed crimes. This term also refers to young people generally who are caught or charged with committing crimes. The Child Justice Act (RSA, 2008a) ensures that children (male or females younger than 18 years) are processed through a separate law system that redirects them from the criminal justice system.

### **1.8.3 Interplay**

Interplay in this study relates to correlation or relationships between variables. Violent crime is the primary outcome variable and predictor variables include historical exposure to trauma/s, SUDs, and appetitive aggression. However, these variables morph between being an outcome and predictor variables due to social realities proffered in the literature.

### **1.8.4 Violence and violent crime**

Violence and violent crime include various constructs that have a similar meaning. These include violence, 'contact crime', 'interpersonal crime', gender-based 'violence', etc. For purposes of this study, violent crime refers to any form of violence that causes harm and includes contact and intimate or interpersonal crime or gender-based violence and is used interchangeably.

The World Health Organization (WHO) defines violence as: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation". Types of violence include self-directed, interpersonal violence, and collective violence; and violent acts include physical, sexual, psychological, and acts involving deprivation or neglect (WHO, 2002:5).

The South African Police Services (SAPS) interprets violent crime to be 'contact crime' - as "those crimes in which the victims are targets of violence or threats of violence..." (SAPS, 2019:12). Contact crimes include murder, attempted murder, sexual offences, all categories of assault, common robbery, and robbery with aggravating

circumstances (SAPS, 2019).

Interpersonal crime and interpersonal violence are synonymous and used interchangeably in this study. It includes direct violence attributed to (a) family and intimate partner violence – that is, violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home; and (b) community violence – violence between unrelated individuals - including youth and gang violence, random acts of violence, rape or sexual assault by strangers, and violence in institutional settings such as schools, workplaces, prisons, and nursing homes (SAPS, 2019; Kriegler & Shaw, 2016).

### **1.8.5 The cycle of violence and violent crime**

Various studies explain the "cycle of violence", as a phenomenon whereby victimisation and offending appear inevitably linked to one another. For example, the link between sexual abuse and later offending is expounded in studies that suggest the impact of sexual abuse on sex offending to be more pronounced than any other type of abuse (Reckdenwald, Mancini & Beauregard, 2013:466). This notwithstanding, the cycle of violence emphasises young males' propensity to be both victims and offenders of violence at various stages of their development (Widom, 1989a). According to Cicchetti (2016):

“The deleterious sequelae accompanying child maltreatment not only result in adverse consequences during infancy and childhood but also often initiate a negative developmental cascade that continues throughout the life course” (Cicchetti, 2016:188).

This notwithstanding, not all people who experience adversity are or become violent offenders or violent criminals (Widom, 1989b). The cycle of violence theory by Widom (1989b) is built upon by Wright and Fagan (2013), Sommer (2017) and Hinsberger (2017) and forms the premise of this dissertation.

### **1.8.6 Trauma Exposure**

Trauma refers to historical traumatic event types that include physical attack, sexual assault, rape, murder, accidents, and natural disasters that are experienced and witnessed by someone. Historical exposure to trauma, therefore, refers to experiences or being witness to historical traumatic events.

Maltreatment, neglect, and abuse are used interchangeably in this study and have the same meaning. The National Society for the Prevention of Cruelty to Children defines maltreatment as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment, or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (Butchart et al., 2006:9).

### **1.8.7 Appetitive Aggression**

Appetitive aggression is a form of aggression, and defined as violent acts that are appealing, exciting, and fascinating, as a common phenomenon within populations living in precarious and violent circumstances (Kolbach, Schaal & Elbert, 2015). Elbert, Weierstall and Schauer (2010) describe appetitive aggression as the violence-related enjoyment a perpetrator experiences through his or her acts of violence or inflicting harm on a victim (Elbert, Weierstall & Schauer, 2010). Exposure to contexts in which human beings repeatedly perpetrate acts of violence against one another, such as domestic violence and gang violence, as is the reality in South Africa, can increase the likelihood of appetitive aggression (Meyer-Parlapanis & Augsburger, 2018).

### **1.8.8 Substance Use Disorders**

The American Psychological Association (APA) prescribes the use of the term substance use disorder instead of substance abuse. Substance use disorders (hereafter referred to as SUDs) and substance abuse have the same meaning and are used interchangeably in this study. SUDs (substance abuse) refer to the misuse and dependence stage of chemical substance use, such as alcohol use disorder and drug use disorder (APA, 2020, Doweiko, 2015).

**Risk factors**, predictors, “predisposing factors”, “correlates”, and “generators” of violent crime have similar meanings and are used interchangeably in this study. These terms generally refer to factors that influence violent criminal behaviour and acts of a violent crime punishable by law.

**Variables:** An image, perception or concept that is capable of measurement—hence capable of taking on different values). **Dependent and independent variables** are tested in the experimental field as well as in social science. Whatever changes happen to a dependent (outcome) variable, is because of an independent (predictor) variable (Faryadi, 2019).

**Validity:** refers to whether a scale measures what it intends to measure. It explains how well the collected data covers the actual area of investigation (Field, 2013). According to Field (2013), measuring validity alone is not sufficient and as such reliability of scales should also be considered.

**Reliability:** concerns the extent to which a measurement of a phenomenon provides stable and consistent results and is repeatable (Taherdoost, 2016). For example, a scale or test is said to be reliable if repeat measurements made by it under constant conditions will give the same result. Testing for reliability is important as it refers to the consistency across the parts of a measuring instrument. A scale is said to have high internal consistency reliability if the items of a scale “hang together” and measure the same construct (Taherdoost, 2016).

## **1.9 Ethical Considerations**

The study conformed to basic social research ethics prescribed by Babbie (2013) who proposes that respondents should participate voluntarily and that the research should not “cause harm to respondents”. The Researcher was cognisant that questions about childhood adversity could evoke psychological and emotional distress responses, especially among participants who have not yet confronted or processed past traumas. This was discussed by the Researcher and his Supervisor, who advised that previous surveys (Sommer et al., 2016) did not show negative reactions among respondents. This notwithstanding, it was decided that the in-house Psychologist and Social Worker

at the Correctional Centre should be informed.

Before any study can be conducted it needs to receive ethical approval from the relevant bodies of authority (Babbie, 2013). UCT's ethical considerations were adhered to, in that "Research should always be carried out: (a) with social sensitivity and responsibility; and (b) with respect for the dignity and self-esteem of the individual and basic human rights" (UCT, undated). The study required permission and ethical clearance from the Department of Correctional Services due to the study site being the George Correctional Centre – see appendices. Other ethical issues considered included the following:

**Informed Consent and Voluntary Participation:** Informed consent is permission granted, by participants, with full knowledge of the study and possible outcomes or consequences (De Vos, Strydom, Fouché & Delport, 2001). Participants signed the Questionnaire as well as a separate Consent Form (see appendices) to confirm that their participation was voluntary. It was explained to participants that they are not compelled to complete questions that they have an issue with and that they could end the survey at any time. It was emphasised that no monetary or other reward was involved in their participation.

**Confidentiality:** The ethical consideration of confidentiality ensures that every individual has a right to privacy, which needs to be respected in all studies. This entails making sure that participants are made aware of the fact that nothing they say can be traced back to them and, as far as possible, all identifying particulars will be removed (Sales & Folkman, 2000).

**Privacy:** The study was done with individuals or within groups in an area arranged by DCS. This area was private and safe for all parties. This was done away from the general population of Offenders, who did not participate in the study. Most respondents participated in a classroom set-up at the Education Section of the Correctional Centre and were invigilated by the Researcher and Educators in that section.

## 1.10 Outline of the Study

The dissertation is divided as outlined in Table 1 below.

**Table 1.1: Outline of the Study**

CHAPTER	DETAILS
1: Introduction	Provides a comprehensive introduction to the research topic, which include the following: The problem statement The rationale and significance of the study Research topic Research question/s Main assumptions Objectives Nomenclature Ethical considerations Outline of the study Conclusion
2: Literature Review	Review of literature relevant to the research topic according to themes. Explore and explain the key theoretical frameworks underpinning the research – the cycle of violence. Outline the legislative framework for the topic at hand. Briefly describe programmes to break the cycle of violent crime in South Africa.
3: Research Methodology	<ul style="list-style-type: none"> <li>• Research design, population and sampling, data collection, data analysis, ethical procedures and data verification explained.</li> <li>• Methodological limitations of the study are discussed.</li> </ul>
4: Data Analysis & Findings	The research results are presented, including: <ul style="list-style-type: none"> <li>• A reliability analysis of each scale</li> <li>• The sociodemographic profile of the participants</li> <li>• Hypothesis testing of the 3 themes/questions</li> <li>• Multivariate analysis and finding of the main research question</li> </ul>
5: Discussion of Findings	Summary and discussion of the findings of the data with reference to the literature reviewed
6: Conclusion	The conclusion chapter will present: Significance of the Study Limitations Future Research Recommendations Conclusion

## 1.11. CONCLUSION

This chapter captures the introduction of the study about the problem statement, rationale and significance, research topic, research questions, objectives, assumptions, brief nomenclature, and ethical considerations. An outline of the study is presented that provides a framework for the structure of the dissertation. Chapter

two discusses the literature review as well as the theoretical and legislative framework. Best practice programmes are discussed to break the cycle of violent crime in South Africa. Chapter three discusses the methodology of the study. Chapter four presents the data findings. Discussions in Chapter five triangulate the literature review in Chapter two with the research questions and findings of the study. Chapter six will present the significance of the study, discuss limitations, and future research and make recommendations for how to break the cycle of violence in South Africa.

The subsequent Chapter will focus on a review of the literature including a theoretical and legislative framework that underpins the study. Public and other programmes to break the cycle of violent crime in South Africa are discussed.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

Chapter one explained the general perspective and the orientation of the study. This included the problem statement, rationale and significance of the study, the research topic, and purpose of the study, research questions, methodology, nomenclature, ethical considerations, and outline of the study.

This chapter clarifies the contextual underpinning of the study in relation to the literature review, theoretical and legislative frameworks, and a discussion on how to 'break the cycle of violence' in South Africa. The primary focus of the study is on the interplay between risk factors of trauma, substance use disorders (SUDs), appetitive aggression and its link with violent crime among young adults at risk with the law in South Africa.

The literature review starts with the socio-economic profile of South Africa and the nature and extent of violent crime in the country. This provides the contextual and conceptual underpinning of the study. Next, three themes, all of which are linked to violent crime are reviewed. These include historical trauma exposure, substance use disorders (SUDs), and appetitive aggression. This is followed by a discussion of the theoretical framework in relation to the themes, and then the legislative framework is presented. Finally, programmes to break the cycle of violent crime are discussed before the chapter concludes.

Literature was reviewed to converge evidence and discourse of the primary construct of violent crime and its interplay with trauma, SUDs, and appetitive aggression. The method used to formulate the literature review included extensive reading, synthesis and analysis of academic journals, research studies, published books, reports, government reports and briefs on the subject matter. The search strategy was applied in academic databases, including Web of Science, Pub Med, and Ebsco Host. These databases were identified as the most relevant sources for articles relating to violence

and violent crime studies. They cover a range of different academic.

disciplines including sociology, psychology, crime, violence, etc. Journals were retrieved from the UCT library, Google Scholar, and other websites. Further reading of books, podcasts, media, and other reports that detail lived experiences and narratives of violent crime offenders and victims. This 'grey literature' provides an in-depth understanding of violent crime and approaches to breaking its cyclical nature in South Africa.

## **2.2 Literature Review**

Various factors are discussed in the literature as to why youth and young adults become involved in a cycle of violence - from victimization to perpetration (Hsaio et al., 2018; UBS, 2016; Burton, Ward, Artz & Leoschut, 2016; Abrahams & Jewkes, 2005). It is important to understand the context that promotes the development and perpetuation of violent crime or the cycle of violence in South Africa (Bushman et al., 2016; Sen, 2008). To present the context for violent crime in South Africa, especially male victimisation and criminal offending, the socio-economic profile of the country is briefly described and then the nature and cycle of violent crime are discussed. This brief context serves to focus on some of the 'high' risk factors that predispose young male adults towards violent crime in South Africa, which include poverty, inequality, and unemployment, identified as the country's "apex priorities" by the National Planning Commission (NPC, 2012). Previous studies on three key themes that form the basis of this study follow. This includes the nexus between traumas, substance use disorders (SUDs), appetitive aggression, and violent crime. Firstly, the socio-economic profile sets the premise of the context.

### **2.2.1 The Context: Socio-Economic Profile of South Africa**

According to Amartya Sen (2008):

"To better understand the causation of widespread violence globally and in South Africa, one must consider the interconnectedness [interplay] between the various elements. These elements [risk

factors] include inter alia deprivation [poverty], social and economic inequality, exclusivity [marginalization] in terms of identity, and cultural factors. Young males in South Africa are in a situation of despondency due to their disposition of being poor, unemployed, and marginalized. Moreover, young black males are prone to identity and culture issues that further predispose them towards violent crime” (Sen, 2008).

The quote by Sen (2008) accentuates the ideology that the interplay or relationships between risk factors like poverty, socio-economic inequality and social marginalization predispose young males to violent crime. These contextual associations are influenced by a culture of violence and social identity that manifests in aggressive and violent behaviour. This manifestation of a violent culture and structurally disparate racial identities are explained by Nattrass (2019) to be the result of the colonial and apartheid history of South Africa.

The socio-economic profile of South Africa in this section provides the context of violent crime and has focus on the country’s current apex socio-economic priorities that include poverty, unemployment, and inequality, which have linkages with violent crime. South Africa has amongst the highest levels of poverty globally (Galal, 2022). According to the UN’s Human Development Report, 19% (n=11 million) of South Africans live in extreme poverty, on less than 1.90 U.S. dollars per day (R28 per day or R800 per month) (World Bank, 2020). Poverty is closely linked with high levels of unemployment, hunger and malnutrition, a lack of basic services, the disintegration of families, vulnerability, homelessness, hopelessness, crime, and substance abuse (Kaminer, Eagle & Crawford-Browne, 2016; Seekings, 2007; Abrahams, 2003).

The roots of poverty, especially amongst the majority Black (including ‘coloured’, Indian, and African) population emanated from colonial and apartheid policies and legislation, between 1910 to 1994 (Nattrass, 2019; Seekings & Nattrass, 2005; Terreblanche, 2002). These policies ensured that whites, who are the minority population group, were granted better economic and social privileges over the majority Black populace. These included housing, land, education, jobs, and amenities. Although South Africa became a democratic and free country in 1994, most Blacks

continue to live in abject poverty in the current dispensation (Statistics South Africa, 2022; Terreblanche, 2002). The poor conditions that most South Africans continue to experience and the few chances for a change can lead to feelings of hopelessness and loss of meaning or purpose in life, and a cycle of poverty (Terreblanche, 2002; Leibrandt, Woolard, McEwen & Koep, 2010; Kaminer et al., 2013). The cycle of poverty is intrinsically linked with a cycle of violence and violent crime due to the structural nature of poverty – where people live in poor and badly planned housing (Saferspaces, 2022; SAPS, 2019), continued disparities in the distribution of resources, coupled with poor education and skills training opportunities (World Bank, 2020). Childhood neglect in South Africa is primarily linked to poverty (Campbell, 2021). Mathews et al. (2016) link poverty and neglectful parents or guardians. This is expounded further in the discussion of the nature of violent crime later and in the discussion of the trauma and violent crime nexus.

Unemployment and violence are closely linked due to feelings of hopelessness and frustration. The global unemployment rate was recorded as 6.18% in 2021, while in South Africa it is amongst the highest in the world (35%) (Statista, 2022). The youth, aged between 15 and 34 years old, unemployment rate was estimated at 38.6% in 2018 (World Bank, 2018). In 2022, after covid-19, Statistics South Africa (Stats SA) reported the unemployment rate in South Africa to be 63.9% for 15–24-year-olds; 42.1% for 25–34-year-olds, while the national rate was 34.5% (Stats SA, 2022). So, of the over 10 million young people, aged between 15 and 25 years, living in South Africa, 2.5 million were working and 7.7 million were not. The primary reason for people not working includes discouragement, which means they have lost hope of finding a job that suits their skills. They form part of the 37% of youth that are not involved in employment, education, or training (NEETs) (Stats SA, 2022).

With high rates of unemployment amongst youth generally, the ‘demographic dividend’ will not be effectively achieved in South Africa. This means that South Africa will not be able to reap the economic advantages of having high levels of a youth population who are employable and can or should be involved in socio-economic development – “the demographic dividend”. In fact, the dire situation is cause for concern as this situation can lead to unrest, violence, and challenges to social cohesion [National

Planning Commission (NPC), 2012). While unemployment impacts both men and women in South Africa, Boonzaier and De La Rey (2004) and Rasool (2020) noted that many South African men view themselves as the main “breadwinner” and their duty as ‘man of the house’. This patriarchal belief (culture) can lead to unemployed men feeling a sense of failure in achieving successful masculinity if unable to provide for their family financially (Boonzaier & De La Rey, 2004). According to Mathews et al. (2016), violence against women is a common response to feelings of failure and powerlessness resulting from feelings of financial inadequacy and it is often a means for men to re-claim their perceived loss of masculinity. Domestic violence was a common response, reported by Boonzaier and De La Rey (2004), when there was income disparity in the household (women earning more than men) and when women were the sole breadwinners in the household (Campbell, 2021). Men’s masculinity, based on patriarchy and beliefs, within an environment of poverty and unemployment, therefore, contributes to interpersonal violence, such as domestic violence and violent crime in South Africa. This has ramifications on male children, youth and young adults who witness domestic violence (mother abused by father or spouse) and perpetuate a cycle of violent crime when they copy this behaviour.

Income inequality in South Africa contributes to feelings of hopelessness, frustration, crime, and violence (Kaminer et al., 2013). When considering the social dynamics of violence in 149 countries worldwide, Ouimet (2016) noted in the World Homicide Survey that the highest correlation for the homicide (murder) rate was income inequality (measured with the Gini coefficient) with  $r = 0.67$ . The link between the homicide rate and income inequality can be easily understood in the context of South Africa. South Africa is rated as having the highest income inequality globally (World Bank, 2020). The Gini score for South Africa is estimated to be 0.69, which is amongst the highest in the world, and shows vast income disparity between rich white and poor black South Africans (Bhorat, van der Westhuizen & Jacobs, 2010; Seekings, 2007). According to the World Bank (2020) South Africa’s wealthiest (mainly white) 10%, possess more than half the nation’s income, while the poorest 40% (mainly black) share 7.2% of the country’s income. South Africa’s inequality in life expectancy and education also ranks as some of the highest deviations in the world (World Bank, 2020). Wilkinson (2004) purports that more unequal societies tend to be more violent.

Putman (2001) correlates equal societies with less violence, better health and improved social capital. Health and violence are thus interlinked with inequality due to the stresses of social marginalisation and low-level health care. These have impacts on violence in later life, especially for young males from poor households. To clarify this; adverse childhood experiences which include neglect, maltreatment, physical violence, etc. by parents or carers, result in children growing up with undiagnosed and untreated mental health conditions which can result in aggressive personality, delinquent behaviour, and violent crime (Cicchetti, 2016).

Education is an immediate consequence of income poverty and inequality. Researchers correlate high education and skill development to better-paid jobs and purport that disparities between schools, as regards levels of teaching, etc., restrict the progress of learners from historically poor backgrounds (Seekings, 2007). Accordingly, despite the government spending 7% of gross domestic product (GDP) on education, most young South Africans leave school and enter the labour market with limited skills. They are not equipped for semi-skilled or especially skilled employment (Seekings, 2007; Leibrandt et al., 2010). Low education, unskilled labour, poor salaries, and unemployment are therefore functions of poverty and inequality. Young males who drop out of school are unable to find well-paid jobs (or any job) due to their low skills and end up in a hopeless situation. Boredom and idleness often lead to substance use and other related social ills like crime and violence (Parry et al., 2004).

The cycle of poverty, inequality and unemployment becomes intergenerational in vast numbers of households in South Africa, especially in rural areas and in poor congested informal urban areas (Leibrandt et al., 2010). According to the Department of Correctional Services (DCS), “the historic marginalisation of young people in South Africa, combined with the protracted growth in the job market, has contributed to the establishment of a huge group of “at-risk youth” incarcerated in correctional centres across South Africa (DCS, 2005). Altbeker (2007) argues that violence and criminality itself shapes the environment in which “at-risk” young males make decisions about how to behave. Altering the state’s value system and healing the injuries of our history will be difficult if young black men, who grow up in surroundings conducive to

criminality, are not given some claim and investment in the country's future (Altbeker, 2007). So, while crime in South Africa may be driven by the constraints of poverty, unemployment and inequality, many other historical and current psychological, biological, and social factors impact an individual's decision to engage in violent crime (Bushman et al., 2016; Sommer et al., 2016; Kaminer, Eagle & Crawford-Browne, 2016). These studies and evidence provide the premise of the context of the study of the interplay between historical trauma, substance use disorders and appetitive aggression and its links to violent crime among young adults in South Africa.

The next section discusses the extent and nature of violent crime in South Africa and highlights the dichotomy of male victimisation and violent criminal offending.

## **2.2.2 The Extent and Nature of Violent Crime in South Africa**

The nature and extent of crime in post-apartheid South Africa are currently perceived as one of its main challenges and crime prevention is one of government's apex priorities of the National Development Plan (Vision 2030) (NPC, 2012). Furthermore, the cycle of violence and violent crime in South Africa has deep roots in political and apartheid socio-economic history (Posel, 2011; Kaminer et al., 2008). This notwithstanding, violent crime comprises various harmful acts against people and impacts lives directly and indirectly. This section describes various types of crimes and their nature, regarding male victimisation and offending.

### **2.2.2.1 Types of Crime**

The various type of crimes reported in South Africa includes contact crimes comprising murder, attempted murder, and sexual offences, as well as common assault and robbery. Contact-related crimes include arson and malicious injury to property. Other serious crimes include commercial crime, shop-lifting and all other types of theft – while aggravated robbery includes hijackings, robbery at residences and cash-in-transit heists and bank robberies (Kriegler & Shaw, 2016; Altbeker, 2007; Shaw, 2002). Crimes detected as a result of police action include crimes discovered by activepolicing, such as road-blocks and raids. Categories covered by this are DUI or drivingunder the

influence (of drugs or alcohol); and the use, possession, or trade of illegal drugs (SAPS, 2019). Table 2.1 below depicts various types of crimes reported to police in South Africa during the period 1 April 2018 and 31 March 2019.

**Table 2.1: Types of crimes - SA crime stats for 2019 (1 April 2018 to 31 March 2019)**

Category	2018	2019	Change
Contact Crimes	601 366	617 210	+2.6%
Contact-related Crimes	115 361	117 172	+1.6%
Property-related Crimes	507 975	495 161	-2.5%
Other Serious Crimes	438 113	444 447	+1.4%
<b>Total public reported</b>	<b>1 662 815</b>	<b>1 673 990</b>	<b>+0.7%</b>
Crime detected because of police action	433 966	339 281	-21.8%
<b>Total</b>	<b>2 096 781</b>	<b>2 013 271</b>	<b>-4.0%</b>

**Source: SAPS, 2019**

Contact crimes are synonymous with violent crimes in this study and these terms are used interchangeably. Murder is of notable reference to the extent of violence in a country (WHO, 2018), which is expounded next.

### **2.2.2.2 Murder**

At a global level, violence claims an estimated 1.6 million lives annually. This amounts to 4 000 deaths per day. Of those killed by violence, just over 50% die by suicide, more than one-third die by homicide (murder), and roughly 10% die directly because of war or other forms of collective violence. Around 90% of deaths due to violence occur in low-income and middle-income countries, and males account for 77% of all homicides. The global murder rate in 2017 was 6 murders per 100 000 people (WHO, 2018). This data reflects that males are responsible for most murders globally. This resonates with national data reflected by police reports of the South African Police Services (SAPS) (SAPS, 2019).

In South Africa, 21 022 people were murdered between April 2018 and March 2019. This amounts to 58 people per 100 000 killed each day. By comparison, the United Kingdom (UK), which has a similar population of over 60 million people, experienced 732 murders between 2018 and 2019. (SAPS, 2019; Africheck, 2019). South Africa's estimated child murder rate of 5.5 murders per 100 000 children is more than twice the global average, and nearly half of all child murders in South Africa were related to child abuse and neglect (Mathews et al., 2016). Evidence from mortality surveys shows that violence between South African males often happens in the context of entertainment and is related to high levels of alcohol consumption during recreational periods such as weekends and holidays (Ratele, Swart & Seedat, 2009; SAPS, 2019). As such, male-on-male violence in South Africa is not always criminal (that is, perpetrated during the commission of a crime) but rather is an expression of normative notions of masculine behaviour that include the carrying of weapons, gang membership, risk-taking, defending one's honour, and excessive alcohol consumption (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009).

Alcohol and other drug use and violence, whether criminal or not, are therefore intertwined with culture, male masculinities, and normative antisocial behaviour. This notwithstanding, violent crime is excessively lethal and aggressive in South Africa due to the use of weapons, such as guns and knives. Robberies in South Africa are much more likely to involve the use of a weapon than robberies in other countries. Some surveys have found that as many as 80% of serious robberies reported to the South African Police involve the use of a firearm, compared with less than 20% in economically developed countries. Robberies also frequently involve the use of other weapons such as knives (Masuku, 2002; Burrows, Bowman, Matzopoulos & van Niekerk, 2001).

SAPS (2019) emphasise that to understand the phenomenon of murder, the social imbalances in the country must be recognised. These social imbalances are particularly noticeable in the poorest residential areas and more so where these are associated with overcrowding, for instance, informal settlements, in urban settings. These areas exhibit environmental factors that create further opportunities for crime. This pertains to the physical design of the area, where structures (informal shacks)

are very closely built. The lack of environmental design in such environments does not facilitate effective policing and creates a situation in which communities deem it necessary to protect themselves in 'unconventional ways'" (SAPS, 2019:14). This has repercussions on communities and society because the lack of controlling violence results in distrust of police and social disharmony. The South African Police Services (SAPS) report that the incidence of murder in South Africa is influenced by a wide range of 'generators' (risk factors), ranging from social factors such as discontent between individuals, domestic violence, substance use, group conflict, criminal activities and acts of revenge or retaliation (SAPS, 2019). Violence and violent crime are thus strongly linked to aggression and substance use disorders, especially alcohol and illicit drugs. Besides murder, sexual offences and rape are interlinked to male victimisation and violent crime offending and are further explained.

