Towards an understanding of repeat violent offending
A review of the literature

INTRODUCTION
This paper explores South African and international literature relevant to repeat offending. It reviews the international literature on violent and aggressive behaviour and relevant, but limited, South African literature on violent criminal behaviour. This paper maps current thinking on violent and aggressive behaviour, nationally and internationally, with the aim of informing a focussed research design. It also provides a description of the wide range of variables at play in repeat violent offending.

The paper will inform a three-year study on sentenced violent offenders in South Africa to be undertaken by the Institute for Security Studies (ISS) in collaboration with the Community Law Centre at the University of the Western Cape (in particular the Civil Society Prison Reform Initiative – CSPRI) and the Department of Correctional Services (DCS). The study is motivated by the understanding that the identification of indicators of risk before young offenders embark on a life trajectory of violent crime, and the implementation of appropriate interventions will, in the long term, contribute towards reducing levels of violent crime and re-offending. The purpose of the study is thus to provide detailed data about the life histories and life circumstances of repeat violent offenders in South Africa.

A central theme emerging from the literature is that it would be perilous to be deterministic in ascribing causes of violent and repeat violent behaviour. The vast and growing body of literature on the subject is expanding in diverse directions, continuing to draw valid conclusions about different variables in the fields of psychology, sociology, psychiatry, genetics, and politics, to name a few. It is similarly true that contradictory findings have also emerged in this field of study. From the meta-analyses conducted, it appears that there is a growing consensus about certain causes and risk factors related to violent and aggressive behaviour. These studies have made a valuable contribution to the field with reference to policy formulation. However, there is very limited South African research aimed at developing a better understanding of the life circumstances of violent offenders such that a framework for assessing risk can be developed.

VIOLENCE AND REPEAT OFFENDING
Defining violence
There is no single universally accepted definition of violence. This has implications for how it is studied. What is included under the term ‘violence’, what patterns are identified, motivations described, psychological, social and political meanings are given to it, are factors which might lead to quite different definitions of violence. The basic lack of consensus on a definition of violence hinders coordination and comparison between different studies, affects programming, and policies to address violence and consequently affects the impact of such policies and programmes. From a legal perspective, violence can be distinguished from other forms of mortality and morbidity (e.g. disease and unintentional injuries) because it involves the intention to harm self or others (with reference to mens rea). Violence is further legally defined with reference to accidents, negligence, recklessness and intentional violence. For the purposes of this paper, and the study, the focus will be on intentional violence.

Krug et al notes that ‘[A]lthough almost always conceptualised as inherently undesirable, violence is not an uncommon human behaviour’ and it must therefore be concluded that violence and aggression are, as undesirable as they may be, inherent human characteristics. It is generally accepted that males experience more violence than females. It is also the case that lethal violence rates are closely related to a country’s socio-economic status, with a rate of 32.1/100 000 violent incidences in under and developing countries, and 14.4/100 000 in developed countries. Based on 2008/9 crimes statistics from the...
Towards an understanding of repeat violent offending

The World Health Organisation (WHO) defines violence as

the intentional use of force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in, or has a high likelihood of, resulting in injury, death, psychological harm, maldevelopment or deprivation.8

Tolan notes that this is a very broad definition and may be overly inclusive and thus may lead to inconsistencies in what is included in the application of the definition of violence.9 In addition, this definition does not take into account the different social and cultural understandings of violence such that what is considered ‘violent’ in one culture may not be considered violence by another.

A distinction is made in the literature between different categories of intentional violence:

- ‘Collective violence’ refers to violence perpetrated by groups and violence perpetrated for political purposes
- ‘Self-directed violence’ refers to self-injury and suicidal behaviours
- ‘Interpersonal violence’ refers to violence between individuals, this often relates to intra-family violence which is further categorised as:
  - Domestic and intimate partner violence
  - Child abuse
  - Elder violence
  - Youth violence in the form of acquaintance violence (e.g. gang violence)
- ‘Institutional violence’ is that which takes place in institutional settings, for example at school, work, nursing homes and prisons
- ‘Sexual violence’ has been singled out as a category of inter-personal violence10 because of its particularly offensive nature and because of the differences between sexual and other violent offenders.