### 2.2.2.3 Sexual Offences and Rape

The extent of sexual offences and rape is of most concern in South Africa. Most offenders are male and are known to be victims as they occur in homes, schools, and other institutions. Sexual offences and rape against young male children are of primary reference in this study that deals with male victimisation and violent criminal offending. Figure 2.2 below shows sexual crimes reported to police between 2011 and 2019.

Sexual offences and rape reported to the South African police: 2011 - 2019



Figure 2.1: Sexual offences and rape (DWYPD, 2020)

The incidence of reported sexual offences in South Africa reduced from 60 539 to 52 420 and there was a reduction in reported rape cases from 47 049 to 41 583 between 2011 and 2019 (SAPS, 2019). This notwithstanding, these figures are substantially high and many incidents of sexual offences and rape, especially against vulnerable children go unreported (Jamieson, Sambu & Mathews, 2017; Kaminer, et al., 2013; Jewkes & Abrahams, 2002). The next topic for discussion is violence against children which is central to the study and emphasises male victimisation and the propensity for violent offending.

#### **2.2.2.4 Violence against children**

Childhood exposure to violence victimises children and plays a role in transmitting violence from one generation to the next (Ward et al., 2012; Cicchetti, 2016). Children who grow up in a violent household or community tend to internalise that behaviour as a way of resolving disputes, repeating the pattern of violence and abuse against their own spouses and children. Beyond the tragic effects on individuals and families, violence against children carries serious economic and social costs (Hsaio et al., 2018). The consequences of violence against children can obstruct economic growth because of lost potential and reduced productivity, disability, and decreased quality of life – all of which can hold a nation back from fully developing (UBS Optimus Foundation, 2016).

Violence against children is part of the construct of adverse childhood experiences (ACE) used as one of the measurement instruments of the broader construct of trauma in this study. The seminal ACE study of Felletti et al. (1998) conceptualised and explored a comprehensive understanding of childhood adversity that includes physical, sexual and or emotional abuse, emotional and or physical neglect, as well as various adverse family or household circumstances (domestic violence) that occur during childhood and adolescence (Felletti et al., 1998). South Africa has some of the highest reported cases of child abuse, neglect and maltreatment which take many forms, including physical and mental abuse, sexual abuse, exploitative work, trafficking, etc. (Holtzhausen, L., & Campbell, 2021). According to the Department of Social Development (DSD), Violence against children in South Africa occurs in their

homes, in school, and in the community (DSD, 2012).

The Centre for Justice and Crime Prevention's Optimus Study in 2016 on the sexual victimisation of children in South Africa was the first nationally representative study on child maltreatment in South Africa (UBS Optimus Foundation, 2016; Burton, Ward, Artz & Leoschut, 2016). Interviews were conducted with 15- to 17-year-olds about their lifetime experiences of violence and abuse across South Africa. Results showed that 40% of young people have experienced some form of sexual abuse, physical abuse, emotional abuse, or neglect at some point in their lives (Hsiao et al., 2018). Studies in 12 other countries showed similarly high rates, which means that child maltreatment is not only a South African problem but a global problem.

The Optimus study found almost 20% of respondents experienced sexual abuse; 35% experienced physical abuse; 16% reported experiencing emotional abuse; 12% reported being neglected and 17% reported witnessing violence (Hsiao, et al., 2018). The differences between males' and females' reported rates of abuse were not as stark in the Optimus study as they have been in other studies. In the school survey, boys (36.8%) were found to be slightly more likely than girls (33.9%) to report some form of sexual abuse. The Optimus study thus showed that boys and girls are equally vulnerable to some form of sexual abuse throughout their lifetimes (UBS Optimus Foundation, 2016; Burton et al., 2016).

The South African Police Services reported that most of the victims of crime are children between 15 and 17 years old. Most crimes (60.5%) included sexual offences committed against children below the age of 15 years; 29.4% of these sexual offences involved children aged 0-10 years (SAPS, 2014). In 2013/2014, 29% of sexual offences reported to the police involved children under the age of 18 years – which amounted to 51 cases of child sexual victimisation per day (SAPS, 2014). Issues of under-reporting, however, are severe, and actual rates of violence against children are estimated to be much higher (Jamieson et al., 2017).

Other adversities that South African children are particularly vulnerable to include exposure to gangsterism and neighbourhood violence. According to a national study of South African school children, 19.4% of learners reported being part of a gang and

21.2% reported being approached to join a gang (Mathews et al., 2016). Gang violence is particularly linked to male victimisation and violent crime offending which contribute to the cycle of violence in South Africa (Hinsberger, 2017).

The victimisation of children in South Africa, through abuse and maltreatment, shown by police statistics, the Optimus study, and other studies, indicate the high levels of maltreatment of male children. This plays a significant role in them becoming offenders of violence and violent crimes as adolescents and as adults (Cicchetti, 2016) and experiencing mental disorders, such as post-traumatic stress disorder (PSTD), depression, etc. (Kaminer & Eagle, 2010). This dichotomy and nexus between adverse childhood experiences (trauma) and violent crime are expounded later. The nature of crime and violence is next discussed to highlight male victimisation and violent offending that perpetuates the cycle of violent crime.

#### **2.2.2.5 The Nature of Crime and Violence**

Some of the root causes of crime include the degree of adherence to the rule of law; education; income; unemployment; inequality; economic freedom; ethnic diversity; religion; and the prevalence of firearms (Bushman et al., 2016). Whereas violence in the 1980s and early 1990s was primarily political, post-apartheid South Africa has seen the evolution of the culture of violence from political to criminal violence (Dirsuweit, 2002:6). Thus, although political violence in South Africa has for the most part subsided, more general personal and intimate violence has increased considerably since the early 1990s. Barbarin, Richter and de Wet (2001) argue that violence and violent crime in post-apartheid South Africa, after 1994, transitioned from politically motivated violence to family and community violence and violent crime. Political violence forms part of South African history of apartheid witnessed and experienced torture, maltreatment, and abuse by police especially young black people (Kaminer et al., 2008; Kaminer & Eagle, 2010b).

Research indicates a significant relationship between self-experienced as well as witnessed apartheid-related human rights violations and self-perpetrated lifetime intimate partner violence in men (Gupta, Reed, Kelly, Stein & Williams, 2012).

High rates of crime in South Africa are associated with the disintegration of families

and communities during the apartheid era, for example by forced removal, leading to a breakdown of social control within families and the community and thus to reduced protection against crime (Emmett, 2003). Further, the absence of fathers is common (Pinnock, 2016; Denis & Ntsimane, 2006), and research indicates that growing up without a father and thus a male-role model is a predictor of young men's violent behaviour (Pinnock, 2016; Gould, 2015; Mackey, 2004; Mackey & Mackey, 2003). It is estimated that in South Africa 2.13 million children are without fathers and the vast majority of them are younger than five years (Stats SA, 2021). The registration of the birth Act of South Africa does not oblige mothers to add the father's name when children are registered, which is problematic for validating fatherlessness. This notwithstanding, according to Stats SA (2021) at least 70% of black children live without their biological fathers; 21% of all children do not live with their fathers and mothers; while 33% live with both father and mother (Stats SA, 2021).

Many children, however, stayed only with their mothers (42.0%), while a substantially lesser percentage (4.0%) of children in South Africa lived only with their fathers (Stats SA, 2021). Urbanisation and colonisation extensively changed household structures in the 1900s in South Africa. This includes changing the positions that parents play, specifically the key role of the father figure (Richter, Chikovore & Makusha, 2010:361–362). Freeks (2022) purports that fathers are vital role models for children. This notwithstanding, fathers who are present can also be harmful to the well-being of the family just as an absent father (Meyer, 2018:2).

This notwithstanding, gangs in South Africa are comparable to family and military systems, regarding their organized hierarchical and social structure (Kinnes, 2017; Pinnock, 2016; Steinberg, 2004). Although gang involvement provides social support for members within the gang (Pinnock, 2016; Breetzke, 2012), it puts gang members at higher risk for trauma exposure. This includes initiation rituals of being subjected to sexual violence by other gang members, being forced to murder to become a gang member, as well as violent attacks through rival gangs (Kerig, Chaplo, Bennett & Modrowski, 2016). In Cape Town, around 100 000 inhabitants, (5%) of the Western Cape's population, were estimated to be involved in one of approximately 280 gangs (Standing, 2005). As most urban gang-affiliated individuals are males (Kerig,

Chaplo, Bennett & Modrowski, 2016), young males are especially at risk of experiencing multiple traumatic events in comparison to females (Williams et al., 2007), with death rates from injuries being three times higher than those of women (ibid).

Research shows that violence in South Africa takes a more severe and lethal form than the international norm (Kaminer & Eagle, 2010a). Almost half of all South African deaths due to injury are the result of interpersonal violence. This is four-and-a-half times the rate of violence-related deaths internationally (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Violence between young men takes a particularly brutal form compared with interpersonal violence in many other countries. As such, the stereotype of South Africa as a particularly dangerous society does appear to be supported by systematic evidence (Kaminer & Eagle, 2010a). Access to guns exacerbates the lethal form of violence in South Africa and 89% of gun violence victims are men (Saferpaces, 2020).

### **2.2.3 Other factors perpetuating violent crime**

#### **2.2.3.1 Culture and violence**

Studies have suggested that the norms in the neighbourhood, especially highly disadvantaged and violent neighbourhoods, play an important role in linking neighbourhood characteristics to child and youth victimisation and violent behaviour (Wright & Fagan, 2013; Coulton, Crampton, Irwin, Spilsbury & Korbin, 2007; Fagan, 2005). According to Stewart et al (2002:820) children in violent disadvantaged neighbourhoods may “become desensitized to the pervasive neighbourhood violence they witness” and by being exposed to high rates of violence, they “may be more likely to normalize it or become desensitized to it” (Wright & Fagan, 2013). This perspective indicates a potential for neighbourhood cultural norms to moderate the effect of male victimisation and violent crime and violence.

#### **2.2.3.2 Substance use disorders**

Alcohol and drugs act as violence "enablers" that lead to committing violent crimes

(SAPS, 2019; Hinsberger, 2017; Sommer, 2017). The intake of psychoactive substances is a crosscutting facilitator for all types of violence, and it increases not only the risk of becoming a perpetrator but also the risk of becoming a victim. Alcohol and illegal drugs are interrelated to violent personal crimes, such as murder, intimate partner violence and child abuse (Plüddemann et al., 2010; Seedat et al., 2009; Ward et al., 2012; 2017). Furthermore, the severity of the committed crimes is positively associated with alcohol or drug consumption preceding the violent act (Chermack & Blow, 2002; Hecker & Haer, 2015; White et al., 2002).

The period of extensive COVID-19 pandemic experiences – between 2020 and 2022, in South Africa, provides a stark picture of the association between economic hardship, alcohol abuse and [domestic] violence (Campbell, 2021). The national lockdown resulted in the closing of considerable economic activity which then resulted in widespread retrenchments, exacerbating the already high unemployment rate of the pre-covid pandemic period. During this time South Africa saw a surge in violence against women and children. Shelters for abused women were at capacity and more than 120 000 victims used the national helpline for abused women and children within the first three weeks of lockdown, which is double the usual call volume. President Ramaphosa referred to this increase in child and women abuse (referred to as gender-based violence or GBV), during this period, as “the second pandemic” in South Africa, after COVID-19 (EyeWitness News, 2020; Ramaphosa, 2019).

The high levels of violence against women and children and other violent crimes were intrinsically linked to high levels of alcohol intake during periods of low lock-down which was evident and measured by much higher hospital trauma cases across the country. Thus, confirming the interplay between substance use disorders and violence perpetrated especially against children in South Africa.

The next section discusses the interplay between trauma, SUDs and appetitive aggression and violent crime which is the crux of the study.

#### **2.2.4 The Interplay between Trauma, Substance Use Disorders and Appetitive Aggression and Links to Violent Crime**

This study is premised on three themes that relate to male victimisation and criminal

offending, which expounds on the interplay between trauma, SUDs and appetitive aggression and its link to violent crime. The first theme is a discussion of trauma exposure which has a primary focus on adverse childhood experiences and adverse adult experiences as risk factors that perpetuate violent crime offending. The second theme that will be discussed is the nexus between substance use disorders and violent crime. Thirdly, the interplay between appetitive aggression and violent crime is discussed.

#### **2.2.4.1 The Nexus of Trauma Exposure and Violent Crime**

Trauma exposure includes various adverse physical, emotional, and other traumatic events that are experienced or witnessed as a child and as an adult. Trauma events include maltreatment, neglect, physical attack, sexual assault, rape, murder, and accidents (Meyer-Parlapanis & Augsburger, 2018). The greatest burden of trauma exposure is experienced and witnessed by black South Africans who have historically been the victims of political oppression, many of whom continue to live in conditions of poverty and disempowerment (Kaminer & Eagle, 2010). In this sense, trauma exposure in post-apartheid South Africa is rooted in historical dynamics of power and inequality. Trauma as a construct is linked to substance use disorders, appetitive aggression, and violent crime in this study. The study uses adverse childhood experience (ACE) and adverse adult experiences as sub-theme of trauma exposure. ACEs are first discussed after which the broader term of trauma exposure that affects both children and adults is expounded.

##### **2.2.4.1.1. Adverse Childhood Experiences (ACEs)**

Adverse childhood experiences (ACEs) refer to situations or events in one's life that increase the chances of deviance and unable to conform or adapt to social life. ACEs and childhood adversity is the same construct and forms part of the broader construct of trauma exposure in the study. ACEs are used interchangeably with child maltreatment and childhood adversity due to their similarity in meaning. According to the World Health Organisation (WHO), "Child maltreatment refers to all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment

or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (WHO, 2006).

Studies of childhood physical abuse by a family member in the United States indicate that males are more vulnerable than females, while others report that both genders are equally at risk (ibid). This is confirmed by the Optimus study in South Africa (Hsaio et al., 2018) and the SASH Survey (2009) which contends that there was little difference in the rate of childhood physical abuse reported by males and females (Campbell, 2021). This notwithstanding, reviews of local hospital records suggest that most children injured by domestic physical abuse are boys under the age of five years (Dawes, Long, Alexander & Ward, 2006).

International research studies show that there is a strong relationship between the experiences that a child face when they are growing up and how they act during adulthood (Raby et al., 2015; Fletcher & Schurer, 2017). Seminal studies by Widom (1989) and Widom and Maxfield (2001) sought to address the relationship between child maltreatment and deviant behaviour. The results showed that children who were victims of physical abuse and/or neglect were almost twice as likely to be arrested because of violent crime as adults. Adverse childhood experiences (ACEs) and adverse adult experiences, therefore, are deemed risk factors for the perpetuation of violent crime in South Africa (Hsiao, et al., 2018; Sommer et al., 2016; Kaminer & Eagle, 2010b; Williams, et al., 2005).

Childhood neglect in South Africa is primarily linked to poverty (Campbell, 2021). Mathews et al. (2016) delineate deprivation due to poverty and deprivation due to neglectful parents or guardians. The Department of Social Development (DSD) reported that in South Africa, 43% of deaths among children between 0-14 years old were due to unintentional injuries, often stemming from neglectful environments – referring primarily to neglectful parenting (DSD, 2012). The Optimus study revealed that 21.3% of their study sample had experienced some form of childhood neglect in South Africa (Burton et al., 2016). The prevalence of emotional neglect among South African youth was slightly lower in Hsiao et al.'s (2018) findings, as they reported a neglect prevalence of 12.2% among South African youth. The prevalence of childhood

neglect, more specifically emotional neglect, was significantly higher in Mathews et al.'s (2016) research. Mathews et al. (2016) revealed that 39.7% of men and 41.6% of women reported growing up in neglectful households in South Africa. The range in these neglect statistics in South Africa highlights the difficulty and complexities involved in collecting accurate data on childhood neglect in South Africa (Campbell, 2021).

One of the more commonly reported forms of adverse childhood experiences that are witnessed is domestic violence. Burton et al. (2016) found that 23.1% of South African youth had grown up in households where they witnessed domestic violence perpetrated by one caregiver against another or a sibling. Hsiao et al. (2018) revealed that one in six (16.9%) South African youth reported witnessing domestic violence, a statistic that is slightly lower than that of the Optimus study. Furthermore, Seedat et al. (2009) reported that 35% to 45% of South African children in their study had witnessed domestic violence against their mothers. This variation in prevalence rates speaks to complexities around reporting and is largely tied to cultural and patriarchal 'norms' which see domestic violence as a "private matter" within the home (Mathews et al., 2016). Male victimisation, in the form of witnessing a parent, most often the mother or female caregiver, being abused and assaulted within the home or community has detrimental effects on young male's psyche and can lead to them becoming violent offenders as adults (Cicchetti, 2016; Kaminer et al., 2016).

Other adversities that South African children are particularly vulnerable to include exposure to gangsterism and neighbourhood violence. According to a national study of South African school children, 19.4% of learners reported being part of a gang and 21.2% reported being approached to join a gang (Mathews et al., 2016). This study also showed that more than 50% of the learners had witnessed gang violence. Furthermore, in terms of victimization, 38.7% of gunshot wounds at the Red Cross Children's hospital between 2001 and 2010 were related to children being caught in the crossfire (Mathews et al., 2016). Burton and Leoschut (2012) highlighted the rates of neighbourhood violence, whereby 60.5% of learners in their study who had experienced violence at school had also reported that crime was an issue in their neighbourhood and 63.8% reported witnessing fights in their community.

Sufficient evidence, therefore, illustrates the multiplicity of adverse childhood

experiences emphasised in the study as historical trauma exposure of children living in poor areas that are also dangerous settings and environments in South Africa. These ACEs predispose young male children, youth and young adults to violence and a cycle of violent crime.

Substance use disorders (SUDs) and their nexus to violent crime are next discussed in relation to young male victimisation and violent criminal offending.

#### **2.2.4.2. The Nexus of Substance Use Disorders and Violent Crime**

The American Psychological Association (APA) (2020) prescribes the use of the term substance use disorder instead of substance abuse. Substance use disorders (hereafter referred to as SUDs) and substance abuse have the same meaning and are used interchangeably in this study. SUDs refer to the uncontrolled use of a substance(s) like alcohol, tobacco, or illicit drugs, despite harmful consequences (APA, 2020; Doweiko, 2015).

Alcohol and drugs act as violence "enablers", as well as leading to the committing of violence (Hinsberger, 2017; Taft et al., 2005). The intake of psychoactive substances is a crosscutting facilitator for all types of violence, and it increases not only the risk of becoming a perpetrator but also the risk of becoming a victim. Findings by the European Homicide Monitor (Ganpat et al., 2011) show that as many as 82% of homicide (murder) offenders in Finland from 2003 to 2006 were intoxicated with alcohol when they committed murder, and so too slightly more than half of the homicide offenders in Sweden (Lehti & Kivivuori, 2005). In Australia from 2008 to 2010 about 50% of all homicide incidents were preceded by alcohol consumption by the victim or the perpetrator, or both (Chan & Payne, 2013). In South Africa, about 65% of persons injured, 50% of murder cases and 25% of people arrested for weapon-related offences, registered high concentration of blood alcohol levels (Plüddemann, Parry, Donson & Sukhai, 2004; Parry et al., 2004; Leggett, 2003).

Various research shows the nexus between SUDs, trauma exposure, aggression, and its link to violent crime. SUDs exacerbate the propensity for violence in people suffering from mental illness. Therefore, when individuals present with comorbid

substance use disorders, where they simultaneously have a SUD and a mental disorder, like PTSD or depression, the risk of violence increases (Van Dorn et al., 2012). This is common in poor communities, as being exposed to severe forms of interpersonal trauma and community violence not only predicts heightened violence but also heightened SUDs (Doweiko, 2015; Kerig et al., 2012; Waller et al., 2014).

Substance use trends vary by region, and in the Western Cape province and Northern regions of the country, most of the treatment demand is for methamphetamine (locally referred to as 'tik' because of the sound it makes when being smoked) and cannabis, respectively (Dada et al., 2011). Methamphetamine use appears to have reached its peak in the mid-2000s and has now stabilised. However, 35% of those in treatment in the Western Cape still report it as their drug of choice (Plüddemann et al., 2010). Heroin use has steadily increased since 1994. Treatment demand for heroin as the primary drug of choice has increased from less than 1% to between 5% and 20% depending on the province (Plüddemann et al., 2010). In addition, the proportion of Black Africans treated for heroin-related problems has increased over time. For example, in Mpumalanga province, this percentage increased from 13% to 52% between 2002 and 2007 (Parry, Plüddemann & Bhana, 2009). The gang culture on the Cape Flats within the Western Cape Province is intimately associated with the drug trade and methamphetamine use (Pashe & Myers, 2012).

In the USA, about 56 % of all cases of criminal assault each year involve alcohol (Doweiko, 2015). Adults with SUDs were 2.7 times more likely to physically abuse children and 4.2 times more likely to neglect a child, than sober adults (ibid). In both the USA and Europe, half of all perpetrators of a violent crime had been drinking before the commission of that crime (Parrott & Giancola, 2006). Alcohol and illegal drugs are interrelated to violent personal crimes, such as murder, intimate partner violence and child abuse (Plüddemann et al., 2010; Seedat et al., 2009; Ward et al., 2012). Studies of ex-Offenders and Offenders incarcerated in correctional centres by Pinnock (2016), Gould (2015) and Steinberg (2005) reveal close associations between alcohol and other drugs and crime. Ted Leggett's (2003) monograph describes the drug-crime nexus in South Africa. Some of the findings include about 46 % of 2 859 arrestees given urine tests for drugs were found to be positive for one of six controlled substance

types, and Arrestees under the age of 20 were most likely to test positive for some substance (66 %) (Leggett, 2003). Studies by the Medical Research Council and other Researchers between 1999 and 2000 in three South African metro cities (Cape Town, Johannesburg, and Durban) found that 50 % of individuals arrested on charges related to family violence, murder or rape were reported to have been either drunk or under the influence of drugs at the time of the offence/s (Parry et al., 2004). Offenders were therefore inebriated by alcohol or drugs (or both) before committing a crime/s.

The question of whether drug abuse functions as a catalyst for violent criminal behaviour (Ching, Daffern & Thomas, 2012) or in a causal role remains a controversial issue (Klostermann & Fals-Stewart, 2006). This notwithstanding, the abuse and impact of substance abuse on young people, especially male youth, plays a major role in criminal and violent behaviour – that perpetuates the cycle of violent crime globally and in South Africa. The next theme of the study, the nexus between appetitive aggression and violent crime, is discussed.

#### **2.2.4.3. The Nexus between Appetitive Aggression and Violent Crime**

There is ample evidence that shows the nexus between exposure to violence, as a victim or a witness, and self-committed aggressive behaviour (Halliday-Boykins & Graham, 2001; Kerig & Becker, 2015; Weierstall et al., 2013; Seedat et al., 2009). The risk of becoming a violent offender is significantly higher in persons with a background of childhood victimization (Elbert et al., 2016; Maas, Herrenkohl & Sousa, 2008; Scarpa & Haden, 2006). Having been sexually abused in the past is strongly related to sexual-offending behaviour (Aebi et al., 2015). Furthermore, witnessing domestic violence in childhood is significantly associated with violent behaviour as an adult (Abrahams & Jewkes, 2005). One potential explanation for the above-mentioned associations could be the development of appetitive aggression (Sommer, 2017). Appetitive aggression as a form of aggression is expounded as a key concept of this study.

Aggression is primarily divided into two forms (Fontaine, 2007; McEllistrem, 2004; Meloy, 2006; Weinshenker & Siegel, 2002): Reactive aggression is a defensive survival response against a threat, typically associated with a bodily alarm response

(fight-flight), and thus negative emotions like fear, anger, rage, and hostility. When the threat is subjugated, the negative arousal subsides, and the reactive response will be rewarded as relief from aversive conditions. Instrumental aggression, in contrast, is predatory, proactive, and controlled. Its goal is to achieve a gain, which could be either materialistic or social, like dominance or increased opportunity to reproduce. Instrumental aggression is deliberate and requires planning. The usefulness of this dichotomy has been questioned because aggressive acts are both a defensive response and a goal-directed action (Bushman & Anderson, 2001).

Where aggression is perpetrated just for the enjoyment of an act, it has mostly been viewed as psychopathological and thought to be restricted to individuals with an antisocial personality disorder or psychopaths (Elbert, Moran & Schauer, 2016 in Bushman et al., 2016; Yang & Raine, 2009; Meloy, 2006;). This is referred to as appetitive aggression. Appetitive aggression is defined as violent acts that are appealing, exciting, and fascinating, and is a common phenomenon within populations living in precarious and violent circumstances (Kolbach et al., 2015). Elbert, Weierstall and Schauer (2010) describe appetitive aggression as the violence-related enjoyment a perpetrator experiences through his or her acts of violence or inflicting harm on a victim (Elbert, Weierstall & Schauer, 2010). At a biological level, appetitive aggression is accompanied by a surge in adrenaline, as well as the release of cortisol and endorphins, hormones that have a variety of physiological functions, some of which include pain alleviation and euphoria. Enhanced appetitive aggression has been found to reinforce the cycle of violence. Exposure to contexts in which human beings repeatedly perpetrate acts of violence against one another, such as domestic violence, gang violence, organised crime, or armed conflicts, can increase the likelihood of appetitive aggression (Meyer-Parlapanis & Augsburger, 2018).

Clinical interviews with gang members in townships of South Africa showed very high levels of appetitive aggression (Weierstall et al., 2013; Hinsberger, 2017). Appetitive aggression frequently arises when individuals face conditions of severe violence, as in studies of child soldiers and former combatants from Uganda and the Democratic Republic of the Congo (DRC) (Elbert, Weierstall & Schauer, 2010; Hecker, Hermenau, Mädl, Elbert & Schauer, 2012). In South Africa, gang violence is rife and invariably linked to aggression, peer pressure and survival (Seedat et al., 2009). Under these

adverse circumstances, individuals seem to learn that acting aggressively may be beneficial and even crucial to survival (Crombach & Elbert, 2015; Nell, 2006). Furthermore, aggression-seeking behaviour may represent feelings of control and power (Parkes, 2007). A positive evaluation of cruelty seems to grow in proportion to the number of violent acts (Sommer et al., 2016). The number of different committed violent acts represents the most important predictor of the enjoyment of aggressive acts, comparable to the 'building block' effect for PTSD (Köbach et al., 2015). Thus, trauma exposure and related post-traumatic stress reactions are major consequences of involvement in violent crime.

The possible advantages of an attraction to violence in low-income urban South African communities were investigated by Weierstall et al. (2013) in a sample of 69 male former violent crime offenders. Their research revealed that participants scoring high regarding appetitive aggression exhibited better functioning and expressed fewer concerns about future threats in comparison to adolescents who only exhibited reactive aggression. This study shows that appetitive aggression or attraction to violence, therefore, constrains PTSD in young South African men – therewith not affecting them as such.

Another perspective on the nexus between appetitive aggression and violent crime is Lonnie Athens' theory on the process of "violentization" (Athens & Ulmer, 2013). Athens espouses that a self-experienced violent act ("violent subjugation") in combination with cyclic observation of violent acts ("horrification") results in what Athens calls "brutalization." Later stages of Athens' model describe how a child gradually begins to act more and more violently at first, only when provoked ("defiance"), but if the use of violence is successful, it becomes a preferred method of self-protection ("violent performance") and ultimately a preferred instrument for the resolution of all kinds of problems ("virulency"). In a context of ongoing threat, not hesitating to use violence and the failure to experience subsequent feelings of anxiety or guilt (but instead actually enjoying it) can be an evolutionary advantage, ensuring survival and psychosocial functioning (Athens & Ulmer, 2003). This interplay highlights the complexity of the cycle of violence, in which PTSD and appetitive aggression are integrated, and consequently emphasises the need to consider factors that may

contribute to breaking this cycle. Additionally, it is important to acknowledge further risk factors, which may add to the aggravation of the dynamics within the cycle of violence (Sommer, 2017). The theoretical framework of the study is next discussed.

## **2.3 Theoretical Framework**

The conceptual underpinning of the study uses the cycle of violence theory, formulated, and built from seminal studies of Widom (1989ab), and expanded by Schuck and Widom (2005); Wright and Fagan (2013), Sommer (2017) and Hinsberger (2017).

This dissertation is underpinned by a humanistic, developmental, and critical lens of the cycle of violence. While much regard is acknowledged for victims of crime and violence, this study focuses on young male offenders who are predisposed to violence due to various risk factors. The theoretical and contextual hypotheses of this study is that in violent neighbourhoods, accentuated by socio-economic, political, and cultural dynamics, trauma exposure is central to male victimisation, while substance use disorders (SUDs) and appetitive aggression serve to exacerbate young males' propensity to violent crime.

### **2.3.1 Background**

Various studies in South Africa show evidence that young men are not only perpetrators in the cycle of violence scenario but also victims (Kaminer et al., 2013; Seedat et al., 2009; Norman et al., 2007). Kaminer et al. (2013) questioned 230 Xhosa-speaking adolescents from an urban public high school about their traumatic experiences and found that boys had higher scores than girls for trauma exposure in the community and at home and for witnessing domestic violence. Boys reported significantly higher rates of sexual abuse in their families than girls. Boys are also at a higher risk of poly-victimization (Kaminer et al., 2013). Other studies show the frequency and severity of beatings that children are exposed to at home were greater for boys than for girls (Seedat et al., 2009). Male victimisation, through experience and witnessing of abuse and neglect, is thus rife in the home and communities and forms inter alia the premise of the cycle of violent crime in South Africa (Sommer, 2017).

Multiple factors are discussed in the literature globally and in South Africa, as to why children, adolescents and young adults become involved in a cycle of violence from victimization to perpetration (Ellis et al., 2019; Sommer et al., 2016, Hinsberger, 2017, Seedat et al., 2009; Abrahams & Jewkes, 2005).

The cycle of violence theory provides the contextual and theoretical framework of this study, to understand predictor factors linked to violence. The theory has been extended/ expanded from the seminal work of Widom (1989) and this background is now explained.

### 2.3.2 Theory of Cycle of Violence

The 'cycle of violence' and 'cycle of violent crime' is referred to in this study as the same interrelated construct that serves as the conceptual and theoretical framework of the study. Widom's (1989a) formative cycle of violence theory hypothesises that violent victimization, particularly physical abuse perpetrated by parents or caregivers, increases the likelihood of subsequent violent behaviour among youth (Widom, 1989a). Widom's (1989a&b) theory of violence has been expanded in the literature (by Schuck & Widom, 2005; Wright & Fagan, 2013; Sommer, 2017; Hinsberger, 2017) to other risk factors of violent crime - which frames the theoretical framework used in this study. Although Widom (1989b) was not the first scholar to study the effect of victimization on future offending, her study was among the first to gather systematic longitudinal data on the subject and to empirically measure the effect of early life experiences on adult behavioural outcomes (Maxfield & Widom, 1996; Widom & Maxfield, 2001). Widom's (1989a) seminal work on the cycle of violence theory draws from childhood victimisation from multidisciplinary disciplines, including psychology, sociology, psychiatry, social work, and health. The framework of the theory is depicted in Figure 2.2 below.



Figure 2.2: Widom's (1989a) Theory of Violence

Widom's (1989a) study used a large sample of validated cases of child abuse and neglect records from 20 years previous, to establish a matched control group of non-abused children, to determine the extent to which these individuals and the matched control group subsequently engaged in delinquent and adult criminal and violent criminal behaviour. The study findings indicate that abused and neglected children have a significantly greater risk of becoming delinquents, criminals, and violent criminals. The main conclusion inferred from the study is that early childhood victimization has demonstrable long-term consequences for delinquency, adult criminality, and violent criminal behaviour. These findings do not show, however, that every abused or neglected child will become a delinquent, criminal, or violent criminal. Accordingly, Widom (1989a) states that "[t]he linkage between childhood victimization and later antisocial and violent behaviour remains uncertain, and the intergenerational transmission of violence is not inevitable" (Widom, 1989a:164). Widom's (1989a) work helped shape the way researchers studied the developmental consequences of early victimization experiences.

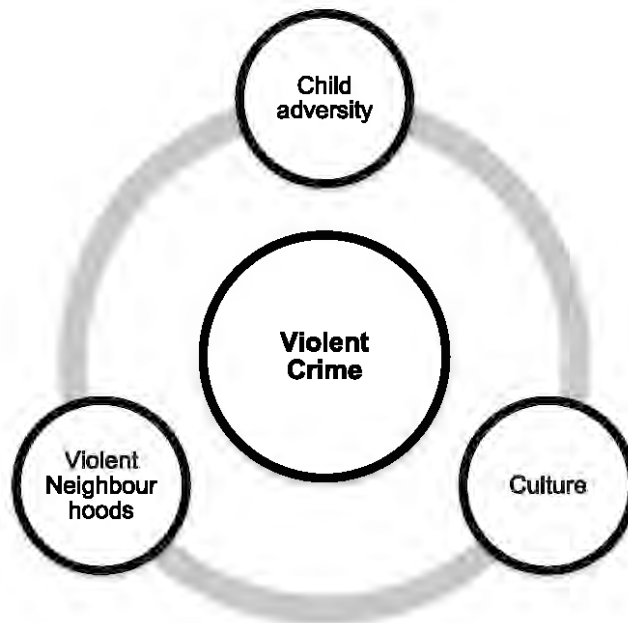
The use of longitudinal data and rigorous analytic techniques provided a blueprint for how research on child maltreatment and subsequent violent offending should be conducted. Moreover, much of the current literature surrounding the criminogenic effects of child maltreatment on behavioural problems in adulthood has been developed through the framework outlined in Widom's (1989a) work (Wright & Fagan, 2013). Her research on the intergenerational transmission of violence, alongside other scholars, foreshadowed the criminological life-course perspective that would emerge as a major area of research only a few years later (Moffitt, 1993). Widom's (1989a) work has also been influential in criminal justice policy circles, and the findings from her study gave even more scientific validity to various social movements that helped pave the way for federal, state, and local agencies to develop policies to address child maltreatment (Widom & Maxfield, 2001).

Even though some longitudinal studies have supported the cycle of violence (Mersky & Reynolds, 2007; Smith & Thornberry, 2005), not all empirical research has conclusively established significant and/or substantial relationships between child physical abuse and subsequent violence (Derzon, 2010; Zingraff, Leiter, Myers,

Johnsen, 1993), and some children seem to be resilient to the negative effects of abuse (Du Mont, Widom & Czaja, 2007). These results suggest that other facets of youths' lives may moderate the impact of child abuse on later violence.

Schuck and Widom (2005) found that the effect of maltreatment (primarily neglect) on adult offending was amplified in more disadvantaged neighbourhoods. In the broader literature, examining neighbourhood moderation on a variety of individual-level relationships, some studies also have indicated that disadvantage makes bad situations worse (Beaver et al., 2012; Schuck & Widom, 2005). Within the cycle of violence theory, violent environments are contextual to various risk factors that impact the propensity of young males to act and behave violently (Schuck & Widom, 2005). The theory has been further extended in a South African context (Sommer et al., 2016; Kaminer et al., 2013; Seedat et al., 2009).

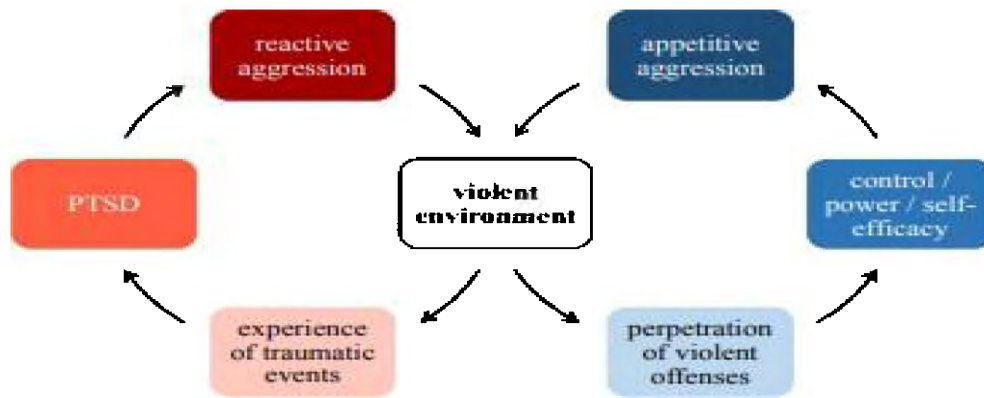
Wright and Fagan (2013) extended the Cycle of Violence Theory to include a contextual basis of the theory that includes neighbourhood conditions of disadvantage and cultural norms (Wright & Fagan, 2013). The study used longitudinal data from 1,372 youth living in 79 neighbourhoods who participated in the Project on Human Development in Chicago Neighbourhoods (PHDCN) – to explore the degree to which neighbourhood disadvantage and cultural norms attenuate or strengthen the abuse–violence relationship. The results indicate that the effect of child physical abuse on violence was weaker in more disadvantaged communities. Neighbourhood cultural norms regarding tolerance for youth delinquency and fighting among family and friends did not moderate the child abuse–violence relationship, but each had a direct effect on violence, such that residents in neighbourhoods more tolerant of delinquency and fighting increased the propensity for violence. These results suggest that the cycle of violence may be contextualized by neighbourhood structural and cultural conditions (Wright & Fagan, 2013). This expanded version of Widom's (1989a) Cycle of Violence Theory is shown in Figure 2.3 below.



**Figure 2.3: Cycle of Violence: violent environment and culture (Wright & Fagan, 2013)**

Sommer et al. (2016) studied a non-random sample of 423 young adults at-risk with the law in South Africa. The study tested the interplay between historical exposure to trauma, substance use disorders and appetitive aggression and its risk to crime amongst the selected sample of former offenders of crime. Sommer et al. (2016) found exposure to traumatic events is positively related to drug abuse prior to violent behaviour. One explanation for this was that youth from adverse environments often seek protection in gangs (Kerig, Chaplo, Bennett & Modrowski, 2016), groups in which drug abuse is integrated into everyday activities (Aldridge & Medina, 2008). Cumulative exposure to traumatic stressors has a positive relationship with the number of different traumatic events in line with previous research (Köbach et al., 2015; Neuner et al., 2004; Wilker et al., 2015). Moreover, appetitive aggression and the level of perpetrated violence seem to increase with a higher number of traumatic experiences, an effect that has also been reported in previous studies (Hecker et al., 2012; Weierstall et al., 2012).

The expanded version of the cycle of violence theory by Sommer et al., 2016 is depicted in Figure 2.4 below.



**Figure 2.4: Schematic illustration of the cycle of violence (Sommer, 2017)**

Violence exposure is predominantly hypothesized to be the cause of higher appetitive aggression (Elbert et al., 2010; Schaal, Heim & Elbert, 2014). However, the likelihood of being victimized through different kinds of traumatic experiences may yet again be enhanced with higher appetitive aggression: The desire and fascination to engage in violent acts increase risk-taking behaviour. This relates to a person 'high' in appetitive aggression stops caring about whether he/she could be harmed or even killed when fighting (Weierstall & Elbert, 2011), which in turn is associated with a higher probability of victimization (Fetchenhauer & Rohde, 2002). Experiencing potential traumatic events, such as getting stabbed when rival gangs take revenge (Scarpa & Haden, 2006), or being victimized by mob justice, (an informal mechanism of community justice marked by extreme brutality towards the offender (Monaghan, 2008), becomes more likely alongside a rising motivation to perpetrate violence (Begle et al., 2011).

The perpetuation of a violent act can, however, also be traumatic for the perpetrator, referred to as perpetration-induced traumatic stress (PITS), which has been shown to mediate the positive relationship between gang membership and post-traumatic stress disorder (PTSD) (Chaplo & Kerig, 2013; Kerig et al., 2016). This development is less likely, if the perpetrator experiences the violent act as appetitive (Bovin & Marx, 2011; Köbach et al., 2015), for example when feelings of helplessness due to victimization are overcome by acting violently and a feeling of effectiveness and control is re-established instead (Crombach & Elbert, 2014). In this instance, control becomes a mechanism to thwart feelings of helplessness, as aggression takes over - to the extent

of enjoyment.

Thus, both trauma exposure, as well as subsequent posttraumatic stress reactions, are major consequences of involvement in gangs. Additionally, these two factors must be considered as predictors / risk factors for involvement within violent gangs due to the vulnerability to recruitment (Kerig, Chaplo, Bennett & Modrowski, 2016). This interplay highlights the complexity of the cycle of violence, in which PTSD and appetitive aggression are integrated, and consequently emphasizes the need to consider factors that may contribute to breaking this cycle. Furthermore, it is important to acknowledge further risk factors, which may add to the aggravation of the dynamics within the cycle of violence, such as substance use disorders, which are next explained.

### **2.3.3 Substance Use Disorders**

While suffering from severe mental illness on its own is a risk factor for violence perpetration, this risk is exacerbated further when individuals present with comorbid substance use disorders (Van Dorn, Volavka & Johnson, 2012). This is often the case, as being exposed to severe forms of interpersonal trauma and community violence not only predicts heightened antisocial behaviour but also heightened substance use disorders (SUDs) - which refer to socially problematic, excessive consumption of intoxicating substances, like alcohol and other drugs (Doweiko, 2015; Kerig et al., 2012; Waller, et al., 2014).

Different forms of high-risk behaviours, such as SUDs and delinquency, are closely linked, especially in the context of gang activity (Begle et al., 2011). SUDs are also connected to the increased perpetration of violence (Carlson, Shafer & Duffee, 2010; Kerig, Chaplo, Bennett & Modrowski, 2016). For example, withdrawal symptoms from SUDs can heighten the risk of violent behaviour towards individuals or the community (Setälä et al., 2010).

The cycle of violence (Sommer, 2017) including substance abuse (substance use disorders) is shown in Figure 2.5 below.

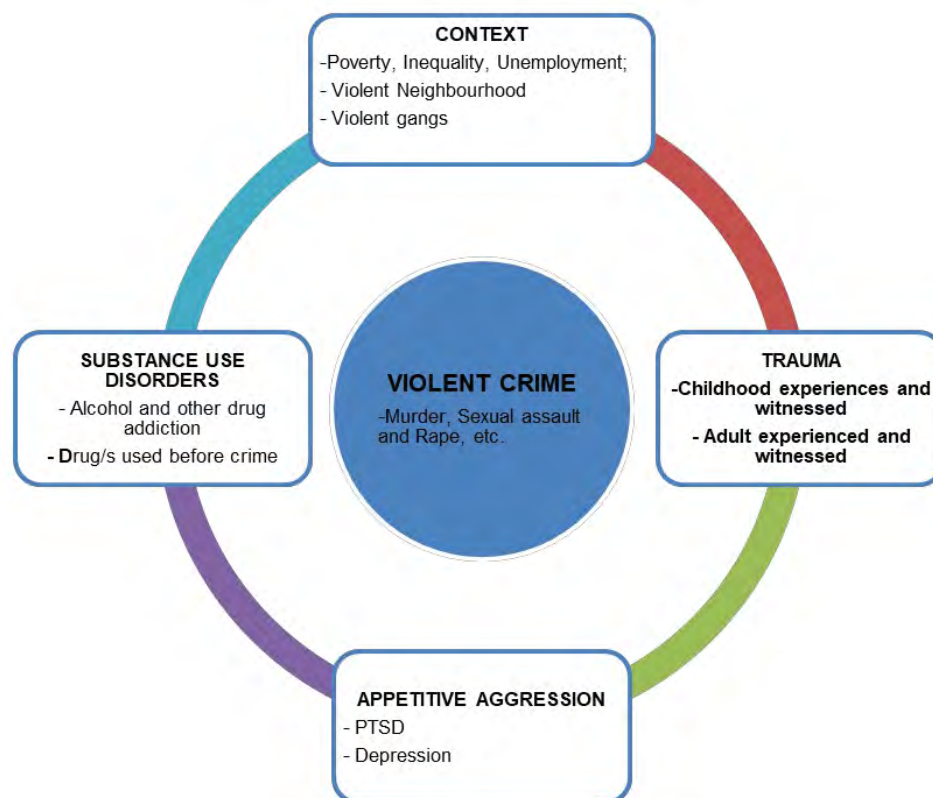


**Figure 2.5: Schematic illustration of the hypothesized impact of substance abuse on the cycle of violence. Note. Bold arrows indicate a hypothesized aggravating effect (Sommer, 2017)**

Furthermore, drugs seem to be not only associated with crime in general but also with the specific type and severity of aggressive acts (Chermack & Blow, 2002; Hecker & Haer, 2015): Interpersonal violence in comparison to general theft is more often perpetrated when under the influence of alcohol or drugs (White et al., 2002). In males, alcohol-related interpersonal violence accounted for 43% of disability-adjusted life years (DALY) (Plüddemann, Parry, Donson & Sukhai, 2004) - which refers to the loss of expected life years under ideal living conditions, in 2000, in South Africa. Alcohol misuse rates are heightened over weekends (Parry, 2005), especially in younger males, and co-occur with an elevated number of intentional injuries in these periods (SAPS, 2019). Besides alcohol, methamphetamine (Tik) use is of particular concern, as its consumption has risen drastically in South Africa since 2002 (Dada et al., 2011). High levels of methamphetamine use are seen in Cape Town, where the increase in treatment admissions from 2004 onwards is the fastest ever registered for a specific substance in South Africa (Plüddemann, Myers & Parry, 2008). Methamphetamine use is of special concern in low-income urban areas with high rates of violence, as it is

related to further elevated levels of aggression and crime (Plüddemann, Myers & Parry, 2008; Sommer et al., 2016). Trauma, alcohol and other drugs, and appetitive aggression, therefore, makes a bad situation worse when its outcome is violent crime.

This study's theoretical framework of the interplay between trauma, SUDs and appetitive aggression and its link to violent crime in South Africa is presented in the schematic illustration in the Figure 2.6. The figure encapsulates the context, trauma, appetitive aggression and SUDs as predisposing factors or factors that perpetuate violent crime or the cycle of violence.



**Figure 2.6: Schematic illustration of the hypothesized interplay between trauma, substance use disorders (SUDs) and appetitive aggression and its links to violent crime.**

The legislative and policy framework of the study is next discussed.

## **2.4. Legislative Framework**

The legislative framework of crime prevention that includes reducing the factors that predispose young males to a cycle of violent crime includes various international and national prescripts. These prescripts are focussed on reducing violence against children and young male adults in the home, schools, and community to combat the cycle of violence and violent crime. Some international prescripts are first described, followed by most salient regional and national laws and policies.

### **2.4.1. International Prescripts**

#### **2.4.1.1. The UN's Sustainable Development Goals (SDGs)**

The 2030 Agenda for Sustainable Development, with its 17 Sustainable Development Goals (SDGs), was agreed upon by nation-states on 25 September 2015 as a plan of action for people, the planet and for prosperity which pledges “to leave no one behind” (UNDP, 2015).

The SDGs have moved beyond the previous focus on social and economic priorities, to a broader agenda that is universal in its coverage. In particular, the 2030 Agenda for Sustainable Development affirms explicitly that “there can be no sustainable development without peace and no peace without sustainable development”. It draws together the strands of peace, the rule of law, human rights, development, and equality into a comprehensive and forward-looking framework. Reducing conflict, crime, violence, and discrimination, and ensuring inclusion and good governance, are key elements of people’s well-being and essential for securing sustainable development. The UN recognizes that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development. All countries and all stakeholders, acting in collaborative partnership, will implement this plan (UNDP, 2015; UNODC, 2019a). The goal of sustainable development is thus intrinsically linked to simultaneously eradicating poverty and reducing crime and violence.

#### **2.4.1.2. The Economic and Social Council of the United Nations**

The Economic and Social Council of the United Nations provided guidelines for the prevention of crime in partner states that include the following:

- Promote the well-being of people and encourage pro-social behaviour through social, economic, health and educational measures, with a particular emphasis on children and youth, and focus on the risk and protective factors associated with crime and victimization (prevention through social development or social crime prevention);
- Change the conditions in neighbourhoods that influence offending, victimization and the insecurity that results from crime by building on the initiatives, expertise and commitment of community members (locally based crime prevention);
- Prevent the occurrence of crimes by reducing opportunities, increasing risks of being apprehended and minimizing benefits, including through environmental design, and by aiding and providing information to potential and actual victims (situational crime prevention); and
- Prevent recidivism by assisting in the social reintegration of offenders and other preventive mechanisms (reintegration programmes) (UN, 2013).

These prescripts are premised on the notion that crime prevention offers opportunities for a humane and more cost-effective approach to the problems of crime. Furthermore, it is the responsibility of all levels of government to create, maintain and promote a context within which relevant governmental institutions and all segments of civil society, including the corporate sector, can better play their part in preventing crime. This alludes to the “whole of society” approach to violent crime prevention espoused in this thesis.

#### **2.4.1.3. Global Campaign for Violence Prevention (GCVP)**

In 2004, the WHO hosted a meeting under the banner of “Milestones of a global campaign for violence prevention”, or “Milestones” for short. The Milestones meeting reviewed the progress made in the first year following the 2002 launch of the WHO’s World Report on Violence and Health and looked to forthcoming plans of activities to

be undertaken as part of the GCVP. This included initiatives to advocate for violence prevention, develop technical guidance, provide support for work in different countries and encourage donors to increase their investments in the prevention of violence (WHO, 2004). Donors play a key role in ensuring that violence prevention plans are resourced, and this campaign again emphasises a “whole of society” approach to reducing violent crime in countries.

#### **2.4.2. Regional and Sub-Regional Commitments**

Regional and sub-regional prescripts to combat violence against children and women include the African Charter on the Rights and Welfare of the Child; African Union Youth Charter; African Union (AU) Agenda 2063; African Commission on Human and People’s Rights Guidelines on Combating Sexual Violence and its Consequences in Africa; and Southern African Development Community (SADC) Regional Strategy and Framework of Action for Addressing Gender-Based Violence 2018 – 2030.

The next section elaborates on national legislation and policy prescripts governing violent crime prevention in South Africa.

#### **2.4.3. National Prescripts**

##### **2.4.3.1. Constitution of South Africa (Act 108 of 1996)**

Section 12(1) of the Constitution states that everyone has the right to freedom and security, including the right to be free from all forms of violence, and not to be tortured, treated, or punished in a cruel, inhuman, or degrading way. Section 28(1)(d) protects every child from maltreatment, neglect, abuse, or degradation (RSA, 1996a)

##### **2.4.3.2. National Development Plan (NDP) Vision 2030**

The NDP 2030 proposes an integrated approach to resolving the root causes of crime that involves an active citizenry and inter-related responsibilities and co-ordinated service delivery from state and non-state actors (NPC, 2012). Chapter one<sup>2</sup> of the NDP identifies ‘Building Safer Communities’ as an apex priority. To achieve this vision, the NDP recognises the need to have a well-functioning criminal justice system

involving key role-players, including the police, prosecuting authority, the judiciary as well as the correctional services system. Accordingly, the NDP identifies six key priorities for achieving a crime-free South Africa. This includes Strengthening the criminal justice system; Professionalising the police service; Demilitarising the police service; Increasing the rehabilitation of prisoners and reducing recidivism; Building safety using an integrated approach; Increasing community participation in safety.

In addition to creating an effective, responsive, and professional criminal justice system, the NDP motivates an integrated approach to building safer communities that recognises the root causes of crime and responds to its social and economic factors. In this regard, the NDP places significant emphasis on the role of local government in understanding the safety needs of individual communities and integrating safety and security priorities into their development plans, which include integrated development plans (IDPs) (NPC, 2012).