These categories suggested by Tolan are not exhaustive. During the research that this paper informs, it will be our intention to identify whether there are trends in the patterns of violence perpetrated by South African repeat offenders and to identify particular categories of violence perpetrated and experienced by participants. It is, however, instructive to consider the framework adopted by the Centre for the Study of Violence and Reconciliation (CSVR) in a study commissioned by the South African Department of Safety and Security, on behalf of the Justice, Crime Prevention and Security Cluster.11 This study aimed to better understand the nature of violent crime in South Africa and to provide reasons for the high levels of violent crime; the high levels of violence between individuals who are known to one another (also referred to as acquaintance violence), and the high degree of violence that accompanies other criminal acts.

The first report in a series by the CSVR and its partners, defines violence as ‘applications, or threats, of physical force against a person, which can give rise to criminal or civil liability, whether severe or not and whether with or without a weapon. When more severe such violence may be associated with intimate violations of the person or the potential to cause serious physical pain, injury or death.12 This is a definition of violent crime, rather than merely violent behaviour, as described by the WHO definition. The CSVR report concludes that while there is no ‘ultimately satisfactory way of classifying acts of violence’,13 three forms of violence account for most violent crime in South Africa. These are described as ‘(i) assaults related to domestic violence,14 arguments and other circumstances, (ii) robberies and (iii) rape and sexual assault’.15

The CSVR drew a distinction between instrumental and expressive violence, in much the same way as Labuschagne and Theron draw a distinction between instrumental and expressive aggression.16 Labuschagne and Theron draw on Salfati17 to distinguish between expressive aggression and instrumental aggression. According to the CSVR taxonomy, expressive aggression is that which arises in response to ‘anger inducing experiences such as insults, physical attacks or personal failures’ in which the goal appears to be to make the victim suffer (i.e. revenge against being wronged). Instrumental aggression on the other hand ‘comes from the desire for objects or the status possessed by another person’. In the second form of aggression the aggressor expresses the violence in order to obtain the material goods or property of the victim. They describe this type of violence as occurring in the process of a robbery or vehicle hijacking.

The CSVR report describes violence that is informed by a particular purpose as ‘instrumental’ and behaviour that is aimed at fulfilling an emotional purpose ‘expressive’. By way of example; a robber who kills an individual who attempts to prevent him from escaping from a crime scene uses violence instrumentally; however a robber that rapes a homeowner in the course of a robbery has used violence expressively. It is, however, noted in the CSVR report that violence committed in the conduct of a crime may be both expressive and instrumental (if for example the robber derives satisfaction/excitement/pleasure from hurting or killing, even if there was a

South African Police Service (SAPS)6 and the 2009 mid-year population estimate from Statistics South Africa,7 the rate for South Africa is calculated to be 36.8/100 000. This is 15 per cent above the average for developing and underdeveloped countries.

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clear purpose, related to the commission of a crime that resulted in the violence).

The South African Police Service (SAPS) uses the term ‘contact’ crimes as opposed to ‘violent’ crimes to refer to those crimes that ‘involve physical contact between the victims and perpetrators and such contact is usually of a violent nature’. The crimes that fall into this category are: murder, attempted murder, rape, assault with intent to do grievous bodily harm, common assault, indecent assault, aggravated robbery and other robbery. The Department of Correctional Services (DCS), however, has a different categorisation of crimes. The DCS uses five categories according to the type of crime committed: economical, aggressive, sexual, narcotics and other. The lack of a uniform crime classification across departments presents a problem in respect of comparisons and analysis, which can only be overcome by undertaking a detailed examination of offenders’ (and suspects’) case files.

**Criminal trajectories**

In the literature a number of longitudinal studies that investigate ‘criminal trajectories’ are reported. These studies are valuable because they collect data over the course of individuals’ lives and relate these to criminal patterns and delinquent behaviour. The work by Farrington *et al* on a sample of individuals from south London is influential in this regard.

In the field of criminal trajectory research a distinction is made between Life Course Persistent (LCP) offenders and Adolescence Limited (AL) offenders. AL offenders will engage in criminal behaviour for the duration of adolescence and will then cease such activities. The criminal behaviour of LCP offenders is, according to Moffitt (cited in Blokland *et al*), rooted in early childhood factors: neurological difficulties and failing parent-child relationships that set a small number of individuals on a life path of anti-social behaviour. AL offenders’ behaviour is not, however, rooted in early childhood risk factors. It is argued rather that AL offenders mimic the behaviour of LCP offenders temporarily in order to establish an independent status. AL offenders abandon these antisocial acts as soon as other means become available and offer better prospects to establish themselves as autonomous adults.