#### **2.4.3.3. National Crime Prevention Strategy (1996)**

The National Crime Prevention Strategy (1996) is the primary policy on crime prevention and provides guidelines for how communities (society) and government should work together to 'fight crime' (RSA, 1996b). The NCPS is founded upon four pillars which co-ordination and integration activities relating to crime prevention must take place: (i) criminal justice process; (ii) reduction of crime through environmental design; (iii) public values and education; and (iv) trans-national crime (RSA, 1996b).

#### **2.4.3.4. White Paper on Safety and Security (2016)**

The 2016 White Paper on Safety and Security is an overarching framework that has built on the earlier 1998-2004 White Paper on Safety and Security. This policy focuses on the simultaneous process of crime prevention and building safer communities in South Africa. In so doing, the policy outlines three main aims. Firstly, it aims to reduce multilevel risk factors such as poverty, unemployment, and inequality. Secondly, it aims to build resilience at the individual, familial and community levels. Thirdly, the policy aims to implement various protective measures and promote structural and environmental changes to build safer communities. Based on these aims, the 2016

White Paper on Safety and Security proposed a comprehensive list of initiatives and how they work together in the context of homes, schools, communities, and the criminal justice sector – see Table 2.2 below (SAPS, 2016).

The vision of the White Paper on Safety and Security (RSA, 2016) includes that: by 2030, South Africa will be a society in which all people: Live in safe environments; Play a role in creating and maintaining a safe environment; Feel and are safe from crime and violence and conditions that contribute to it; and Have equal access and recourse to high-quality services when affected by crime and violence.

#### **2.4.3.5. Children’s Act 38 of 2005**

The Children’s Act 38 of 2005 relates to child protection in South Africa. It is responsible for protecting and upholding the rights of South African children as per the South African Constitution (RSA, 1996). Sections 28(1)(b), 28(1)(c) and 28(1)(d) state that every child has the right to family, parental and or appropriate alternative care. Additionally, it states that every child has the right to basic nutrition, shelter, healthcare, and social services and that every child has the right to be protected from maltreatment neglect, abuse, and degradation. Chapters 6, 7, 8, 9 and 11 of the Children’s Act are dedicated to child protection and the violation of such rights. These chapters outline national norms and standards for child protection, set quality assurance measures for child protection organizations, outline the National Child Protection Register, set protective measures relating to the health of children, specify duties of supervising adults in child-headed households, and lastly, stipulates what needs to be done for children in need of care and protection in South Africa (RSA, 2005).

#### **2.4.3.6. Child Justice Act 75 of 2008**

South Africa ratified the United Nations Convention on the Rights of the Child in 1995. To comply with the obligations as a State Party to the United Nations Convention on the Rights of the Child, South Africa enacted the Child Justice Act, 2008 (Act 75 of 2008) which came into operation on 1 April 2010. Prior to the implementation of the Child Justice Act, of 2008 the issue of the criminal capacity of children was governed by two common law presumptions. The Child Justice Act, of 2008 increased the

minimum age of criminal capacity of children from 7 years to 10 years. It retained the presumption that children 10 years or older but under the age of 14 years did not have criminal capacity and therefore if such a child was to be prosecuted, the prosecution had to prove that the accused had the required criminal capacity at the time of committing the offence (RSA, 2008).

The Child Justice Act (No 75 of 2008) was amended in 2022 to raise the minimum age of criminal capacity to 12 years old. Therefore, children below the minimum age of criminal capacity of 12 years may no longer be arrested/ charged by the South African Police and may also not be prosecuted for the commission of a criminal offence. Such children, who may have committed crimes must be dealt with outside of the criminal justice system by social workers who may refer the child to a children's court for their directions. Children aged 12 years or older but below 14 years are still presumed not to have criminal capacity and the State must prove their criminal capacity beyond a reasonable doubt in a child justice court. This means that children in the age group may be charged/ arrested by the South African Police Service if they commit a criminal offence, but the State must prove that they had the capacity to appreciate the difference between right and wrong and the capacity to act in accordance with this appreciation at the time of the commission of the offence (DOJCS, 2022).

#### **2.4.3.7. Early Childhood Development Policy (2015)**

The Early Childhood Development (ECD) Policy prioritises the needs of children through a comprehensive and equally accessible ECD system. Of relevance is the acknowledgement of risks at the individual, relationship, community and microstructural levels, and the need to support early interventions to prevent the cyclical nature of crime and violence (DSD, 2012).

#### **2.4.3.8. White Paper on Families (2012)**

The White Paper on Families (RSA, 2012) is important for protecting children from neglect and abuse and its focus is on: (i) enhancing the socialising, caring, nurturing and supporting capabilities of families to enable members to contribute effectively to the overall development of the country; (ii) empowering families by enabling them to

identify, negotiate, and maximize economic opportunities in the country and (iii) improving the capacities of families to establish social interactions, and make a meaningful contribution towards a sense of community, social cohesion and national solidarity (DSD, 2012).

#### **2.4.3.9. Legislation on Alcohol and other Drug Use Disorders**

National legislation and policies for substance abuse are guided by the National Development Plan (NPC, 2012) led by the Presidency as well as the Prevention of and Treatment for Substance Abuse Act No. 70 of 2008 (RSA, 2008b) and the National Drug Master Plan (NDMP) that is led by the Department of Social Development. The Central Drug Authority (CDA), which replaced the Drug Advisory Board in 2007, was mandated through the Prevention of and Treatment for Substance Abuse Act (No 70 of 2008) to: “implement holistic and cost-effective strategies to reduce the supply and consumption of drugs and to limit the harm associated with substance use, abuse, and dependency in South Africa (CDA, 2019).

### **2.5. Programmes to Break the Cycle of Violent Crime**

The initial part of this chapter provides literature aimed at understanding the context and interplay between trauma, substance use disorders and appetitive aggression and violent crime. The literature highlights adverse childhood adversity as a prime risk factor for violent crime. Moreover, SUDs, appetitive aggression and other risk factors coalesce with contextual risk factors that perpetuate a cycle of violent crime in South Africa (Sommer et al., 2016; Hinsberger, 2017; Sommer, 2017; Sen, 2008).

This section will discuss programmes to break the cycle of violent crime in South Africa, based on the literature review. Firstly, a proposed model/blueprint to break the cycle of violent crime is presented, and then programmes are discussed.

#### **2.5.1. A Blueprint to Break the Cycle of Crime in South Africa**

The proposed blueprint model to break the cycle of violent crime in South Africa is based on an extended theoretical framework of Widom’s (1989a) cycle of violence theory. Widom’s (1989a) cycle of violence theory was extended by Schuck and Widom

(2005), Wright and Fagan (2013), Sommer (2017), and Hinsberger (2017). This “extended theory of the cycle of violent crime” espouses that within violent environments, young males are predisposed to violent crime exacerbated by an interplay between trauma, SUDs, and appetitive aggression. Moreover, structural contextual risk factors prevail that perpetuate a cycle of violent crime in South Africa. Programmes to break the cycle of violent crime in South Africa must consider the interplay between these multitudes of factors.

#### **2.5.1.1. Objectives of the Blueprint**

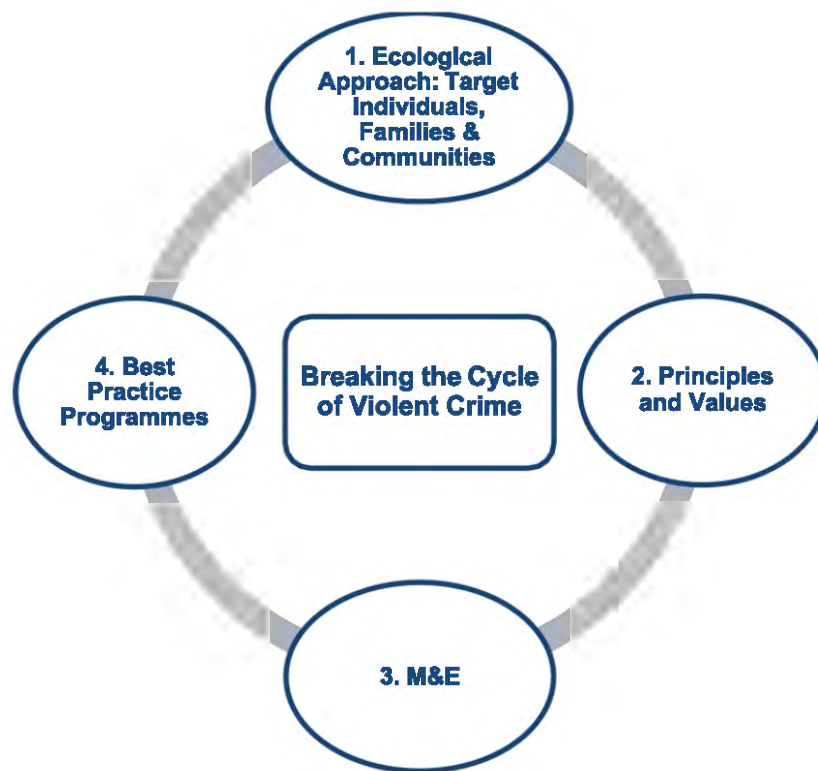
Key objectives of the blueprint include to:

Include programmes that are evidence-based and primarily feature behaviour change interventions with targeted individuals, families and communities - in schools, social clubs, faith-based and community structures, and institutions.

Integrate violence prevention into substance abuse and mental health interventions. Restore human dignity, and build caring and safe communities that are responsive to individual and collective trauma.

Establish partnerships between research institutions, government, academia, non-government organisations (NGOs), activists, and communities that facilitate and enhance complementarities in their roles and responsibilities within research and developmental processes.

Invariably, the objective to break the cycle of violent crime should: Firstly, focus on reducing the related harms of violent crime and related risk factors in an ecological framework. This should be a targeted approach for individuals, families, and communities who are predisposed to or at risk of violent crime. Secondly, harm reduction, prevention and treatment programmes must be identified to deal with contextual factors, trauma, aggression, and SUDs. Thirdly, principles that underscore initiatives must be holistic, integrated, and coordinated through a ‘whole of society’ approach. Fourthly, programmes must have inherent monitoring and evaluation mechanisms to review what works and what doesn’t work. The blueprint model is depicted in Figure 2.8 and expounded below.



**Figure 2.7: Proposed Model to Break the Cycle of Violent Crime**

### **2.5.1.2. An Ecological Approach**

The blueprint model espouses an ecological approach, foremostly proposed by Bronfenbrenner (1979) and utilised by international, national, and provincial government departments (the WHO, UNODC and Government Departments of Safety and Security, Health, etc.). This framework emphasises a targeted approach for the provision of effective and efficient services and programmes that focus on people who are most affected and in need thereof. This includes individuals, families, and communities – who are directly and indirectly affected by violent crime.

The male victimisation and violent offender dichotomy are important to understand for identifying initiatives to break the cycle of violent crime. Various studies in South Africa show evidence that young men are not only perpetrators in the cycle of violence scenario but also victims (Kaminer, du Plessis, Hardy & Benjamin, 2013; Ward, Van der Merwe, & Dawes, 2012; Seedat et al., 2009; Norman, Matzopoulos, Groenewald, & Bradshaw, 2007). Programmes should be targeted at male children, youth and

young adults in poor areas who are at risk of becoming victims and offenders of violent crime - at school, early childhood development (ECD) centres, tertiary institutions, youth clubs, etc. and those who are in institutions - Child and Youth Care Centres, Correctional Centres, Drug Rehabilitation Centres, etc.

### **2.5.1.3. Principles and Values**

Important principles and values that must underpin programmes to break the cycle of violent crime include inter alia the following:

Effective violence prevention interventions must be culturally relevant and responsive to the context in which they are delivered. Programmes cannot be 'one size fits all' because people's and communities' value systems differ.

Violence prevention needs to be trauma informed. This resonates with the broad literature and studies' findings that show a need to deal with child and young adult trauma/s experienced and witnessed at home, in institutions (schools, child and youth care centres, correctional centres, etc.), and communities.

Due to South Africa's history of violence, effective violence prevention requires measures to holistically reduce harm caused by exposure to violence in childhood, in communities and in adult relationships. Interventions must address multiple riskfactors through multilevel interventions.

The Global Campaign for Violence Prevention (GCVP) in 2004, called for a 'whole of society approach' to deal with violent crime and related health issues (WHO, 2004). The 'whole of society' includes government, non-government organisations (NGOs), civil society (tertiary institutions, advocacy groups, etc.), faith-based organisations, community-based organisations, and the private sector.

Government [public sector departments, including the Departments of Social Development (DSD), Basic Education (DBE), Higher Education (DHE), Health (DOH), Women [Children, Youth and People with Disabilities] (DWCYPWD), Justice and Constitutional Development [Correctional Services], and the South African Police Service (SAPS)] should aim to establish enabling policy and service provision to environments, and address policy fragmentation and structural determinants of

violence.

Government departments should work in collaboration with community-based organisations (non-profit organisations, faith-based organisations, etc.) based on trust, to support sustainable violence prevention.

Programmes must focus on dealing with problematic attitudes and behaviours, particularly among males, as well as educating youth about sexism, gender-based violence and non-violent relationship skills. These programmes could be implemented in community-based institutions such as youth centres, religious institutions, and youth clubs as well as in schools, correctional centres, and child and youth care centres (Amisi, 2019). Use parenting and early childhood development (ECD) programmes to build non-violent approaches to parenting.

#### **2.5.1.4. Monitoring and Evaluation (M&E) Framework**

While monitoring is a systematic process carried out throughout the project once every three or six months, or even monthly; evaluations are performed during, at the end of or at a certain point after the end of a project. Internal or external evaluations analyse the relevance, efficiency, effectiveness, impact, and sustainability of a project (Saferpaces, 2023).

M&E is part of the implementation of the project – to break the cycle of violent crime and needs to be considered in the planning of activities (activity plan) as well as in the planning of resources (budget).

The M&E process analyses which activity (or intervention) or group of activities lead to an observed behaviour change in targeted actors (individuals, families, communities, and institutions). The behaviour is the outcome which is further analysed according to its impact on actors and broader society. The impact could be positive and/or negative and provides important information to researchers, project managers, funders, and stakeholders on the efficacy of the intervention/s. Sustainability refers to the ongoing progress of the project. Funding is invariably retracted at some point by Funders that could end the project. It is therefore important to pre-empt this through

good planning and make necessary changes to the stakeholder and role-player obligations at an opportune time.

From the inception of the project, baseline data should be gathered which refers to the indicator/s to be measured. For each indicator, a baseline value is needed, which describes the situation regarding this specific indicator at the beginning of a project. Against the baseline, changes are measured. Baseline data thus describes the situation which will be changed. Indicators are essential elements of M&E. They describe changes envisioned for the future. Indicators are either quantitative (in numbers), qualitative (in words) or proxy (something tacit and measurable that closely describes an abstract outcome). Most importantly, indicators should be based on principles of being SMART – specific, measurable, achievable, relevant, as well as time-bound.

The M&E system should be designed in a way that is not too complex, time-consuming and costly to implement. There should be a good balance between the time and resources invested and the information provided. The M&E framework to break the cycle of violent crime provides for a participatory approach, underpinned by principles of accountability, integrity, ethical research, and oversight (Saferspaces, 2023).

Local people are experts in their local context. In a participatory M&E process, community members become active planners, decision-makers, and actors. Instead of 'recipients of services' they become 'agents of change'. When working with a participatory M&E approach, the following factors might influence the process and the results:

Existing power relations in a community and between community and external actors need to be considered. A careful, balanced selection of stakeholders will help to neutralise some of the power imbalances that occur when provincial departments, national departments, municipalities, donors, private sector stakeholders and non-profit organisation (NPO) sector stakeholders are involved. In relation to the community, action should be taken to ensure 'local elites' do not dominate the voices of the more marginalised and that the voices of young people, women and children are heard.

Experienced facilitation is needed for the design of the M&E process and the formulation of indicators using participatory means.

There is no one best way to do M&E. The decision about which M&E approach depends on the priorities, the objectives to be achieved, as well as the financial resources available (Saferspaces, 2023).

### 2.5.2. Programmes of Best Practice

Programmes to break the cycle of violent crime in South Africa refer to all programmes that prevent violent behaviour as well as programmes that reduce the harms caused by violent crime as well as related risk factors.

The White Paper on Safety and Security (RSA, 2016) proposed various initiatives to reduce the impact of violence, especially against children - see Table 2.2 below. These interventions were noted to be ‘working’ and ‘promising’ in four areas, namely: the home – with families; schools; in the community – which involved public and places of work; and within/by the criminal justice system – which includes the police as well as with institutions and individuals working within the criminal justice system (police stations, correctional centres, child and youth care centres, etc.). These initiatives were based on best practice models of interventions in the United States (SAPS, 2016) and are shown in Table 2.2 below.

**Table 2.2: What works in preventing Crime and Violence**

<b>Initiatives</b>	<b>How they work</b>
<b>At Home</b>	
Home visitation programmes for 0–2-year-olds by nurses or trained professionals	Reduce child abuse
Preschool and weekly home visits by teachers to children under 5	Reduce arrests up to age 19 years
Family therapy and parent training about delinquent and at-risk pre-teens	Reduce risk factors for delinquency such as aggression and hyperactivity
Skill training such as stress management, problem-solving, self-control, and emotional intelligence	Reduce delinquency, and substance abuse or conduct problems
<b>In the Community</b>	

Ex-offender job training	Reduces repeat offending (recidivism)
Threatening civil action against landlords for not addressing drug problems on the premises	Reduces drug dealing and crime in privately owned rental housing
Gang offender monitoring by community workers and probation and police officers	Reduce gang violence
Community-based mentoring	Reduces drug abuse
Community-based afterschool recreation programmes	Reduce youth crime in the areas immediately around the recreation centre
Prison-based vocational education programmes for adult inmates	Reduce post-release repeat offending
Street closures, barricades, and rerouting	Reduces several types of crime, including violent crime
Tighter control over firearms	Reduces violence
<b>By the Criminal Justice</b>	
Extra police patrols in high crime hot spots	Reduces crime in those places
Rehabilitation programmes for adult and youth offenders using treatments appropriate to their risk factors	Reduces their repeat offending rates
Drug treatment in prison in therapeutic community programmes	Reduces repeat offending after release from prison
Policing with greater respect for offenders	Reduces repeat offending and increases respect for the law and police
Intensive supervision and aftercare of youth at risk with the law	Reduces future offending by youth
Fines for criminal acts in combination with other penalties such as community programmes	Produce lower rates of repeat offending

**Source: SAPS (2016)**

### **2.5.2.1. Harm Reduction of Substance use Disorders**

Substance use disorders in South Africa are a long-standing and devastating issue that continues unabated. The implementation of the National Drug Master Plan (2019-2024) requires a multi-sectoral, multi-disciplinary and ‘whole of society’ approach to reducing the harms caused by substance abuse as it relates to trauma, mental health, and violent crime (CDA, 2019; Whiting, 2014).

According to the United Nations Office on Drugs and Crime (UNODC) “harm reduction” comprises both prevention and treatment and reducing the adverse health and social consequences of drug use (UNODC, 2003). In the 2019 Ministerial Declaration UN Member States reiterated their resolve, in the framework of existing policy documents, inter alia, to [...] strengthen effective, comprehensive, scientific evidence-based

demand reduction initiatives covering prevention, early intervention, treatment, care, recovery, rehabilitation and social reintegration measures on a non-discriminatory basis, as well as, in accordance with national legislation, initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse (UNODC, 2019b).

The UNODC has a specialised programme on preventing illicit drug use and treating 'drug use disorders' for children and adolescents. The purpose of this programme is to promote a worldwide, coordinated response of public institutions and NGOs for children and adolescents at risk and/or those negatively affected by drug use dependence, to prevent drug use, treat drug dependence, and facilitate the re-entry and integration of youths and their families back into society.

The project's main strategy consists of a large-scale mobilization, including the involvement of civil society, academics, media, and high-ranking personalities; to call for immediate action to improve the living conditions of children worldwide, reduce the risks of developing 'drug use disorders' and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Furthermore, the project aims at implementing evidence-based drug prevention, treatment and social reintegration projects among children and adolescents in project countries (UNODC, 2019b).

South Africa's key policy to reduce the related harms caused by substance use is the National Drug Master Plan (2019-2024). The NDMP is predicated on programmes to reduce the supply, demand, and related harms of substance abuse. Early intervention, prevention, treatment, and aftercare programmes are primarily focused on the most vulnerable children, youth, adults, women, older persons, and people with disabilities (CDA, 2019). The Plan resonates with the call of the Sustainable Development Goals (SDGs) "to not leave anyone behind" and therefore include at-risk groups, like young males in conflict with the law and people that cannot successfully overcome their problem of addiction without specialised treatment services (CDA, 2019). The primary tenets of SUD programmes must acknowledge people's human rights to be treated with respect and dignity and prevent issues that delimit access to treatment. These include inter alia combating stigmatisation and ensuring that people who cannot afford

private treatment services have access to effective public treatment services.

### **2.5.2.2. Harm Reduction of Trauma and Aggressive Behaviour**

To break the cycle of violence and overcome the victim-offender dichotomy (Hecker, Hermenau, Crombach & Elbert, 2015) it is necessary to ensure the appropriate supply of trauma and aggression treatment (Hinsberger, 2017). Various studies on early intervention and treatment (Hinsberger, 2017; Kolbach et al., 2015) show promising results globally and in South Africa.

The forensic offender rehabilitation narrative exposure therapy (FORNET) treatment programme to reduce PTSD symptoms in violent criminal offenders was tested globally and in South Africa (Hinsberger, 2017). FORNET aims to mitigate the psychological consequences of chronic trauma exposure (such as intrusions, hyper-vigilance, and avoidance) as well as to reduce violent and criminal behaviour through ending feelings of reward upon committing violence. Repeat perpetrators rarely experience or express feelings of guilt, shame, or pity for their victims, but such feelings are often still found to be associated with their first committed events (Hinsberger, 2017).

Cognitive behaviour therapy (CBT) is a system of psychotherapy that attempts to reduce excessive emotional reactions and self-defeating behaviour by modifying the faulty or erroneous thinking and maladaptive beliefs that underlie these reactions. CBT is constructed around the concept that cognition affects behaviour and that individuals have the capacity to monitor and adapt their modes of thinking and thus the way they act. The programme's curriculum focuses on the cognitive restructuring of the thoughts and attitudes that put one at risk of engaging in harmful or criminal behaviour, and on improving problem-solving and social skills. The focus is on dealing with life and problems in the here and now, and thus the therapy also includes training in important social skills (Hinsberger, 2017).

### **2.5.2.3. Programmes Strengthening Families**

The UNODC'S Strengthening Families Programme aims to prevent drug use and crime among youth through family skills training programmes in low- and middle-income countries. Currently focusing on helping families in Panama, Honduras,

Nicaragua, the Dominican Republic, El Salvador and Guatemala, the programme is based on scientific evidence that proves the effectiveness of targeting parents and adolescents to prevent drug abuse, crime, and other risk behaviours in youth (UNODC, 2019a).

Through the Doha Programme, UNODC implements a sport-based life-skills training programme, 'Line Up Live Up', which is currently being piloted in marginalized communities in Brazil, Colombia, the Dominican Republic, Kyrgyzstan, the State of Palestine, Panama, Peru, South Africa, Tajikistan, Uganda. UNODC has organized sport-focused awareness-raising initiatives, including youth dialogues and community mobilization events to increase knowledge of the risks associated with crime, violence, and drug use (UNODC, 2019b).

The UNODC is conducting local safety audits in selected cities around the world (Querétaro, Mexico; Santiago de Cali, Colombia; and, led by UN-Habitat, Durban, South Africa) with the active engagement of community stakeholders, including young people. Through their participation in focus groups and surveys on crime and drugs affecting their neighbourhoods, young people share their concerns, and proposals, and actively contribute to a better understanding of local risk factors of crime and drug use. This is later used to develop tailor-made local safety policies and innovative interventions (ibid).

#### **2.5.2.4. Examples of Integrated Programmes**

Examples of best practices of integrated programmes where urban safety and security were enhanced within the South African context include the Warwick Junction Urban Renewal Project in Durban and the Violence Prevention through Urban Upgrading Project (VPUU) in Khayelitsha. The Warwick Junction Project began in 1997 as an effort to improve the quality of life and safety in the area around the transport hub of Durban, and there have been reported clear impacts with a reduction in incidents and violent deaths and major health and economic gains. The main aim of VPUU in Khayelitsha was to reduce crime and increase safety levels as well as upgrade neighbourhoods, improve social standards and introduce sustainable community projects. The six key principles included: surveillance and visibility, territoriality,

defined access and movement, image and aesthetics, physical barriers and maintenance and management (SaferSpaces, 2022).

## **2.6. Conclusion**

This literature review set out to explore literature pertaining to the interplay between themes of trauma, substance use disorders and appetitive aggression and violent crime. It began with the socio-economic profile of South Africa and the nature and extent of the problem of violent crime which provides the contextual basis of the study. This was followed by a review of literature related to the interplay between trauma, substance use disorders, appetitive aggression, and violent crime. Next, the dissertation discussed the cycle of violence theory as the theoretical premise of the study. This was followed by the legislative framework pertaining to violent crime and substance use disorders. Lastly, the chapter presented a 'blue-print' to break the cycle of violence in South Africa and best practice examples of related programmes.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

In Chapters one and two of this dissertation, the orientation and literature review were discussed. The orientation outlined the topic, research questions and framework of the dissertation. The literature review outlined the contextual and theoretical framework, as well as the legislative framework of the study. Programmes to break the cycle of violent crime were discussed and a blueprint was presented.

This chapter will outline and discuss the research methodology. It will begin with an overview of the research design, followed by the population and sampling technique used. The data collection process is explained, including the various scales used in the questionnaire instrument. Data analyses are described and supported by an illustration of the data analysis process. Lastly, the chapter will explain data verification and outline potential limitations related to the methodology and the conclusion.

#### **3.2 Research Design**

The research design for this study was quantitative. According to Marlow (2010), with quantitative design, observations of the world are conducted objectively and statistically analysed. The main goal of such design is to accurately search for causes or linkages of phenomena, whereby the subject essentially becomes the object of study (Marlow, 2010).

This study is a cross-sectional survey study of 159 young adults in conflict with the law. Respondents were incarcerated at George Correctional Centre. The method of triangulation was used to posit the hypothesis of the study to the literature review and finally to the data collected. This triangulation is expounded in Chapter five in the discussion section.

#### **3.3 Population and Sampling**

The process of sampling was a convenience, non-probability method. Participants in

the sample studied were volunteers. However, the group represents a cluster with similar characteristics – age, gender (male), being incarcerated and sentenced for violent crimes and non-violent crimes. The George Correctional Centre (GCC) was conveniently chosen as the site for the study due to it being central to the Garden Route District (GRD) municipal area within the Western Cape Province.

Whilst quantitative studies are done with randomly selected samples that best represent the population, this study was obliged to use volunteer participants due to the site of the study being a correctional centre. Kinnes (2017) and Steinberg (2005) explain the intricacies of interviewing inmates at correctional centres. So, whilst the intention was to retrieve a random sample from the population of offenders at GCC, the practice was impossible - as the list of offenders received was in various cells in the centre and offenders were coming in and out daily. The cohort selected was eventually conveniently selected through a voluntary process. This is a non-probability sampling technique that involves collecting data based on the availability of potential participants (Babbie,2013).

The sampling selection criterion included that respondents must be: Male sentenced Offenders; aged between 25 and 34 years; A South African National; and from the Garden Route District Area. Volunteers (sentenced inmates) for the study reached saturation at 159 Offenders/Respondents, which represents 61% of the total identified population cohort at the centre, which averaged 260 young adults (aged 25-34 years) for the previous 6 months (DCS, 2019).

The sample included young males incarcerated at GCC for violent crimes(including rape, murder, attempted murder, robbery, and assault with intent to do grievous bodily harm) and non-violent crimes (like drug-related and economic crimes burglary, theft, etc.).

Categories (stratum) in the sample include participants from different geographical areas, population groups and age groups. Respondents were from within the Garden Route District, located in the Western Cape Province. These include the municipalities of George, Mossel Bay, Bitou, Knysna, and Hessequa.

Participants were from the black population group, including predominantly 'Coloured', African, and Indian males. Only the black population group volunteered participation in the study, and therefore the sample studied explicitly comprised this cohort – by default. The South African population group demographics comprise from a total 60 million people, 49 million (80%) Black African; 5.3 million (8.8%) Coloured; 4.6 million (7.7%) White; and 1.5 million (2.5%) Indian/Asian people (Stat SA, 2021). Western Cape Province Demographics include: Coloured 49%; Black African 33%; Whites 16%; and Asian/Indian 1%. The Garden District area comprise 54% Coloured, 25% Black African, 19.2% White and 0.4% people of Asian/Indian descent. Statistics of Correctional Centre populations at the end of 2016 is estimated at 125 000 (80%) Black Africans; 28 000 (18%) Coloured South Africans; 2 500 (1.6%) White South Africans; and 880 (0.6%) Asian/Indian groups (Africa Check, 2018). The black population group thus comprise the majority population group in correctional centres and provide an interesting cohort for investigation in terms of male victimization and violent crime offending.

The selected sample of participants in the study was thus a representative cohort of young black adult males living in one of the districts of the Western Cape Province. The samples were young males incarcerated in a correctional centre for violent crimes (including rape, murder, attempted murder, robbery, and assault with intent to do grievous bodily harm) and non-violent crimes (like drug-related and economic crimes – burglary, theft, etc.).

### **3.4 Data Collection**

Data were collected at the George Correctional Centre, through a Survey Questionnaire with 159 Respondents between November and December 2019. The study utilised a semi-structured Survey Questionnaire which was in English and Afrikaans. The Questionnaire [see Appendix 1] was a semi-structured quantitative-style questionnaire, with predominant closed-ended questions that were self-completed in a classroom setting. The questionnaire comprised: Section A: Individual profile; Section B: Economic & Social background; Section C: Clinical Assessments: Appetitive Aggression, Traumatic Events; Section D: Legal Status – Criminal Record;

Section E: Substance Abuse / Addiction; Use of drugs before crime.

Questions for various instruments were 5 Likert-Scale as well as Dichotomous [yes/no] questions. The questionnaire instrument was formally designed in English and translated into Afrikaans to accommodate the predominantly Afrikaans-speaking population. IsiXhosa-speaking DCS officials interpreted and translated the English version questionnaire into isiXhosa for African respondents. The final data set was translated into English.

### **3.4.1 Measurement Scales used in the Questionnaire**

To ensure the scales in the study were reliable or internally consistent, Cronbach's Alpha was determined for all the scales used in this study. According to Field (2013), Cronbach's Alpha (shown as  $\alpha$ ) is the most common measure of scale reliability. Cronbach Alpha scores between 0.7 and 0.8 reflect good reliability; scores between 0.8 and 0.9 excellent reliability and above 0.9 scores reflect exceptional scale reliability. In this study, all the scales had excellent to exceptional reliability scores.

Psychological measurement scales previously tested for reliability were used in the questionnaire instrument. These included:

#### **3.4.1.1 Scale for Historical Trauma exposure**

A checklist of 36 potentially traumatic events (e.g., physical attack, sexual assault, torture) adapted from the Children's Exposure to Violence Checklist (CEVC; Amaya-Jackson, 1998) was administered to assess experienced and witnessed traumatic event types. The scale was previously used by Sommer et al. (2016) and had high validity and excellent reliability. The scale reliability test for this study showed excellent reliability of

Scales and acronyms used for trauma comprised:

ACEs Experienced = adverse child experienced (physical, emotional, and sexual abuse) at age younger than 18 years.

ACEs Witnessed = adverse child experiences (physical violence, emotional and

sexual abuse) seen/witnessed at age younger than 18 years.

AAEs Experienced = adverse adult experiences (physical, emotional and sexual abuse) experienced as young adults.

AAEs Witnessed = adverse adult experiences witnessed as young adults.

The ACEs Experienced scale test analysis showed Cronbach Alpha ( $\alpha$ ) = .867; ACEs Witnessed  $\alpha$  = 0.858; AAEs = .846; and AAEs Witnessed  $\alpha$  = .818.

### **3.4.1.2 Scale for SUDs – addiction**

Substance use disorders or addiction was assessed with the National Council on Alcoholism and Drug Dependence (NCADD) (2015) Addiction Scale. Questions ranged from 1 to 20 and asked whether the respondents “took substances for non-medical use”; “had use and control problems”; etc. The Addiction Scale  $\alpha$  = 0.846 (excellent).

An independent dichotomous question was posed to identify whether the respondent used alcohol or other drugs before the crime committed that they were arrested and incarcerated for – “E1. Were you under the influence of drugs [alcohol, over the counter medicines or illicit drugs] when you were arrested for crime that landed you in prison?” This question devolves from the long-term addiction or SUD of respondents – as a separate investigation.

### **3.4.1.3 Scale for Appetitive Aggression**

An individual's propensity toward perpetrating aggressive acts was assessed using the Appetitive Aggression Scale (AAS) (Weierstall & Elbert, 2011), a structured interview that has been successfully implemented in previous African samples, including South African young offenders, and has been proven to have excellent psychometric properties (validity) (Weierstall et al., 2013; Weierstall et al., 2012). The AAS contains 15 questions concerning the appetitive perception of aggression (e.g. “Is it exciting for you if you make an opponent really suffer?”). Each item is scored on a 5-point Likert scale ranging from 0 (I totally disagree) to 4 (I totally agree). For the

analysis, the AAS sum score was calculated, with a possible range from 0 to 60. and lastly, the Appetitive Aggression Scale (AAS)  $\alpha = 0.956$  (exceptional).

The next section explains the ethical considerations applied to the study.

### **3.5 Ethical Considerations**

#### **3.5.1 Ethics Approval**

The study received ethics approval from UCT from the Department of Social Development in the Humanities Faculty (see Appendix 3). The study also required permission and ethical clearance from the Department of Correctional Services due to the study site being the George Correctional Centre. Permission was granted by the National DCS Research Unit and delegated to the Western Cape Provincial Office and then further delegated to the South Cape District Region under the leadership of Commissioner, Mrs Booï, stationed in George – at the George Correctional Centre. DCS required that the term 'prison' was to be replaced by 'correctional centre' in all foregoing reports.

Since the survey questionnaire included psychological scales, the Researcher engaged vigorously with his supervisor. No repercussions were expected in this study but planning for unintended consequences was considered salient. The Researcher engaged with the Social Worker and Psychologist at the GCC to inform them that they could expect more offenders after interviews as respondents could have issues they wanted to discuss. The Researcher, being a former Independent Correctional Centre Visitor (ICCV) engaged with the current ICCV to alert him to receive and process requests from Offenders to visit the in-house Social Worker or Psychologist for purposes of talking about their social and mental problems, as related to historical exposure to trauma or substance use disorders.

Some of the ethical considerations considered in this study include voluntary participation and consent, anonymity, confidentiality, and accurate information.

#### **3.5.2 Voluntary Participation and Consent**

Respondents were asked to complete a separate Consent Form and sign the Questionnaire [see Appendix 2 attached] - as proof for the Centre and the Respondent, of consent by the Offender to participate in the study. It was emphasised that participation was voluntary, and that no payment or reward would emanate from participating voluntarily. Respondents were informed that they could opt out of the survey at any time.

### **3.5.3 Anonymity and Confidentiality**

For this study, the name of the respondents (in the quantitative survey) was not-compulsory, and this ensured that the principle of anonymity was upheld, as the researcher did not know which respondent had given a particular response. No names are mentioned in the study report, so the confidentiality of participants was at all times maintained from inception to the final reporting.

### **3.5.4 Accurate Information**

In this research study, the researcher ensured that the respondents had accurate information. This was done prior to the interview process, with all incarcerated participants at the Centre Education Unit or each Cell Block, where the interviews took place. The Researcher explained: his identity as a PhD student; the reason for the study and the study's objectives; and the envisaged value of the study to the public and incarcerated youth.

The next section discusses details of the data analysis method and relevant processes.

## **3.6 Data Analysis**

Data analysis included quantitative methods. This included the use of SPSS (version 26) for descriptive and inferential data analysis. Inferential analysis included tests for correlations of significance (Pearson's Chi-square correlations) and pathway modelling using ANOVA in SPSS version 26. Data was collected through the self-completed Questionnaire Survey and was captured into an Excel spreadsheet.

Cleaning and coding followed to fill blanks and remove gaps and to ensure that relevant data conformed to the final data set for analysis.

Firstly, the reliability of each scale was analysed using Cronbach's alpha. Cronbach's alpha is the most common statistical test used to measure scale reliability (Field, 2013). Cronbach's alpha scores indicate how well an instrument or scale measures what it has set out to measure, which is known as internal consistency. Higher Cronbach's alpha scores (>0.70) generally indicate greater internal consistency (Field, 2013).

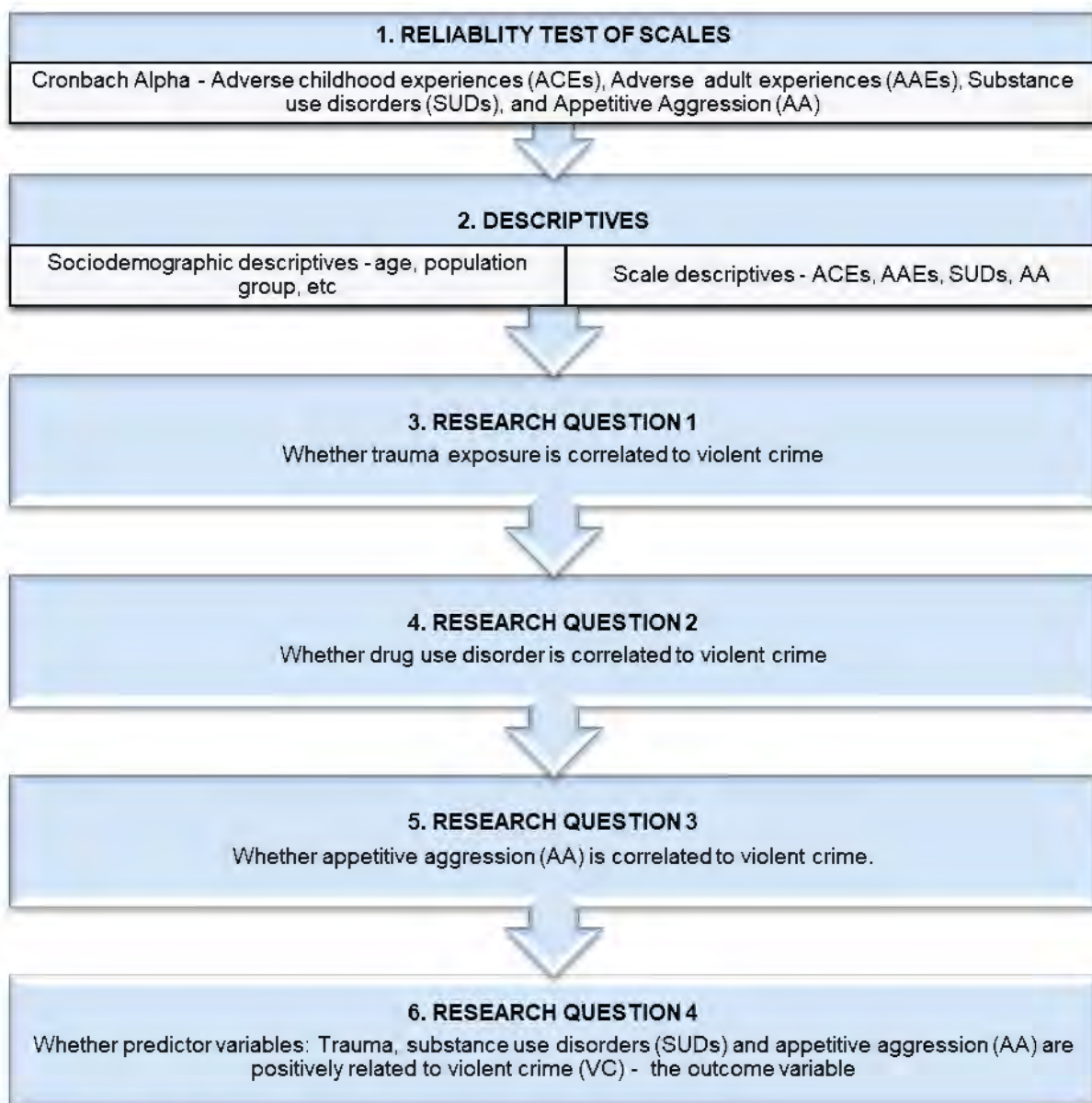
The demographics of the study sample were analysed and presented in frequency tables and depicted in graphs and pie charts. Demographics comprised: Ethnicity, Language, Age, Education Level, Occupation status before incarceration, Type of crime committed, drug use before crime, etc.

Inferential data analysis included bivariate analysis – using Pearson's Chi-square correlation tables to show relationships between two variables and difference of means tables that test various hypotheses related to the main themes of the nexus of violent crime with trauma, SUDs, and Appetitive Aggression.

Multivariate analysis was done using ANOVA for SPSS version 26 for pathway model design. This model depicted measures of significance between the primary outcome variable violent crime and dependent variables trauma, SUDs, and appetitive aggression.

The data analysis process framework is next outlined in Figure 3.1.

### **3.6.1 Data Analysis Process Framework**



**Figure 3.1: Illustrative diagram of the data analysis process**

### **3.7 Data Verification**

Due to the nature of the research approach, the most appropriate process of data analysis and verification was that of quantification. According to De Vos et al. (2001), quantification involves techniques by which the researcher converts data into numerical form and subjects it to statistical analysis. The first step is coding, which is categorising data and giving categories numerical representations. With quantitative research, this can be done even before the surveys are handed out (Babbie, 2013). Next, data with numerical representations is entered into an appropriate computer

program, which then reads and manipulates the data so that it can be easily analysed (Babbie, 2013). For this study, the survey questionnaires were coded as per the process mentioned above firstly in an Excel spreadsheet and then entered into the SPSS version 26 software. The data was cleaned and checked for any inaccuracies. Pilot testing was done for purposes of further data verification/validation.

### **3.8 Limitations of the Study**

The age group of the sample population includes only males between the age group 25 to 34 and excludes other cohorts of young males, like those between 14 and 24 who are incarcerated in Child and Youth Care Facilities, also known as Secure Care Centres, and in youth correctional centres.

The study does not necessarily represent a homogenous youth or young male cohort from South Africa because this group is not similar. They are from African and so-called 'Coloured' groups that in themselves differ in culture and therefore display differences, especially in their background, social norms, and values. Furthermore, the study does not generalise the results of the cohort sample to the population in society because of the low sample under study. This is due inter alia to financial and resource constraints of the Researcher.

### **3.9 Conclusion**

This chapter has outlined the methodology of the research study. It began by specifying and defining the quantitative research design. Next the study population, sampling technique and procedure were specified and discussed. Subsequently, the chapter looked at data collection, using three psychological evaluation scales. Various ethical issues were discussed. Data analysis and verification were then discussed. Finally, the chapter explored possible limitations of the methodology and concluded the chapter.

## CHAPTER FOUR

### DATA ANALYSIS & FINDINGS

#### 4.1 Introduction

In the previous chapter, the methodology of the research project was explored. In this exploration, the chapter looked at the quantitative research design, explained the population and sampling, and discussed data collection, outlining the psychological scales. The chapter then explored ethical procedures that were conducted followed by a presentation and illustration of the data analysis process. The chapter also discussed data verification, and finally ended off with methodological limitations. Chapters one, two and three as a backdrop provide a comprehensive overview introducing the topic, presenting relevant literature, and outlining the methodology.

This chapter will present the results of the study. It will begin with a reliability analysis, outlining the reliability scores for each of the scales used in the study. Next, this chapter will present sociodemographic frequencies followed by a descriptive analysis of each of the scales used. The Chapter will then look at the various inferential results relating to each of the four key research questions before concluding.

#### 4.2 Reliability Analysis of the Questionnaire

The reliability of scales used in the study is depicted below, in Table 4.1.

**Table 4.1. Reliability Statistics of Scales**

Scale	Cronbach's Alpha ( $\alpha$ )	N of items
Adverse Child Experiences	.867	128
Adverse Child Experiences - Witnessed	.858	136
Adverse Adult Experiences	.846	117
Adverse Adult Experiences - Witnessed	.818	131

Addiction Scale	.847	137
Appetitive Aggression Scale (AAS)	.956	139

Based on the above table, it is evident that the reliability of all scales used in this study is at the least excellent. This has implications for the results; because the tools have excellent reliability, it increases the likelihood that whatever the results are they can be trusted and considered to be reliable.

### 4.3 Socio-demographic Profile

Table 4.2 below presents a summary of the sociodemographic data of the study. This includes the means (M), number (N) or percentages (%) of variables like age, highest education level, crime types, drugs used before crime, etc.

**Table 4.2: Sociodemographic data of the 159 study participants**

Variable	M (SD) or n (% within)	[score] (questions)
<b>Age</b>		
25-29	68 (43%)	-
30-34	91 (57%)	-
Mean Age	31 years	-
<b>Highest Education Level</b>		
Some secondary	82 (52%)	-
Completed Matric	30 (19%)	-
<b>Employment status</b>		
Unemployed	106 (67%)	-
<b>Offence types committed [reason for incarceration]</b>		
Violent [Robbery, Murder, Rape, etc.]	78 (49.1%)	-
Non-Violent [economic, drug related]	79 (49.7%)	-
Addiction diagnosis	26.73 (4.58)	[1-40]

Drugs most used = Cannabis/Marijuana	77%	
Polysubstance use	52%	-
Drugs used before crime	76%	-
Age drug first used <15 years old	50%	-
Appetitive Aggression Scale	16.42 (15.91)	[0 - 60]

### 4.3.1 Age

The inclusion criteria of the sample were young male adults between the age of 25 and 34 years. This age group is a subset of 'youth', defined as people between the age of 15 and 34 years old by the National Youth Development Agency's (NYDA) Policy on Youth (DWYPD, 2020). The age group 25 to 34 represent young adulthood, which is a significant life stage to examine and understand in the context of male victimisation and violent criminal offending, likely yielding rich results on the topic hence the motivation for selecting this age range for the study.

The average age of the sample was 31 years old. Most respondents (57%) were aged between 30 and 34 years and the remaining respondents (43 %) were in the age group 25 and 29 years old. The two groups were therefore somewhat equally distributed, albeit 16% in favour of the older sub-cohort 30- and 34-years age group. This is shown in Table 4.3 below.

**Table 4.4. Age Distribution**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-29 Years old	68	42.8	42.8	42.8
	30-34 years old	91	57.2	57.2	100.0
	Total	159	100.0	100.0	

### 4.3.2 Gender

All participants in the study sample at George Correctional Centre were male. South African males are at an increased risk of perpetrating all types of violence, whereas South African females are more likely to be victims (Mathews et al., 2016). This largely

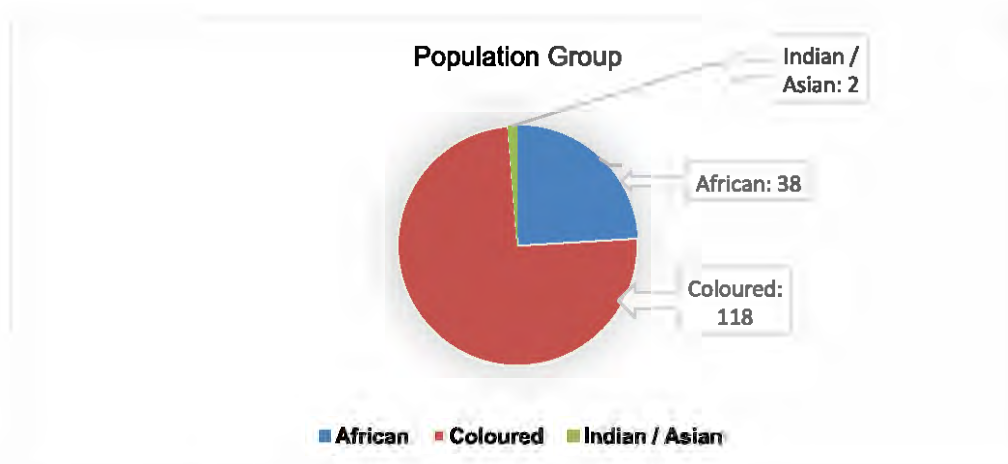
stems from the socio-economic context detailed earlier in the literature review (Chapter two) of the dissertation – by Mathews et al., 2016; Kaminer & Eagle, 2016).

### 4.3.3 Population Group

The inclusion criteria of the sample for population group were the black population group comprising African black, 'Coloured', and Indian or Asian. The sample population of young male offenders incarcerated at George Correctional Centres comprised predominantly 'Coloureds' n =118 (75%); black Africans n =38 (24%) and Indians n =2 (1%). Only the black population group participated in the study due to the general population composition at the centre and the Western Cape and those volunteering. One white person volunteered but was not from the province and hence this script was excluded.

**Table 4.5: Population Group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	1	.6	.6	.6
	African	38	23.9	23.9	24.5
	Coloured	118	74.2	74.2	98.7
	Indian	2	1.3	1.3	100.0
	Total	159	100.0	100.0	



**Figure 4.1: Population group**

While the ethnic composition of respondents in the sample does not mirror the demographics of the South African population, it does reflect the majority 'coloured' population in the Western Cape Province and the Garden Route District municipal area. According to the 2020 Western Cape Community Survey, 50% of the population in the Western Cape identify as Coloured, 32% identify as Black African, and 1.0% identify as Indian or Asian (Stats SA, 2020). Hence, the above findings are generally consistent with the black racial group breakdown of the Western Cape Province.

#### 4.3.4 Geospatial Area lived in prior to incarceration

Respondents lived in various municipalities in the Garden Route District area in the Western Cape Province before incarceration. This is depicted in Table 4.4 below.

**Table 4.6: Geospatial area living before incarceration**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Missing	1	.6	.6	.6
	George	76	47.8	47.8	48.4
	Hessequa	15	9.4	9.4	57.9
	Bitou	14	8.8	8.8	66.7
	Knysna	15	9.4	9.4	76.1
	Mossel Bay	37	23.3	23.3	99.4
	No Answer	1	.6	.6	100.0
	Total	159	100,0	100,0	

Most offenders, prior to incarceration, lived in George (n=78 or 49 %) followed by Mossel Bay (n=37 or 23.4%), Knysna and Hessequa (n=15 or 9.4 % each) and Bitou (n=14 or 8.8%). These areas represent the populace of the district, George being the most populated area, followed by Mossel bay, Knysna, Hessequa and Bitou (GRDM, 2020).



**Figure 4.2. Area living before incarceration**

#### 4.3.5 Education level

Regarding the education levels of respondents, more than half (n=82 or 52 %) had some secondary schooling, while 18.9 % (n=30) completed matric. Of the respondents who did not reach secondary education levels, 13.8 % (n=22) completed primary school; and 11.3 % (n=18) had only some primary schooling. Of the total respondents, 6 people (3.8 %) had a diploma qualification and 1 person (0.6 %) had a post-school degree. Thus, of the total 159 respondents, only 23% (n=37) achieved matric-level or higher education. The education level is shown in Table 4.5 and Figure 4.3 below.

**Table 4.7: Education level**

	Frequency	Percent	Valid Percent	CumPercent
Valid Some primary	18	11.3	11.3	11.3
Completed primary school	22	13.8	13.8	25.2
Some secondary	82	51.6	51.6	76.7
Completed matric	30	18.9	18.9	95.6
Post school diploma	6	3.8	3.8	99.4
Post school degree	1	.6	.6	100.0
Total	159	100.0	100.0	

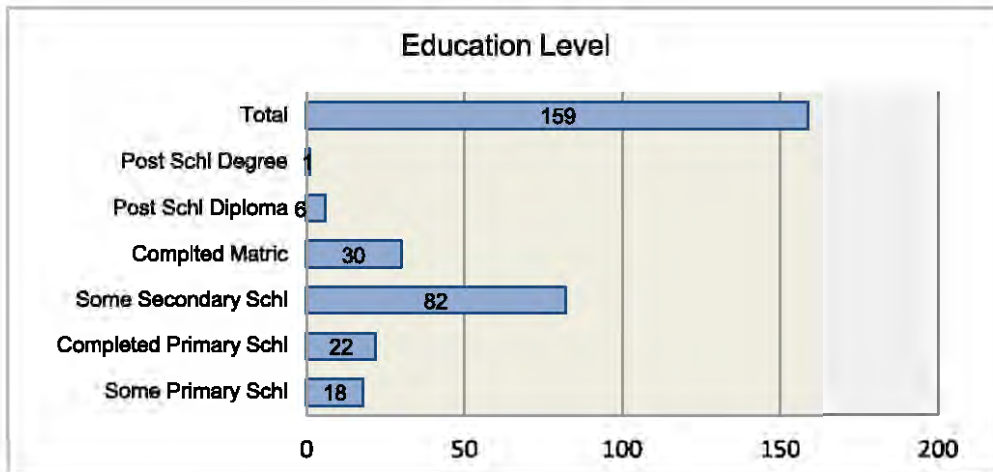


Figure 4.3. Education Levels

#### 4.3.6 Employment status

Table 4.8: Employment status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed	51	32.1	32.1	32.1
	Unemployed looking for work	86	54.1	54.1	86.2
	Unemployed not looking for work	19	11.9	11.9	98.1
	Student	3	1.9	1.9	100.0
	Total	159	100.0	100.0	

There was a total of 51 (32%) offenders who were employed before their incarceration. Most offenders [66.66% n=106] were unemployed before being incarcerated. These include persons being unemployed - looking for work (n=86); not looking for work (n=19); and persons being students (n=3) at the time - before incarceration. Two people did not answer this question. Employment status at the time of incarceration is depicted in Figure 4.5 below.



**Figure 4.4. Employment status before incarceration**

### 4.3.7 Socio-economic status

21.2% (n=33) Respondents were well off while growing up; 50% (n=78) said they were not so poor; 23.1% (36) stated they were poor, and only 1.2% (2) responded that they were extremely poor while growing up. This is shown in the Table below.

**Table 4.9: Socio-economic status - growing up living conditions**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Well off	33	20.8	20.8	20.8
	Not so poor	81	50.9	50.9	71.7
	Poor	36	22.6	22.6	94.3
	Extremely poor	2	1.3	1.3	95.6
	Don't know	2	1.3	1.3	96.9
	No answer	5	3.1	3.1	100.0
	Total	159	100.0	100.0	

### 4.3.8 Neighbourhood Conditions Growing Up

Of the total 159 respondents, 46% (n=73) stated that the area they grew up in was either dangerous or very dangerous - that they feared for their life daily. However, 47.2% replied that the neighbourhood growing up was not so dangerous. This is

shown in the Table 4.8 below.

**Table 4.10: Neighbourhood conditions growing up**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not so Dangerous	75	47.2	47.2	47.2
	Dangerous	54	34.0	34.0	81.1
	Very dangerous	19	11.9	11.9	93.1
	Don't know	7	4.4	4.4	97.5
	Did not know	4	2.5	2.5	100.0
	Total	159	100.0	100.0	

### 4.3.9 Types of Crime Committed

For purposes of analysis, relevant to the study, types of crime were divided into (1) Violent Crime – comprising sexual crime of rape, murder, attempted murder, robbery, and (2) Non-violent crimes, like drug-related crime and economic crimes. Approximately half the total crimes committed (49.1% n=78) by the Respondents – and incarcerated for, were violent crimes and the other half, (49.7% =79) were for non-violent crimes. This is shown in the Table 4.9 below.

**Table 4.11: Type of Crimes Committed**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nonviolent	79	49.7	49.7	49.7
	Violent	78	49.1	49.1	98.7
	Not indicated	2	1.3	1.3	100.0
	Total	159	100.0	100.0	

### 4.3.10 Belong to a Gang

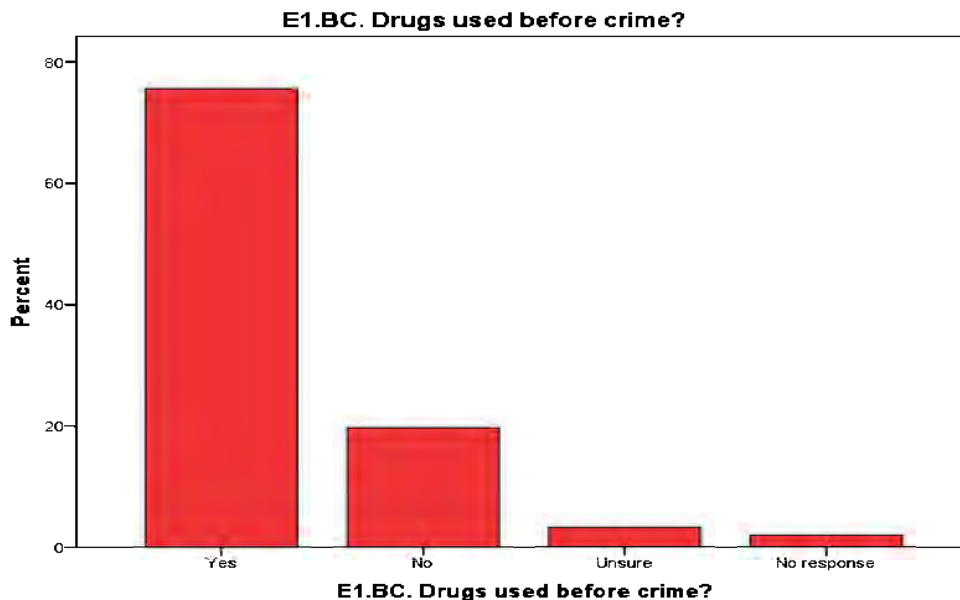
Of the Respondents questioned if they belonged to a gang outside of prison, before incarceration, 27% (n=43) stated that they did belong to some gang formation and 51.6% (n=82) said they did not. The rest of the Respondents (21.4% n=34) did not answer or said they did not know. This is depicted in the Table 4.10 below.

**Table 4.12. Belonged to a gang outside prison (before incarceration)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	27.0	27.0	27.0
	No	82	51.6	51.6	78.6
	Don't know	6	3.8	3.8	82.4
	No Answer	28	17.6	17.8	100.0
	Total	159	100.0	100.0	

### 4.3.11 Drug Use before Crime

Figure 4.5 below shows that 75.5% of respondents used drugs (alcohol or illicit drugs) prior to committing crime they were incarcerated for; 19.5 % stated that they did not use drugs before crime was committed.



**Figure 4.5: Drugs used before Crime**

### 4.3.12 Type of Drugs Used Prior to Incarceration

The primary drug used before crime among participants was Cannabis (77%). This was followed by Alcohol (63%), Mandrax (57%) and Cocaine or Heroin (18%). Most respondents (52%) were also polysubstance users, meaning that they used more than one drug at the same time. This could for example be alcohol and drugs or a mixture of Cannabis and Mandrax, which is called the 'white pipe' that is most frequently used in the Western Cape Province (Parry, 2005). This is shown in Table 4.11 below.

**Table 4.12: Types of Drugs Used – before incarceration**

Type of Drugs used – Outside Centre	
Alcohol	62.9%
Cannabis / Dagga / Marijuana	76.7%
Mandrax / Buttons / Mx	59.7%
Crystal Methamphetamine / Tik	56.6%
Cocaine / Heroin	18.2%
Polysubstance use	52.2%

### 4.3.13 Descriptive Statistics

Table 4.13 below depicts a summary of the measurement scales used in the study.

**Table 4.13: Summary of scales – Trauma, SUDs, and Appetitive Aggression**

Scale	N	M	Std dev	Variance	# of Questions / Range
ACE Exp	128	35.46	5.311	28.203	22
ACE Witnessed	136	20.94	3.947	15.582	14
AAE Exp	117	32.31	4.775	22.801	21

AAE Witnessed	131	19.72	3.491	12.189	14
AA/Addiction	137	26.73	4.575	20.934	1-20
AAS/Appetitive Aggression	139	16.42	15.912	253.18	1-15

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#### 4.3.14 Trauma Exposure

Traumatic events include inter alia being assaulted, ridiculed, bullied, raped, abused, maltreated, and involved in an accident, fight or other (Bushman et al., 2016). For the study, violent offences experienced and witnessed as a child and as an adult were the foci. The list of “Violence Experienced” include – “were you ever” threatened to be harmed; physically attacked – by family or someone else; attacked with a weapon by family or someone else; sexually assaulted by family or someone else; tortured; been in any other violent situation.

The list of “Violence Witnessed” includes – “did you see” family member being threatened by another family member; someone else [non-family] being threatened; family member being attacked; someone else [non-family] being attacked; family being attacked with weapons; any person being attacked [non-family]; family member being sexually assaulted; someone being assaulted by non-family; someone being tortured; and seen someone being killed.

The measures for trauma exposure had twin sub-variables (child and adult) with sub-categories (witnessed and experienced). To measure the amount of exposure to traumatic stressors, a 36-item list adapted from the Child Exposure to Violence Checklist (CEVC) instrument used by Sommer et al. (2016) was used. The CEVC is reported to show good internal consistency and test-retest reliability (Fehon, Grilo & Lipschitz, 2001). The scale has also been used in previous research on South African youth (Fincham, Altes, Stein, & Seedat, 2009; Weierstall et al., 2013). For each trauma event type, participants were asked whether the incident had happened to them or in their presence as a child and/or an adult. “Child” in this questionnaire was defined as respondents aged younger than 18 years old and “adult” was defined as participants

aged above 18 years – as young adults. Further, the trauma measurement scale of this study had a primary focus on sub-scales of physical abuse, emotional abuse, and sexual abuse.

#### 4.3.14.1 Adverse Childhood Experiences: Historical Trauma Exposure

The CECV scale for adverse childhood experiences comprised 22 questions concerning trauma experienced as a child (for example: suffering hunger, neglect, bad accident, losing a parent, being physically attacked, raped, imprisoned, etc.). Each item is scored 1 = Yes and 2 = No.

The sample comprised 128 respondents, with 31 exclusions due to non-response. For the analysis, the sum score was calculated, with a possible range from 1 to 44 (M = 35.46 and SD = 5.311).

#### 4.3.14.2 Adverse Childhood Trauma Witnessed

The CECV comprised 14 questions concerning trauma exposure – witnessed as a child (for example family member being threatened, someone tortured, someone attacked, sexual assault in the family, etc.). Each item is scored 1 = Yes and 2 = No.

The sample comprised 136 respondents, with 23 exclusions due to non-response. For the analysis, the sum score was calculated, with a possible range from 1 to 28 (M = 20.94 and SD = 3.947). Table 4.13 below shows emotional, physical, and sexual violence experienced and witnessed as an adult.

**Table 4.14: Trauma experienced as an Adult**

Type of Trauma	Experienced	Witnessed
Emotional abuse – humiliation by family or caregiver	29.1%	Seen someone being killed – 67.7%
Physical violence – attacked by the family with a weapon	80.3%	70.1%
Sexual violence – assault by family	19.5%	27.7%

#### **4.3.14.3 Adult Trauma Experienced**

The CECV / PDS comprised 21 questions concerning trauma exposure – experienced as an adult (for example, suffering hunger, neglect, bad accident, being physically attacked, raped, imprisoned, etc.). Each item is scored 1 = Yes and 2 = No. The sample was 117 respondents, with 42 exclusions due to non-response. For the analysis, the sum score was calculated, with a possible range from 1 to 42 (M = 32.31 and SD = 4.775).

#### **4.3.14.4 Adult Trauma Witnessed**

The CECV / PDS comprised 14 questions concerning trauma exposure – witnessed as an adult (for example: suffered hunger, neglect, bad accident, lost a parent, physically attacked, raped, imprisoned, etc.). Each item is scored 1 = Yes and 2 = No. The sample was 131 respondents, with 28 exclusions due to non-response. For the analysis, the sum score was calculated, with a possible range from 1 to 28 (M = 19.72 and SD = 3.491).

#### **4.3.15 Substance Use Disorders - Addiction Test Scale**

The addiction assessment used the addiction scale instrument approved by the National Council on Alcoholism and Drug Dependence – NCADD (USA). A list of N = 20 dichotomous items; questions ranging from 1 – yes and 2 – No: about whether a person can get through the week without drugs; felt bad or guilty about their drug use; lost a job; had medical problems; or been involved in a treatment programme specifically related to drug use (rehabilitation programme for SUDs). For the analysis, the addiction sum score was calculated with a possible range from 1 to 40. The reliability of the scale was high in the sample (Cronbach's Alpha = 0.847; 95 % Confidence Interval).

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Addiction diagnosis	M=26.73, SD= 4.58	Score = 1-40
Polysubstance use		52%

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Drugs used before crime		76%
Age drug first used	<15 years old	50%

#### **4.3.15.1 Drug use before crime**

In addition to the addiction test, respondents were questioned whether they were intoxicated by alcohol or other drugs prior to crime committed. Were you under the influence of drugs [alcohol or illicit drugs] when you were arrested for a crime that landed you in prison? The question was dichotomous, ranging from 1=Yes or 2=No. Drugs used before crime = 80%. Age drug first used <15 years old 50%.

#### **4.3.16 Appetitive Aggression Scale**

An individual's propensity toward perpetrating aggressive acts was assessed using the Appetitive Aggression Scale (AAS) (Weierstall & Elbert, 2011). This includes a structured interview that has been successfully implemented in previous African samples, including South African young offenders (Sommer, 2017), and has been proven to have excellent psychometric properties - previously validated by Weierstall et al., 2013; Weierstall et al., 2012.

The AAS contains 15 questions concerning the appetitive perception of aggression (e.g. "Is it exciting for you if you make an opponent really suffer?"). Each item is scored on a 5-point Likert scale ranging from 0 (I totally disagree) to 4 (I totally agree). For the analysis, the AAS sum score was calculated, with a possible range from 0 to 60. AAS scores ranged from 0 to 60 points ( $M = 16.42$  and  $SD = 15,912$ ).

#### **4.4 Main Research Findings**

As iterated in previous chapters, the study's primary question was: Is there an interplay, link, relationship or correlation between trauma, SUDs, appetitive aggression, and violent crime? Hypothesis tests used a 95% confidence interval for testing significance (interplay) using t-tests and difference in means tests to show the interplay between variables. Data analysis used SPSS version 26 software. The main results of the data analysis process follow.

Table 4.14 below provides a summary of the correlations [t-tests] between the various independent variables and the main dependent variable, violent crime. Trauma is sub-grouped into childhood and adult trauma, while substance use disorders comprise addiction as well as a question related to “did you use drugs before crime committed?”

**Table 4.15: Pearson’s Chi-Square Correlations Summary**

Predictor Variables	Child Trauma	Adult Trauma	Addiction	Appetitive Aggression	Drug use before Crime
Violent Crime					
Pearson’s Chi Sq	5.464	9.155	0.927	1.577	-.048
Sig.(2-tailed)	0.030	0.002	0.224	0.210	.554
N	114	105	136	139	155

Correlation significant at the 0.05 level (2-tailed)

#### 4.4.1 Results of Question 1 – Is Trauma Linked to Violent Crime?

Trauma is delineated into sub-groups of childhood trauma and adult trauma. The CEVC scale was utilised to measure various trauma, including physical, emotional, and sexual abuse that was experienced or witnessed by respondents. The interplay between childhood traumas is firstly tested through a hypothesis test of difference in mean and chi-squared tests, and this is followed by tests for relationships between adult trauma and violent crime.

#### Childhood Trauma and Violent Crime

Table 4.15 below indicates that those who reported they had experienced trauma as children were more likely to be incarcerated for violent crimes (67.5%, n=27), compared to those who were incarcerated for non-violent crimes (32.5%, n=13).

**Table 4.15: Pearson’s correlations of childhood trauma and violent crime**

	Type Crime Committed			Pearson Chi-Square	Sig
	Non-Violent	Violent	Total		

Adverse Childhood Experiences	No	41	33	74	5.464	.030
	Yes	13	27	40		
Total		54	60	114		

Table 4.16 shows the difference between means of ACE and violent crime below.

**Table 4.16 : Difference of Means: ACE and Violent Crime**

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
ACE	114	.350	.044	.479	.262 .439
VCrime	114	.526	.046	.501	.433 .619
Diff	114	.175	.057	.613	-.289 -.062

The null hypothesis (Ho) was tested - that trauma experienced as a child does not result in violent crimes. The results show that there were differences (perceptions) in the mean for crimes committed and trauma experienced as a child (0.18). The p-value (.03) is less than 0.05, significant at a 5% level, hence the null hypothesis is rejected. A conclusion can thus be made that there was a relationship between trauma experienced as a child and committing violent crimes.

mean(diff) = mean (ACEs – Crime committed) = 0.18		
t = - 3.0547		
Ho: mean(diff) = 0	degrees of freedom = 113	
Ha: mean(diff) < 0	Ha: mean(diff) != 0	Ha: mean(diff) > 0
Pr(T < t) = 0.0014	Pr( T  >  t ) = 0.0028	Pr(T > t) = 0.9986

#### 4.4.1.2. Adult Trauma-Experienced and Violent Crime

Table 4.17 below shows that 68% (n=36) of respondents who stated that they experienced various traumas (experienced and witnessed) as young adults were incarcerated for violent crimes (murder, sexual crimes, etc.) and 32% (n=17) were incarcerated for non-violent crimes (economic, drug-related, etc.). Table 4.17 below shows correlations between adults experiencing trauma and violent crime among the sample.

**Table 4.18: Pearson’s chi-square of adult trauma and violent crime**

		Crime Committed		Total	Pearson's Chi Sq	Sig 2-tailed
		Non-Violent	Violent			
Adult Trauma	No		32	20	52	9.155 .002
	Yes		17	36	53	
Total			49	56	105	

**Table 4.19: Difference in means of Adult Trauma and Violent Crime (n=105)**

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf.	Interval]
AAE	105	.505	.049	.502	.407	.602
VCrime	105	.533	.049	.501	.436	.630
Diff	105	-.029	.058	.596	-.144	.087

N of valid case is 105

The Null hypothesis (Ho) was tested that trauma experienced as an adult does not result in violent crimes.

The results show that there were no differences (perceptions) in the mean for crimes committed and trauma experienced as an adult (.03). The p-value is .31, which is greater than 0.05, and not significant at the 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was no relationship between trauma as an adult and committing violent crimes in this sample.

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mean(diff) = mean (Adult trauma and Violent crime) = .03

t = .491

Ho: mean(diff) = 0                      degrees of freedom = 104

Ha: mean(diff) < 0                      Ha: mean(diff) = 0                      Ha: mean(diff) > 0

---

The results of ACEs and AAEs in this study concur with the cycle of violence theory and related studies (Sommer, 2017; Hinsberger, 2017; Wright & Fagan, 2013; Schuck and Widom, 2005) which hypothesises that violent victimization (physical, emotional, and sexual abuse) perpetrated by families and non-family members have an interplay with violent crime. These predictors perpetuate the cycle of violence in South Africa and should be considered in programmes to break the cycle of violent crime.

#### **4.4.2 Results of Question 2 – Is There an Interplay between SUDs and Violent Crime?**

Substance use disorders (SUDs) were measured using the NAA-approved Addiction scale and a further separate dichotomous question investigated whether respondents used alcohol or other drugs before committing crimes they were incarcerated for.

Table 4.19 below shows that the Chi-square test of independence or association did not yield significant results; the p-value is .224, which is greater than .05. Although the results are not significant; they provide insight that those who committed violent crimes (75%, n=53) had drug use disorder problems and 25% (n=18) did not.

**Table 4.20: Chi-square of Substance use disorders (SUDs) and Violent Crime**

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		Crime Committed			Pearson Chi- Square	Significance (2-sided)
		Non-Violent	Violent	Total		
Addiction	No	12	18	30	.944	.224
	Yes	53	53	106		
Total		65	71	136		

---

To test the hypothesis that SUDs / drug addiction does not result in violent crimes paired

tests were done using SPSS version 26. The results show that there were significant differences (perceptions) in the mean for violent crimes committed and the respondents' drug addiction (.26) - see the difference in means (Diff) in the table below. The p-value is more than .05, significant at a 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was no relationship between substance use disorders and committing violent crimes in this sample.

**Table 4.21: Difference in Means: Drug Addiction and Violent Crime**

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf.	Interval]
SUDs / Addiction	136	.779	.035	.416	.708	.849
VCrime	136	.522	.042	.501	.437	.607
Diff	136	.257	.058	.677	.142	.372

mean(diff) = mean (addiction – violent crime) = .26

t = 4.429

Ho: mean(diff) = 0

degrees of freedom = 135

Ha: mean(diff) < 0

Ha: mean(diff) ≠ 0

Ha: mean(diff) > 0

Pr(T < t) = 1.0000

Pr(|T| > |t|) = 0.0000

Pr(T > t) = 0.0000

#### 4.4.2.1. Drug use before crime

The Table below shows the correlation between drug use before crime.

**Table 4.22: Correlation: Drug Use before Crime and Violent Crime**

		Crime Committed		
		Non-Violent	Violent	Total
Drugs used	Yes	54	66	120
	No	20	11	31
Total		80	79	159

**Table 4.23: Pearson Chi-square of Drug Use before Crime and Violent Crime**

Drug Use	Pearson Correlation	.048
and	Sig. (2-tailed)	.554
Violent Crime	N	155

The Pearson Correlation t-test measure between drug use before crime and violent crimes showed a measure of .048, which was relatively low; indicating a low relationship or correlation between the two variables. The p-value is .554, which is greater than .05 at the 5% confidence interval; therefore, we can conclude that the relationship between drug use before crime and violent crime is not significant and we accept the Null Hypothesis – that drug use before crime does not result in violent crime.

However, of the 120 Respondents who stated that they used drugs before crime, most (55%, n=66) committed violent crimes (Murder, Robbery, Sexual crimes), while 45% (n=54) were incarcerated for non-violent crimes (economic and drug-related crime).

Latent SUD problems amongst violent criminal offenders have reference to the cycle of violence theory in that it makes a bad situation worse (e.g. Sommer, 2017; Hinsberger, 2017)

#### **4.4.3 Results of Question 3 – is there an interplay between appetitive aggression and violent crime?**

Table 4.23 below indicates that those who had appetitive aggression were more likely to have committed violent crimes (61%, n=14) as opposed to non-violent crimes (39%, n=9). Most Respondents (73%, n=116) reported they did not have appetitive aggression; and from this cohort, 47% (n=54) were incarcerated for violent crimes, and 53% (n=62) were incarcerated for non-violent crimes. It can then be concluded that respondents who were not appetitive aggressive were associated with violence.

**Table 4.23: Correlations between Appetitive Aggression and Violent Crime**

		Type of Crime Committed		
		Non-Violent	Violent	Total
AA	No	62	54	116
	Yes	9	14	23
Total		71	68	139

Table 4.24 tests the hypothesis that appetitive aggression does not result in violent crimes. The results show that there were significant differences (perceptions) in the mean for crimes committed and the respondents' appetitive aggression (.323). The p-value is not less than .05, significant at a 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was no relationship between appetitive aggression and committing violent crimes in this sample.

**Table 4.24: Difference of Means Table**

Variable	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf.	Interval]
AA	139	.165	.031	.372	.102	.228
VCrime	139	.489	.042	.501	.405	.573
Diff	139	.323	.050	.592	.423	.224

mean(diff) = mean (Appetitive Aggression – Violent Crime) = .323

t = 6.4429

Ho: mean(diff) = 0                      degrees of freedom = 138

Ha: mean(diff) < 0                      Ha: mean(diff) != 0                      Ha: mean(diff) > 0

#### **4.4.4 Results of Question 4 – Is there an Interplay between Trauma, SUDs and Appetitive Aggression?**

The hypothesis tested was that predictor variables: trauma (child and adult), substance use disorders (SUDs), and appetitive aggression (AA) are positively related to the outcome variable violent crime. This was achieved by using t-tests and linear regression multivariate analysis using SPSS 26. The sample was 159 young black

male adults incarcerated for violent and non-violent crime.

#### 4.4.4.1 Regression Analysis

Running the multilinear regression to establish the direction of effect between outcome and predictor variables – through t-tests, yields statistically insignificant results. However, the results provide useful insights that trauma experienced and witnessed as a child and as an adult, and addiction to drugs were interrelate to violent crimes. Appetitive aggression, however, was less likely to result in violent crimes – in the cohort sample tested. Table 4.25 below depicts statistical coefficients of outcome and predictor variables.

**Table 4.25: Statistical coefficients of predictor variables**

Outcome = Violent crime	Coef.	Std. Err.	T	P>t	[95% Conf.	Interval]
SUDs / Addiction	.079	.145	.55	.586	-.210	.368
ACE - Child Trauma	.195	.146	1.33	.188	-.097	.488
AAE - Adult Trauma	.166	.146	1.14	.257	-.124	.458
AA - Appetitive Aggression	-.041	.110	-0.37	.711	-.260	.178
_cons	.396	.136	2.91	.005	.124	.667

Running the stepwise linear regression does not show significant interplay between the variables. However, regression without adult trauma shows ( $p = .025$ ) and trauma as a child becomes the only significant predictor of violent crimes. This is due to the sample being too small. This affirms the notion that the inferred results cannot be generalized to the population. What the results ultimately show is that ACEs – adverse child experiences, is the predictor variable that is most linked or correlated to violent crime as the outcome variable.

#### 4.5 Conclusion

This chapter presented the main results of the study. It began with a reliability analysis, outlining the reliability scores for each of the scales used in the study. Chapter four also presented the sociodemographic profile of participants as well as the key findings of each of the scales and subscales used. Finally, it explored and presented key

findings relating to each of the four research questions.

Bivariate and multivariate analysis to establish the relationship between historical trauma exposure and violent crime; substance use disorders (SUDs) and violent crime; and appetitive aggression (AA) and violent crime were done using SPSSversion 26. The main findings are discussed in the next penultimate chapter.

## CHAPTER FIVE

### DISCUSSION

#### 5.1 Introduction

This chapter discusses the findings of the study in more detail in reference to the literature and theoretical framework. Firstly, the socio-demographic findings are discussed, followed by discussion of the data findings.

Inferential bivariate and multivariate data analysis was done to answer the primary research question: Is there an interplay between trauma, substance use disorders, and appetitive aggression and do they have links with violent crime? To test the correlation between bivariate variables, inferential tests of hypotheses between predictor/s and violent crime were firstly done, followed by multilinear regression analysis of all relevant variables through t-test regression analysis.

#### 5.2 Socio-demographic Findings

The following is an outline of the main socio-economic demographic research findings described in Chapter four, which presents the contextual underpinnings of the study.

**The socio-demographic profile:** The sociodemographic profile of the sample first emulates the population densities of the municipalities in the Western Cape Province and Garden Route District Municipality. Most Offenders (78) lived in George, which is the most populous municipality in the Garden Route District (GRDM, 2020). This is followed by Mossel Bay (37), Knysna and Hessequa (15 each) and Bitou (14). Furthermore, the sample represents the racial profile of people living in the Western Cape Province and the Garden Route District Municipality. This comprises the majority being of the so-called coloured race group, followed by African black and Asian or Indian descendants (ibid).

**Education levels:** Regarding the education levels of respondents, just more than half (n=82 or 52 %) had some secondary schooling, while only 23% achieved matric or higher education levels. In the context of high unemployment, like in South Africa, the chance of gaining employment is very low without at least a matric level education

(Seekings, 2007). On the other hand, having an education does not guarantee employment (ILO, 2022; Gould, 2015a; Seekings, 2007). While young people can gain skills training with a grade 9, and above, level education at technical and vocational education and training (TVET) college, the realities are that many young people are not in education, employment, or training (NEETS) (SALDRU, 2022).

**Unemployment:** Approximately two-thirds (67%) of participants were unemployed at the time of incarceration. The unemployment rate includes the number of people in the workforce (aged 15 to 65 years) who are looking for jobs but not working. This excludes retirees, students, and people who have given up hope of finding employment, known as discouraged workers (Statista, 2022). This resonates with high national statistics of the unemployment rate, which in 2021 was 34% and in 2022 is 33.9% - in Quarter 2 of 2022 (Stats SA, 2022). South Africa has the highest unemployment rate in the World (Statista, 2022), which is a startling fact, given that it is also the most unequal country in the world, with the highest levels of economic disparities, according to the World Bank (2020). These factors predispose some young male adults to crime and violence.

**Socio-economic status / growing up living conditions:** Almost a quarter (24%, n=38) of Respondents stated that they were poor or very poor while growing up. According to the UN's Human Development Report, 19% (n=11 million) of South Africans live in extreme poverty, on less than 1.90 U.S. dollars per day (R28 per day or R800 per month) (World Bank, 2020). Poverty is closely linked with high levels of unemployment, hunger and malnutrition, a lack of basic services, the disintegration of families, vulnerability, homelessness, hopelessness, crime, and substance abuse (Kaminer, Eagle & Crawford-Browne, 2016; Seekings, 2007; Abrahams, 2003). Furthermore, South Africa has for a long period been one of the most unequal countries in the world, as regards wealth disparities (Stoddard, 2022; World Bank, 2022; Seekings, 2007).

**Neighbourhood Conditions Growing Up:** Of the total 159 respondents, 46% (n= 73) stated that the area they grew up in was dangerous - that they feared for their safety. According to Stewart & Simons (2006) children in violent disadvantaged neighbourhoods may "become desensitized to the pervasive neighbourhood violence

they witness” and that by being exposed to high rates of violence, they “may be more likely to normalize it or become desensitized to it” (Stewart & Simons, 2006). This resonates with a ‘cultural shaping’ of violence that becomes ingrained in especially poor neighbourhoods in South Africa. Young males however are predisposed to becoming part of the violence, by joining gangs – due to coercion, peer pressure, or personal survival (Mathews et al., 2016; Seedat et al., 2009).

**Types of crime committed:** Approximately half the Respondents (49.1%, n=78) were incarcerated for violent crimes, which include murder, robbery and sexual crimes, and the other half, (49.7% =79) committed non-violent crimes, including economic and drug-related crimes.

**Times incarcerated:** Most respondents (74.2%) were incarcerated more than twice before their current incarceration 25.8% were incarcerated for the first time: 28.3% were incarcerated for the second time; 25.2% were incarcerated between 3 and 5 times previously and 15.1% were incarcerated more than five times previously.

**Belong to a gang:** Of the respondents questioned if they belonged to a gang outside of prison, before incarceration, 27% (n=43) stated that they belonged to some gang formation and 51.6% (n=82) said they did not. The rest of the respondents (21.4% n=34) did not answer or said they did not know.

**Drug use before crime:** Most respondents (76%) used drugs prior to committing crime, while 24% stated they did not use drugs before committing crime they were incarcerated for. The primary drug used before crime amongst participants was Cannabis (77%); followed by Alcohol (63%); Mandrax (57%) and Cocaine or Heroin (18%). Most respondents (52%) were polysubstance users, meaning that they used more than one drug at the same time. This could for example be alcohol and drugs or a mixture of Cannabis and Mandrax, which is called the ‘white pipe’ that is most frequently used in the Western Cape Province (Dada et al, 2011; Parry, 2005).

The main conceptual themes of the study and research questions are next analysed through correlational hypotheses tests.

### **5.3 Thematic Findings**

Inferential data analysis includes correlation hypothesis testing of the primary question Is there an interplay between trauma, SUDs and appetitive aggression and violent crime? Pearson Chi-square analysis and hypothesis testing through regression analysis included bivariate tests of the relationship between predictor variables (trauma, SUDs, and appetitive aggression) and violent crime as the main outcome variable.

#### **5.3.1 Research Question 1: Nexus between Trauma and Violent Crime**

Results of the study show that there was a relationship between trauma experienced as a child and committing violent crimes, but no relationship was shown between adult trauma experienced and violent crime committed.

The null hypothesis was tested - that trauma experienced as a child does not result in violent crimes. The results show that there were differences (perceptions) in the mean for crimes committed and trauma experienced as a child (0.18). The p-value (0.03) is less than 0.05, significant at a 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was a relationship between trauma experienced as a child and committing violent crimes.

Respondents who reported they had experienced trauma as children were more likely to be incarcerated for violent crimes (67.5%, n=27), compared to those who were incarcerated for non-violent crimes (32.5%, n=13).

Next, the Null hypothesis (Ho) was tested that trauma experienced as an adult does not result in violent crimes.

The results showed that there were no differences (perceptions) in the mean for crimes committed and trauma experienced as an adult (.03). The p-value is 0.31 (> 0.05), not significant at the 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was no relationship between trauma as an adult and committing violent crimes in this sample.

This notwithstanding, most 68% (n=36) of respondents who stated that they

experienced various traumas (experienced and witnessed) as young adults were incarcerated for violent crimes (murder, sexual crimes, etc.) and 32% (n=17) were incarcerated for non-violent crimes (economic, drug-related, etc.). Trauma was thus experienced by respondents who committed both violent crimes and non-violent crimes.

Empirical data collected in this study thus showed that adverse childhood experiences that include emotional, physical, and sexual violence experienced and witnessed as a child has significant interplay with violent crime (Sommer et al, 2016). Primary traumas extrapolated from this study’s results relate to family involvement in emotional, physical, or sexual abuse. Results show that four people in 10 (43%) of the respondents experienced emotional abuse – being consistently humiliated by parents or caregivers; while six people in 10 (61%) experienced physical abuse by their family – attacked with a weapon; and more than one in four (28%) were sexually abused by a family member. Historical trauma that was witnessed by respondents during childhood (<18 years old) included: 39% seeing someone being killed; 61% witnessing someone in their family being attacked with a weapon; and 22% witnessing sexual abuse by a family member. Table 5.1. below depicts ACEs.

**Table 5.1: Adverse Childhood Experiences**

Type of Trauma - ACEs	Experienced = self-Exposure	Witnessed = seen the event
Emotional abuse – neglect by parents or caregivers	43%	Seen someone being killed = 38.5%
Physical abuse – attacked by a family member/s with weapons	61.4%	61.4%
Sexual abuse – by family	27.8%	21.7%

The literature confirms that adverse childhood experiences (ACEs) and adverse adult experiences are deemed risk factors for the perpetuation of violent crime in South Africa (Hsiao, et al., 2018; Sommer et al., 2016; Kaminer & Eagle, 2010a; Kaminer et al., 2008; Williams, et al., 2004). Childhood neglect in South Africa is primarily linked

to poverty (Campbell, 2021) and neglectful parents and guardians (Mathews et al., 2016). The Optimus study revealed that 21.3% of their study sample had experienced some form of childhood neglect (emotional abuse) in South Africa (Burton et al., 2016). The prevalence of emotional neglect among South African youth was slightly lower in Hsiao et al.'s (2018) findings, as they reported a neglect prevalence of 12.2% among South African youth. The prevalence of childhood neglect was significantly higher in Mathews et al.'s (2016) research. Mathews et al. (2016) revealed that 40% of men reported growing up in neglectful households in South Africa. This study showed that 43% of respondents reported emotional abuse/neglect by their families, in the form of humiliation and constant degradation.

Police reports show that most victims of crime are children and involve sexual violence. The South African Police Services (SAPS) reported that most crimes (60.5%) included sexual offences committed against children below the age of 15 years; 29.4% of these sexual offences involved children aged 0-10 years (SAPS, 2019a). In 2013/2014, 29% of sexual offences reported to the police involved children under the age of 18 years – which amounted to 51 cases of child sexual victimisation per day (SAPS, 2014). Issues of under-reporting, however, are severe, and actual rates of violence against children are estimated to be much higher (Jamieson et al., 2017). The Optimus Study confirmed that males are similarly prone to sexual abuse as are girls (Hsiao et al., 2018; Kaminer et al., 2008).

The victimisation of children in South Africa, through abuse and maltreatment, shown by police statistics, the Optimus study, and other studies, indicate the high levels of maltreatment of male children. This plays a significant role in them becoming offenders of violence and violent crimes as adolescents and as adults (Cicchetti, 2016) and experiencing mental disorders, such as post-traumatic stress disorder (PTSD), depression, etc. (Kaminer & Eagle, 2010).

International research studies confirm that there is a strong relationship between the experiences that a child face when they are growing up and how they act during adulthood (Raby et al., 2015; Fletcher & Schurer, 2017). Seminal studies by Widom (1989a;b) and Widom & Maxfield (2001) sought to address the relationship between child maltreatment and deviant behaviour. The results showed that children who were

victims of physical abuse and/or neglect were almost twice as likely to be arrested for violent crimes as adults (Widom, 1989b). Moreover, studies show that young South African adults with a history of childhood adversity are at a greater risk of engaging in violent crime (Hsaio et al., 2018; Ward et al., 2012; Fagan, 2005). Research and various studies also show that any kind of violence exposure, like domestic violence, sexual violence, community violence, or psychological violence is a risk factor for mental health – across different cultures, sexes, and ages albeit with varying impacts (Hinsberger, 2017). This risk becomes further augmented when an individual experiences different forms of violence during his/her life. This is referred to as poly-victimization (Ford, Elhai, Connor & Frueh, 2010).

Sufficient evidence, therefore, illustrates the multiplicity of adverse childhood experiences emphasised in the study as historical trauma exposure of children living in poor areas that are also dangerous settings and environments in South Africa. These ACEs predispose young male children, youth and young adults to violence and a cycle of violent crime. The detrimental effect of violence on mental health status is for example indicated by an increased risk of developing psychological disorders and behavioural problems such as posttraumatic stress disorder (PTSD) (Wilker et al., 2015) and appetitive aggression (Crombach & Elbert, 2015). The interplay between appetitive aggression and violent crime is discussed in research question 3.

The next question investigated the interplay between substance use disorders and violent crime among the cohort sample.

### **5.3.2 Research Question 2: The Link between Substance Use Disorders and Violent Crime?**

To test the Null Hypothesis that drug addiction does not result in violent crimes, paired tests were done using SPSS version 26. The results show that there were significant differences (perceptions) in the mean for violent crimes committed and the respondents' drug addiction (0.26). The difference in means shows a low relationship measure between SUDs and violent crime. The p-value is not less than 0.05, significant at a 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was no relationship between substance use disorders and

committing violent crimes in this sample.

The Pearson Correlation test measure between “drug use before crime” and violent crime showed a measure of .048, which was a relatively low relationship or correlation between the two variables. The p-value is .554, which is greater than 0.05 at the 5% confidence interval; therefore, we can conclude that the relationship between drug use before crime and violent crime is not significant and we accept the Null Hypothesis – that drug use before crime does not result in violent crime.

This notwithstanding, of the total 120 Respondents who stated that they used drugs before crime, most (55%, n=66) committed violent crimes (Murder, Robbery, Sexual crimes), while 45% (n=54) were incarcerated for non-violent crimes (economic and drug-related crime).

Alcohol and drugs are deemed "enablers" of violence (SAPS, 2019; Hinsberger, 2017; Taft et al., 2005). The intake of psychoactive substances is a crosscutting facilitator for all types of violence, and it increases not only the risk of becoming a perpetrator but also the risk of becoming a victim. The results of this study show that 55% of respondents who committed violent crimes used drugs before crime. These findings concur with the findings of Leggett (2003) and Parry et al. (2004). Ted Leggett's (2003) monograph describes the drug-crime nexus in South Africa.

Some of the findings conclude that about 46 % of the 2 859 arrestees given urine tests for drugs were found to be positive for one of six controlled substance types, and Arrestees under the age of 20 were most likely to test positive for some substance (66 %) (Leggett, 2009). Studies by the Medical Research Council and other Researchers between 1999 and 2000 in three South African metro cities (Cape Town, Johannesburg, and Durban) found that 50 % of individuals arrested on charges related to family violence, murder or rape were reported to have been either drunk or under the influence of drugs at the time of the offence/s (Parry et al., 2004). Offenders were therefore inebriated by alcohol or drugs (or both) before committing a crime/s.

The question of whether drug abuse functions as a catalyst for violent criminal behaviour (Ching, Daffern & Thomas, 2012) or in a causal role remains a controversial issue (Klostermann & Fals-Stewart, 2006). This notwithstanding, the abuse and impact

of substance abuse on young people, especially male youth and young adults, plays a major role in criminal and violent behaviour – that perpetuates the cycle of violent crime globally and in South Africa.

The next question relates to the theme of the study related to the nexus between appetitive aggression and violent crime.

### **5.3.3 Research Question 3: Is There an Interplay between Appetitive Aggression and Violent Crime?**

The Ho hypothesis - that appetitive aggression does not result in violent crimes was tested. There were significant differences (perceptions) in the mean for violent crimes committed and the respondents' appetitive aggression (.32). The p-value is greater than .05, significant at a 5% level, hence the null hypothesis is not rejected. A conclusion can thus be made that there was no relationship between appetitive aggression and committing violent crimes in this sample.

### **5.3.4 Question 4: The Interplay between Trauma, SUDs, Appetitive Aggression and Violent Crime?**

Linear regression tests to establish the direction of effect found by the t-tests yields statistically insignificant results. The final regression model depicted ACEs - adverse childhood experiences, as the only predictor variable correlated with the main outcome variable violent crime.

However, the results provide useful insights that trauma experienced and witnessed as a child, appetitive aggression and addiction to drugs were predictors of violent crimes. The dichotomous measure of “did you use drugs before crime” showed insignificant results, meaning that using drugs before crime does not result in violent crime per se.

This notwithstanding, the conclusion of the study, based on the empirical evidence analysed, shows that trauma, in the form of adverse childhood experiences, has interplay with substance use disorders and appetitive aggression, and these factors perpetuate the cycle of violent crime among young male adults in the context of South Africa.

Data in this study shows that those who had appetitive aggression were more likely to have committed violent crimes (61%, n=14) as opposed to non-violent crimes (39%, n=9). Most Respondents (73%, n=116) reported they did not have appetitive aggression; and from this cohort, 47% (n=54) were incarcerated for violent crimes, and 53% (n=62) were incarcerated for non-violent crimes. It can then be concluded that respondents who were not appetitive and aggressive were associated with violent and non-violent crimes.

The literature explains the nexus between appetitive aggression and violent crime. This attests to the reason why this study's data shows that although respondents reported that they were not appetitive aggressive, there was nevertheless an interplay between appetitive aggression and violent crime.

Elbert, Weierstall and Schauer (2010) describe appetitive aggression as the violence-related enjoyment a perpetrator experiences through his or her acts of violence or inflicting harm on a victim (Elbert, Weierstall & Schauer, 2010). Enhanced appetitive aggression has been found to reinforce the cycle of violence. Exposure to contexts in which human beings repeatedly perpetrate acts of violence against one another, such as domestic violence, gang violence, organised crime, or armed conflicts, can increase the likelihood of appetitive aggression (Meyer-Parlapanis & Augsburger, 2018).

This notwithstanding, appetitive aggression is also a mechanism and means of defence and survival. In the context of South Africa, with high rates of violent crime, especially in poverty-stricken areas and volatile neighbourhoods, young children and adults are predisposed to violence (Seedat et al., 2009). The possible advantages of an attraction to violence in low-income urban South African communities were investigated by Weierstall et al. (2013) in a sample of 69 male former violent crime offenders. Their research revealed that participants scoring high regarding appetitive aggression exhibited better functioning and expressed fewer concerns about future threats in comparison to adolescents who only exhibited reactive aggression. This study shows that appetitive aggression or attraction to violence, therefore, constrains PTSD in young South African men – therewith not affecting them as such (Weierstall et al., 2013). In the context of belonging to a gang for purpose of survival in violent communities, young adult males make these choices and find it hard to change their

destinies (Pinnock, 2016; Steinberg, 2005; Gould, 2015b).

Lonnie Athens' theory on the process of violentization expands on the nexus between appetitive aggression and violent crime (Athens & Ulmer, 2013). Athens espouses that self-experienced violent act ("violent subjugation") in combination with cyclic observation of violent acts ("horrification") results in what Athens calls "brutalization." Later stages of Athens' model describe how a child gradually begins to act more and more violently at first, only when provoked ("defiance"), but if the use of violence is successful, it becomes a preferred method of self-protection ("violent performance") and ultimately a preferred instrument for the resolution of all kinds of problems ("virulency"). In a context of ongoing threat, not hesitating to use violence and the failure to experience subsequent feelings of anxiety or guilt (but instead actually enjoying it) can be an evolutionary advantage, ensuring survival and psychosocial functioning (Athens & Ulmer, 2003).

Violence due to self-protection (survival) and control (over drug territories, etc.) is rife among gangs in South Africa. The situation in volatile neighbourhoods and poor communities, especially in the Western Cape Province means that young male children, youth, and young adults are predisposed to violence through either belonging to gang formations or being threatened by their violence. The dichotomy of male victimisation and violent criminal offending is most apparent in gangs due to the violence experienced during initiations and gang activities (Kinnear, 2019; Pinnock, 2016; Gould, 2015). Invariably gang members become enthralled with the status and group dynamics like family and kinship that they do not experience elsewhere. Dysfunctional families and communities breed gangs that perpetuate the cycle of violent crime in South Africa. In this study, one out of four (27% of respondents reported that they were involved in gang formations prior to being incarcerated.

Furthermore, male victimisation plays a crucial role in manifesting a dichotomous interplay with violent criminal offending. While not all children who are traumatised end up committing violent crimes, the contextual risk factors identified in the literature and the study, indicate the complexity of violent crime – as a 'wicked problem' that is cross-cutting and no silver bullet solution exists to eradicate or prevent it.

## **CHAPTER SIX**

### **RECOMMENDATIONS AND CONCLUSION**

#### **6.1 Introduction**

In Chapter one of this report, an outline of the study chapters is presented with the problem statement, rationale, research questions, objectives, and ethics of the study. The topic of this study is: The interplay between historical trauma exposure, substance use disorders and appetitive aggression and its relation to violent crime among high-risk young male adults in South Africa. The primary research question investigated in this empirical study was: Is there an interplay between violent crime, historical trauma, substance use disorders and appetitive aggression among young adults at risk with the law? The research objective was to test the Null Hypothesis that there was no interplay (correlation) between the outcome variable violent crime, and predictor variables: historical trauma, substance use disorders and appetitive aggression.

The literature review in Chapter two included a content analysis of violent crime and its various correlates. It started with a contextual and conceptual study that included the nature and extent of the problem in South Africa. This also included the theoretical and legislative framework that underpins the study. Chapter three explained the quantitative research design and methodology used to collect data for a representative sample of 159 young adult offenders at George Correctional Centre in the Garden Route District Municipality in Western Cape Province. Chapter four described the data findings depicted in tables, and figures (Bar charts and pie charts).

This chapter will begin with a discussion of the significance of the study. Some limitations of the study will then be discussed, followed by suggestions for overcoming such limitations in future. Finally, some of the key recommendations of the study will be discussed, demonstrating how the results could be used practically in South Africa. Finally, the chapter will end with a brief discussion of future research and conclude.

#### **6.2 Significance of the Study**

The main contribution of the completed research will add to the body of knowledge to understand the interplay between violent crime and factors that perpetuate the cycle

of violent crime in South Africa.

The study in the main confirmed that adverse childhood experiences (ACEs) and trauma exposure in young adulthood, are deemed key risk factors for the perpetuation of a cycle of violent crime in South Africa. This is purported in studies by Hsiao, et al., 2018; Hinsberger, 2017; Sommer, 2017; Sommer et al., 2016; Kaminer & Eagle, 2010a; Kaminer et al., 2008; Williams et al., 2007. While the interplay between risk factors and violent crime was the subject of this study, the study emphasised the dichotomy of male victimisation and criminal offending. Male victimisation and violent criminal offending are interlinked (Sommer et al., 2016; Cicchetti, 2016; Hinsberger, 2017).

While youth and young male adults are the predominant offenders of violent crime, they also are victims due to their own violent trauma (emotional abuse, physical abuse, sexual abuse, etc.) experienced or witnessed since childhood and into adulthood (Ellis et al., 2019; Sommer, 2017; Hinsberger, 2017; Hsiao et al., 2018; Ferrington et al., 1998). Young male adults involved in violent crimes, especially from poor areas in South Africa, have a history of exposure to trauma in the form of emotional, physical and sexual abuse, neglect, etc. (UBS, 2016; Burton et al, 2016; Hsiao et al., 2018; Pinnock, 2016; Gould, 2015; Ward et al., 2012). Research studies as well as this study thus confirm that adverse childhood experiences and adult trauma are prime risk factors that perpetuate the cycle of violent crime in South Africa.

Like the study by Sommer et al. (2016), this study showed that there is interplay between trauma, substance use disorders and appetitive aggression among young adults at risk of the law. This broader understanding of risk factors that have relations to violent crime help identify appropriate initiatives and programmes that can break the cycle of violent crime in South Africa.

The study emphasises that public and other programmes that focus on the dichotomy of male victimisation and criminal offending can ultimately help break the cycle of violent crime in South Africa. Trauma must be treated soon after it occurs or as soon as it can be identified. Underlying causes of violent crime, discussed in the literature review, include multiple factors that are either structural, like the socio-economic environment, poverty, inequality, and unemployment, or related to psychological,

social, political, geographical, or biological factors. There are also systemic and institutional factors linked to the perpetuation and cycle of violent crime that the study did not discuss. This multiplicity of predisposing factors and its direct or indirect interplay with violent crime makes violent crime a complex and 'wicked problem' that does not have one 'silver bullet' solution. However, it does require a targeted approach, that is holistic and has a 'whole of society' stakeholder involvement approach.

So, together with a broad understanding of the nature, context, and conception of violent crime, stakeholders in this sector, including public policy makers, civil society organisations involved in safety, the criminal justice system, and departments providing mental health and social development programmes can identify effective and efficient initiatives to break the cycle of violence and violent crime among children, youth, and young adults at risk with the law in South Africa.

### **6.3 Limitations**

In terms of the socio-demographic profile, the measurement and calculation of socio-economic status were very limiting. In this study socio-economic status was measured by the level of education, occupation and home conditions growing up. Stats SA measures socio-economic status through the Household Census Surveys in South Africa. This includes measures of income, and access to basic services such as water, sanitation, infrastructure, health, disability, education, food, and employment. While this may not have been measured in this study, it still meant that the way socio-economic status was calculated was not very comprehensive and thus brings into question how well one can rely on the findings related to socio-economic status.

The sampling and selection process of respondents limits the study to a non-random sample. This is neither by design nor intent, but rather due to the constant movement of offenders into and out of correctional centres. The limited/small sample size of 159 respondents may be the cause of some of the limitations of the study findings, such as the 'non-fit' pathway model of the interplay between the various predictor variables and the outcome variable.

The study was a cross-sectional investigation of the interplay between risk factors that

perpetuate violent crime. This provides a 'snapshot' of a certain cohort at a particular time. A longitudinal study that investigates relations between predictor and outcome variables over time could provide more robust results of this phenomenon. However, longitudinal studies require more time and resources, which this Researcher was limited to.

### **6.3.1 Addressing Limitations**

A bigger study sample improves the results of any study to the extent that findings can be generalised to the broader population. Findings are more trustworthy, and inferences are robust.

Collaborative efforts, between public, private, and civil society (including tertiary institutions, non-profit organisations, community-based organisations, etc.) could realise practical longitudinal studies in settings other than correctional centres. This could highlight changes and trends over time between contextual factors, predictor risk factors, and violent crime. This information is useful to identify programmes to break the cycle of violent crime in various parts of South Africa. In the Western Cape Province, for example, where violence is rife in volatile neighbourhoods, programmes and interventions can only be tested and evaluated over a medium-term period to see the impact thereof, which best benefits longitudinal studies.

### **6.4 Future Research**

More comparative studies of the interplay between violent crime, context, and predictor variables can broaden and fill the gap in current knowledge on this subject on a local, provincial, or global scale.

Socio-economic and political dynamics are prone to change over time and longitudinal studies can find nuanced answers to long-term behaviour changes of individuals and groups to break the cycle of violent crime in South Africa.

New research into various new technologies and neuroscience-driven evidence-based treatment programmes in use for reducing violent criminal behaviour, alcohol and drug use, and aggression should be undertaken with local population samples, whether in families, communities, or institutions.

## 6.5 Recommendations

Violent crime and its correlates including inter alia poverty, inequality, unemployment, trauma, substance use disorders, and aggression, are “wicked problems” that are difficult and complex; there is no single, silver bullet solution. The context and nature of violent crime in South Africa deem it a societal problem that affects individuals, families, communities, and society. It is a ‘societal problem’ therefore and needs a ‘whole of society’ approach to break its cyclical nature.

This study identified a blueprint to break the cycle of violent crime in South Africa, which includes Firstly, a “whole of society” approach to interventions must include government, non-government organisations, faith-based organisations, community-based organisations, civil society, and private sector (businesses). This is to ensure the collaboration of resources that include funding, technical expertise, research, monitoring and evaluation, and coordination. Secondly, it should be holistic, to prevent and treat the problem as well as underlying causal linkages. This may be treating aggression and substance use disorders through behaviour change therapy/ies as well as empowering the person with work skills for employment and placement in a job.

Thirdly, programmes should have a targeted approach to provide care, empathy, and services to those in need, regardless of age, gender, race, etc. These should be in the home, community, and institutions (schools, child and youth care centres, early childhood development centres, correctional centres, etc.). Programmes must be evaluated and revised through a monitoring and evaluation system that forms part of pre-and post-planning and management systems.

Since aggressive behaviour is invariably an adaptation to a cruel environment that young people living in marginalised areas endure, trauma and aggression treatment programmes cannot achieve a significant behaviour change unless their living conditions change (Hinsberger, 2017). Programmes to break the cycle of violent crime must focus on socio-economic issues (job creation, education, skills development and training, small business development, social protection/grants, etc.), trauma, substance use disorders, and mental health disorders (aggression).

Young people who misuse substances are at higher risk for sexual abuse because of the disinhibiting effect of drugs and alcohol, as well as the loss of judgement that results from intoxication. In addition, young people who have been through a traumatic event such as sexual abuse may turn to drugs and alcohol to manage their symptoms (which in turn may put them at risk for further sexual abuse). For this reason, youth-friendly substance-abuse treatment services – to build resilience, should be made widely available, both to reduce substance misuse and hence the likelihood of sexual abuse and to treat the substance abuse that arises from sexual abuse to self-medicate the symptoms of distress. The latter services need to be trauma-informed – that is, they need to consider symptoms of the trauma and treat those as well as the substance misuse (UBS Optimus Foundation, 2016; Sommer et al., 2016).

Substance use disorders (drug and alcohol disorders) cannot be cured but can be prevented and treated through targeted programmes of demand reduction and harm reduction (CDA, 2019; Doweiko, 2015; Parry, 2005). Therefore, prevention programmes in schools, sports clubs, and communities that involve advocacy and education must aim to stop the initial use of alcohol and other drugs. People who consume alcohol and drugs at levels that affect their health and socio-economic status must be provided with specialised treatment involving psycho-social programmes that are available to all. The primary tenets of SUD programmes must acknowledge people's human rights to be treated with respect and dignity and prevent issues that delimit access to treatment (CDA, 2019). These include inter alia combating stigmatisation and ensuring that people who cannot afford private treatment services have access to effective public treatment services.

Restorative justice, which involves diverting children in conflict with the law to more restorative and rehabilitative programmes may be helpful to reduce recidivism (Gxubane, 2012; Skelton, 2002). Effective diversion programmes should focus on behavioural change therapies and include elements such as skills development, individual, family and group counselling, mentoring, and monitoring.

Dealing with gangs and gang violence is a complex issue since gangs play a socio-economic role in poor areas (Kinnes, 2017; Steinberg, 2005; Pinnock, 2016). Palmary and Moat (2002) explored various approaches to dealing with gang violence such as

prevention-based, intervention based and suppression-based interventions. These interventions must include job creation. This however is a primary prevention recommendation and not an intervention with existing gangs. According to Palmary and Moat (2002), very few gang members will leave an existing gang for low-wage jobs. Hence recommendations for interventions with existing gangs would need to involve alternative constructive initiatives, such as education, training, outreach programmes, employment skills training, conflict mediation as well as individual and family intervention – as proposed by Palmary and Moat (2002).

In volatile communities, these initiatives will be a great challenge but could be successful within a 'whole of society' approach. Prevention programmes, working with very young males who are most at risk would be beneficial. These programmes not only require structural and financial support from government and private sector businesses, but also buy-in from civil society and involvement of structures and personnel from community-based organisations, faith-based organisations, and various government departments (health, social development, sports, and culture, etc.).

Broader issues of social inclusion/cohesion that improve the lives of marginalised young male adults, must be prioritised as per the National Development Plan (Vision 2030) (NPC, 2012). This can circumvent young male adults' propensity to violent crime and improve nation-building for South Africa.

## **6.6 Conclusion**

The theoretical and contextual hypothesises of this study were confirmed - that in violent neighbourhoods, accentuated by socio-economic, political, and cultural dynamics, trauma exposure is central to male victimisation. The results provide useful insights that trauma experienced and witnessed as a child, addiction to alcohol and other drugs, as well as appetitive aggression, were predictors of violent crimes.

The findings of this study moreover confirm the assumption that the researched predictors of violent crime do "make a bad situation worse" and therefore this complexity finds meaning in how to break the unabated cycle of violent crime in South Africa.

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## APPENDICES

### Appendix 1: The Questionnaire - English Version

A Study of the Predisposition of Incarcerated Male Youth

Inmates at George Correctional Centre

Administration: Don't fill in please

Survey #: .....

Municipality Name:

*Good day, my name is Sean Whiting, a Research student of UCT. My objective is to collect information from youth [aged 25 to 34 years] at George Correctional Centre. The information will be used to inform the broader research field on issues related to The Factors that predispose young adults to violent crime in South Africa. More importantly, the Aim of this Survey is to collect information that can be used to improve the Rehabilitation Programme of Offenders.*

*Confidentiality: Your identity will not be revealed in the study at any time, but your honest responses will be used for purposes of this research only. All ethical matters have been attended to prior to this interview. This includes permission from the Correctional Services Research Unit; Correctional Services Head of Centre and UCT's Ethics Committee.*

*You are free to not answer any questions and can opt out of the interview at any time. Feel free to ask me to make things clear when you don't understand a question. Also feel free to end the interview if you feel that your rights are being violated. A Translator can be provided if you wish to be comfortable in your home language.*

*Firstly, do you affirm the following characteristics: You are -*

*•A Male Sentenced offender; •Aged between 25 and 34 years; •A South African National; and*

*From Garden Route District area*

*If yes to all, Please answer all the questions as honestly as possible, and be assured of the confidential nature of this questionnaire. The responses that you provide will be used for research purposes only. If you have any queries on this questionnaire or study, please contact my Research Supervisor, Associate Professor Leon Holtzhausen, from the Department of Social Development at the University of Cape*

Town, at 021-650 3495.

Consent to Participate:

Please sign hereunder to indicate that you understand what I have explained and that you accept participation in the Survey. Thank you so much.

Signature of Respondent / Interviewee: .....

<b>SECTION A:</b>	<b>PROFILE OF INDIVIDUAL:</b> Questions relate to inmate's status before incarceration
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A1. Area living – before incarceration?

Name of Municipality .....

A2. Could you tell me to which Racial Group you belong – as defined prior to 1994?

[Answer with X]

African black	'Coloured'	Indian or Asian	Other, specify...
1	2	3	

A. 3. What language do you speak?[Answer with X]

Afrikaans	English	isiXhosa	IsiZulu	Other? Specify .....
1	2	3	4	5

A4. How old are you?[Answer with X]

Age in Years	
25 – 29	
30 – 34	

**A5. Your Highest Educational Level? [Answer with X]**

No ne	Some Primary schooling	Completed primary School	Some secondary schooling	Completed matric	Post school diploma	Post school degree
1	2	3	4	5	6	7

**A6. What was your Marital Status before incarceration? [Answer with X]**

Married [traditional]	Married [western]	Living together	Divorced	Separated	Single/never married	Other , speci fy...
1	2	3	4	5	6	

**A7. What was your Occupation – before incarceration? [Answer with X]**

Employed by a company or self-employed	Unemployed, looking for work	Unemployed, not looking for work	Scholar/student	Other, specify
1	2	3	4	5

<b>SECTION B</b>	<b>ECONOMIC &amp; SOCIAL BACKGROUND &amp; NETWORKS</b>
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**B1. How do you perceive your home conditions growing up? Answer with X]**

*Well-off means = Ok, material-wise [house, car, etc.] and ability to make ends meet*

*Not so Poor = Struggle to make ends meet but live in a formal house.*

*Very Poor = Struggle to make ends meet and live in an informal house.*

*Extremely poor = Cannot make ends meet and live in an informal house.*

Well off	Not so poor	Very poor	Extremely poor	8. Unsure	No response
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B2. What kind of dwelling did you live in prior to being incarcerated? [Answer with X]

a. In a brick or concrete house.	
b. In a shack on its own plot.	

c. In a block of flats. – Council type	
d. In a shack in a backyard.	
e. In a wendy house in a back yard.	
f. In a wendy house on its own plot.	
g. In a children's home or shelter.	
h. On the street.	
i. Other: Specify ...	

B3. How many people lived in your household when growing up? [Answer with X]

1-3	4-6	7 or more	unsure	Other, specify ...
1	2	3	8	

B4. Type of Household - Was your household?

	[Answer with X]
Single-headed household – Mother only	
Single-parent household – Father only	
Two parent [both mother and father]	
Grandparent/s only	
Other, specify...	

B5. Did you or anyone else in your household receive a social grant? Multiple answers

Type of Grant received by household	[Answer with X]
1. Old age grant/Pension	
2. Disability grant	
3. Child support grant	
4. Care dependency	

5. Foster Care grant	
6. Military veterans grant	
7. Other	
8 . Unsure	

B6. How do you perceive the area where you grew up in? Dangerous area  
= where you constantly fear for your life.

Not so dangerous = 1	Dangerous = 2	Very dangerous=3	8. Unsure	9. No response
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B7. Do/Did you previously belong to a gang? [Answer with X]

	Outside prison
1=Yes	
2=No	
8 Unsure	
9 No response	

B8. If yes, what gang?[Answer with X]

	Outside prison
1=26s	
2=27s	
3=28s	
8 unsure	
9 No response	

B9. If yes to B7 [that you do belong to a gang] Why?

Specify .....

SECTION C	AGGRESSION, APPETITIVE AGGRESSION, TRAUMATIC EVENTS & DEPRESSION CHECKLISTS & ACCESS TO TREATMENT
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2.1. APPETITIVE AGGRESSIO N (AA)	Indicate how much you agree or disagree with each of the following statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Do you like to listen to other people telling you stories of how they killed others?	0	1	2	3	4
2	Does the challenge of defeating a strong opponent make the fight more pleasurable for you in comparison to the defeat of a weak opponent?	0	1	2	3	4
3	Is it exciting for you if you make an opponent really suffer?	0	1	2	3	4
4	Do you feel powerful when you go to a fight?	0	1	2	3	4
5	Is it fun to prepare yourself for fighting?	0	1	2	3	4
6	During fighting does the desire to hunt or kill take control of you?	0	1	2	3	4
7	Do you enjoy inciting your friends to fight?	0	1	2	3	4
8	Is defeating the opponent more fun for you, when you see them bleed?	0	1	2	3	4
9	Once fighting has started, do you get carried away by the violence?	0	1	2	3	4
10	Did you harm others, just because you wanted to, without having a reason?	0	1	2	3	4
11	Once you got used to being cruel, did you want to be crueller and crueller?	0	1	2	3	4
12	Do you know what it is like to feel the hunger/thirst to fight?	0	1	2	3	4
13	Is fighting the only thing you want to do in your life?	0	1	2	3	4

14	Can attacking humans be sexually arousing for you?	0	1	2	3	4
15	When you fight, do you stop caring about whether you could be killed?	0	1	2	3	4

### C3. TRAUMATIC EVENTS (Amaya-Jackson, 1998; Sommer et al., 2016) CECV

Many people have lived through or witnessed one or more very stressful and traumatic events at some point in their lives. Please let me know which of those you experienced or witnessed.

*Child < 18 years; adult > 18 years* [Answer with X]

C3. Have you ever experienced the following?	Yes (1) No (2)
Have you severely suffered from hunger as a child, so that you worried about your health? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
Have you felt neglected by your parents/caregivers as a child (e.g. they didn't support you; didn't send you to school even though they could have; didn't care for you)? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
3. Have your parents/caregivers regularly humiliated you verbally when you were a child (e.g. insulted you; said you're worthless or a bad child)? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
4. Have you lost a parent/caregiver as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
5. Have you been in a life-threatening fire or explosion as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
6. Have you witnessed a life-threatening fire or explosion as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
7. Have you been in a bad accident as a child, like a very serious car accident? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
8. Have you witnessed a bad accident as a child, like a very serious car accident? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
9. Have you had a painful and scary medical treatment as a child e.g. during an initiation or in a hospital, when you were sick or badly injured? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

10. Have you witnessed a painful and scary medical treatment as a child, e.g. during an initiation? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
11. Have you ever suffered from a serious illness as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
12. Did someone close to you suffer from a serious illness when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
13. Have you been threatened to be harmed by someone in your family as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
14. Have you witnessed a family member being threatened by another family member when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
15. Have you been threatened to be harmed by someone outside your family as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
16. Have you witnessed someone being threatened (to be harmed) by someone else when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
17. Have you been physically attacked by someone in your family as a child? <i>Also rate "yes", if the beating was explained to be parenting tactic</i> ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no
18. Have you witnessed a family member being attacked by another family member when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
19. Have you been physically attacked by someone else as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
20. Have you witnessed someone being physically attacked by someone else when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
21. Have you been attacked with a weapon (e.g. stick, stone, bottle, belt, knife, gun) by a family member as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
22. Have you witnessed a family member being attacked with a weapon by another family member when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

23. Have you been attacked with a weapon by someone else as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
24. Have you witnessed someone being attacked with a weapon by someone else when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
25. Have you been imprisoned as a child?	<input type="checkbox"/> yes <input type="checkbox"/> no
26. Have you been sexually assaulted by a family member as a child (e.g. abuse, doing something with your or their private parts that you didn't want to, watching porn although you were too young or didn't want to)? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
27. Have you witnessed sexual assault in your family by another family member when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
28. Have you been sexually assaulted by someone else as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
29. Have you witnessed someone being sexually assaulted by someone else when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
30. Have you been tortured as a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
31. Have you ever witnessed someone being tortured when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
32. Have you seen a dead body as a child (besides at funerals)? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
33. Have you seen somebody being killed when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
34. Was someone you know killed by another person when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
35. Have you ever been in any kind of natural disaster (e.g. a fire, a tornado/hurricane, a flood, an earthquake) when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
36. Have you ever been in any other situation than the ones described already, that was really scary, dangerous or violent when you were a child? ...and as an adult?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

C5. How many times in the last 12 months have you visited a doctor or treatment centre for <u>mental or emotional problems</u> [depression, anxiety or severe stress]?	Inside Prison
1= None	
2= Once	
3= Twice	
4= More than twice	
9= No Response	

C6. Have you been prescribed any medication for mental or emotional problems in the last 12 months?

[Answer with X]

1=Yes	
2=No	
9 No Response	

<b>SECTION D:</b>	<b>LEGAL STATUS – CRIMINAL RECORD</b>
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D1. How long have you been in prison?

<i>Time spent in Prison</i>	[Answer with X]
Less than six months	
Six months to less than one year	
One year to five years	
More than five years	
Unsure	
No response	

D2. What type of crime perpetrated?

<i>Type of Crime Committed</i>	[Answer with X]
1.Economic	
2.Aggressive [murder; attempted murder; robbery, etc]	
3.Sexual	

4. Drugs	
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**D3. Term of Sentence Received for Crime Committed**

Term of Sentence Received for Crime Committed	[Answer with X]
< 6 months	
> 6 – 12 months	
> 12 – 24 months	
2 – 3 years	
3 – 5 years	
5 – 7 years	
7 – 10 years	
10 – 15 years	
15 – 20 years	
> 20 years	
Life	
Other, specify	

**D4. How many times have you been in prison, excluding your current imprisonment?**

<i>Times spent in prison – besides present</i>	[Answer with X]
Never [this is 1 <sup>st</sup> time in prison]	
One time	
Two times	
Three to five times	
More than five times	
No Response	

**D5. Who else in your immediate family has been or is currently in prison? Answer with X]**

Father	Mother	Brother	Sister	Other [specify]

SECTION E:	SUBSTANCE ABUSE RELATED ISSUES
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E1. Were you under the influence of drugs [alcohol, over the counter medicines or illicit drugs] when you were arrested for crime that landed you in prison?

E1. Intoxicated during crime	[Answer with X
Yes	
No	
9 No Response	

E2. What drugs did you use outside prison – before imprisonment [ever used]?

Substance Group	Specific substance	Ever used – Outside of Prison before imprisonment 1=Yes / Tick 2=No 9=No response
1. Tobacco	cigarettes, pipe tobacco, etc.	
2. Alcohol	Alcohol - spirits, wine, beer	
3. Dagga, Marijuana	Cannabis	
4. Methaqualone	Mandrax / "Buttons"	
5. Cocaine	Powder	
	Crack	
6. Other stimulants	Amphetamines	
	Methamphetamines [TIK]	
	Ecstasy	
7. Opioids	Heroin	
	Methadone	
8. Poly-substance Use	Mandrax & Cannabis	

	Cannabis and Heroin [Nyope]	
	Alcohol and Cannabis	
	Other, specify	

E3. Age of first use of drugs?

E3. How old were you in years when you first used these drugs OUTSIDE Prison?

Stof groep	Specific substance	Age at first use [in years] 0-10 yrs =1
Substance Group		11-15 yrs =2 16-20 yrs =3 Over 20 yrs = 4
Tabak / Tobacco	Tobacco [cigarettes, pipe tobacco, etc.]	
Alcohol	Alcohol [spirits, wine, beer]	
Dagga / Cannabis	Cannabis [Dagga]	
Stimulants	Cocaine Powder	
	Crack Cocaine	
	Methamphetamines [TIK]	
6. Hallucinogens	Mushrooms	
	Ketamine	
	LSD	
	Others, specify	
7. Opioids	Heroin	
	Methadone	
8. New drugs	Nyope	
	Mercedes benz	

E4. Addiction Test: Do you have a Drug Problem? [Answer with X] <i>[Approved by NCADD Medical-Scientific Committee, 2015] NCADD = National Council on Alcoholism and Drug Dependence (USA)</i>	Yes [1]	No [2]
Have you used drugs other than those required for medicinal reasons?		
Have you used prescription drugs at higher doses than recommended or needed to obtain a new prescription before the due date?		
Do you use more than one drug at a time?		
Can you get through the week without using drugs?		
Are you always able to stop using drugs when you want to?		
Have you had "blackouts" or "flashbacks" as a result of drug use?		
Do you ever feel bad or guilty about your drug use?		
Does your spouse (or parents) ever complain about your involvement with drugs?		
Has drug use created problems between you and your spouse or your parents?		
Have you lost friends because of your use of drugs?		
Have you neglected your family because of your use of drugs?		
Have you been in trouble at work because of drug use?		
Have you lost a job because of drug use?		
Have you gotten into fights when under the influence of drugs?		
Have you engaged in illegal activities in order to obtain drugs?		
Have you been arrested for possession of illegal drugs?		
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?		
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
Have you gone to anyone for help for a drug problem?		
Have you been involved in a treatment programme specifically related to drug use?		

E6. Have you ever attended or are you currently attending a drug treatment programme?

	Drug Treatment Programme [Answer with X]	
	Outside Prison	Inside Prison
Yes, before Prison		Not applicable
Yes currently	Not applicable	
No	WHY?	WHY?

END! Thank you so much for your time.

## Appendix 2: Consent Form

### INFORMED CONSENT FORM

**Respondents:** Sentenced Inmates at George Correctional Centre [Age Group 25 to 34 years]; South African Citizens; From the Garden Route / Eden District area.

#### PERCEPTION SURVEY

**Topic of Study:** A Study of the Predisposition of Incarcerated Male Youth/Adult Inmates at George Correctional Centre, in the Garden Route / Eden District

My name is **Sean Whiting**, and I am a *Doctoral Student* at the University of Cape Town.

I am inviting you to participate in a research study. The study is about understanding the linkage between substance abuse and criminal behaviour. A broader view of how people's agency, historical background, trauma and abuse, and the environment affect behaviour, especially substance abuse and violent criminal behaviour. This will be based on previous studies. Information will be collected through interviews with Sentenced Male Inmates at George Correctional Centre, [aged between 25 and 34 years]. The study is quantitative, so random sampling will be used to select Respondents; data will be scientifically analysed and a Thesis or Research Report will be presented to the Correctional Centre once completed – hopefully early 2020.

As part of my data collection procedures, I am asking voluntary participation from you. This means, you may choose to participate or not. You will be asked to complete a questionnaire by yourself, with my facilitation. This will be done in groups or on your own, if you choose. This will take approximately 1 to 2 hours of your time.

All information will be kept anonymous and confidential, in the case where data collection does not allow responses to be connected with a particular participant. Your name will not appear anywhere and no one except me will know about your specific answers. In my writing or any presentations, I will use a made-up name for you, and I will not reveal identifying details about you. I will assign a number to your responses, and only I will have the key to indicate which number belongs to which participant.

The benefit of this research is that you will be helping to add a broader perspective of the predisposition of youth or young adults – as to the underlying factors that causes substance abuse [drugs and alcohol] and criminal behaviour. The study will also make recommendations of evidence-based substance abuse rehabilitation and development programmes – for young people who want to become responsible adults in society.

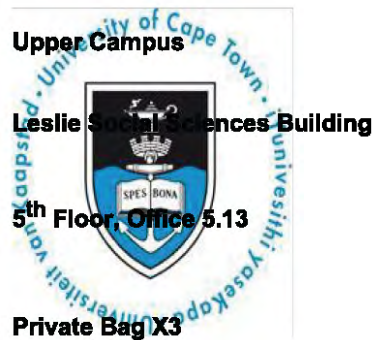
Possible risk of physical or mental harm for participating in this study is nil. The study is a replication of a study done by my research supervisor and other researchers from other countries. I will / have spoken to the Social Worker and Psychologist at George CC to discuss the study and advise you to speak to them, should you feel the need. If you have any questions about participation in this study, you may contact me at [swhiting07@gmail.com](mailto:swhiting07@gmail.com) or Cell: 0842291688. You may also contact my supervisor, Associate Professor Leon Holzhausen, at UCT (work phone no: 021-650 3495.).

This study was approved by the Ethical Review Board of the University of Cape Town and the Department of Correctional Services. If you agree to participate in this research study after fully reading and understanding the statements above, please sign below to indicate your acceptance to participate. If you wish to have a copy of this informed consent form for your future reference, you may cut the above segment of this form or ask for a copy.

***A Study of the Predisposition of Incarcerated Male Youth/Adult Inmates at George Correctional Centre, in the Garden Route / Eden District***

## Appendix 3: Ethics approval – UCT & DCS

### Department of Social Development University of Cape Town



Tel: +27 21 650 3494

Fax: +27 21 689 2739

Enq: Dr. Khosi Kubeka

Rondebosch

7701

South Africa

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20-08-2018

To whom it may concern-

#### **Ethics clearance for Social Work PhD student- Mr Sean Whiting**

Dear Sir/Madam

The aforementioned PhD candidate is registered in the Department of Social Development at the University of Cape Town and is being supervised by Professor Leon Hotzhausen to whom further queries may be directed. The ethics linked to his research: "A Case Study of the Predisposition of Incarcerated Male Youth offenders at George Correctional Centre, in the Eden District" has been approved. I can vouch that the Department's Ethics Committee has given this study ethical clearance after careful deliberation. An Ethics Committee meeting was convened comprising of the Head of Department as well as other academics. The candidate has considered all the ethical implications of this proposed research and will be carefully

supervised at every phase to ensure integrity throughout the process.

The supervisor Professor Leon Holtzhausen may be contacted at: 021-650-3495 Or [leon.holtzhausen@uct.ac.za](mailto:leon.holtzhausen@uct.ac.za)

Yours sincerely

Dr Khosi Kubeka

Senior Lecturer

Postgraduate Research Committee and Ethics Chair [am.kubeka@uct.ac.za](mailto:am.kubeka@uct.ac.za)

["Our Mission is to be an outstanding teaching and research university, educating for life and addressing the challenges"](#)

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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

**Mr SA Whiting**  
**7 Panorama Avenue**  
**Dormehisdrift**  
**George**  
**6529**

Dear Mr Whiting

**RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "A CASE STUDY OF THE PREDISPOSITION OF INCARCERATED MALE YOUTH OFFENDERS AT GEORGE CORRECTIONAL CENTRE, IN THE EDEN DISTRICT"**

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Ms G Pienaar: Regional Head Development and Care, Western Cape.**
- You are requested to contact her at telephone number (021) 550 6006 before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document/passport and this approval letter should be in your possession when visiting the Community Corrections Office.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) 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.
- 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) 307 2770.

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

Yours faithfully

**ND SIHLEZANA**  
**DC: POLICY COORDINATION & RESEARCH**  
**DATE: 08/10/2018**