A third group described by Moffitt is low-level chronic offenders. They resemble LCP offenders but offend at a much lower rate. They reflect childhood and family risk factors similar to those of LCP offenders. Moffitt argues that low-level chronic offenders also suffer from other personal conditions isolating them from their peer group in which much crime takes place. In other words, low-level chronic offenders are unlikely to mix well in groups, they are loners who are consequently less likely to be exposed to as many opportunities to offend as they would had been if they were more socially adept. A useful comparison is given of LCP and AL offenders by the same authors.

A longitudinal study conducted in the Netherlands by Blokland, Nagin and Nieuwbeerta found an age-crime curve is similar to that identified by Piquero, Farrington & Blumstein. Offences built up rapidly from age 10 to age 21 years before tapering off steadily. A further distinction is made between four groups of offenders, namely sporadic offenders; low-rate desisters; moderate desisters; and high-rate persisters. Desisters are offenders who continue to offend but their offending rates peak at lower levels than high-rate persisters. The first three groups follow a typical pattern, peaking at a lower level at an age younger than 30 years whereas the trend tapers off. High-rate persistent offenders’ offending rates rise rapidly and continue to increase until age 45 years, after which they taper off slightly. High-rate persistent offenders seemed more specialised in property crimes than desisting offenders. Data from the Blokland study further indicates that in comparison to other offender groups high-rate persistent offenders are less likely to be married or to have children; if ever married are more likely to be divorced; are more likely to be unemployed and die younger than the other offender groups. This is consistent with the findings of research into risk and resilience factors dealt with later in this paper.

In respect of violent offenders, the work by Farrington is instructive. Violent offenders tend to be versatile rather than specialised and thus commit a wide range of offences. They also exhibit other problems, e.g. heavy drinking, drug use, unstable employment record, and sexual promiscuity. For violent offenders, the likelihood of committing a violent offence increases steadily with the total number of offences already committed. In other words, over time more of their total number of offences will be violent offences, suggesting that intervention at an early stage (when it becomes clear that a pattern is developing) may break the pattern and prevent victimisation.

Studies from a number of countries show that violent offending tends to peak in the teenage years.
For example, in the US the peak age of arrest was 18 for robbery and 18 for forcible rape and 21 for aggravated assault. In England and Wales, the peak ages for indictable offences were 18 for males and 15 for females. Self-reporting surveys found similar trends. A 1992 survey in England found that the peak age for self-reporting was 16 years for males and females. The most popular explanation for the peak in the teenage years is social influences as individuals break away from parental influences.31

Information about sex offenders indicates that approximately 50 per cent of sex offenders start with their offending behaviour in childhood or adolescence.32 It has also been found that juvenile sex offenders are also more likely to re-offend than other adolescent delinquents.33

There have been no similar longitudinal studies conducted on criminal trajectories in South Africa to date, and very little detailed data exists about the life courses of offenders here, whether violent or not. However, in 1998 the CSVR conducted a small-sample qualitative study into gang members (referred to as ‘Amagents’) in the Gauteng area. The study drew on autobiographical accounts by individuals about how they were drawn into repeat offending. The study found some consistency in the patterns of offending of the young men they interviewed and was able to identify a typical trajectory from petty crimes, such as pick-pocketing and muggings committed with friends, to more formal violent criminal behaviour in gang-type structures. The study found that there was a relatively short period (months) between engagement in petty crime and progression to more serious crime and noted that ‘it is usually bravery and the promise of better financial rewards that propels youth to take the leap into the next “level” of crime’.34 The study was limited by the size of the sample and by the duration of the project. It is thus not possible to conclude if the categories LCP and AL offenders apply to them.

A 2007 study by Zinn using in-depth interviews with 30 convicted house robbers in South Africa found that 84 per cent of the respondents in the study were arrested for their involvement in house robberies between the ages of 18 and 33; and 83 per cent of the respondents had been involved in other crimes before the specific robbery for which they were arrested.35 According to the findings, 19 was the average age at which the respondents came into contact with the police as a result of their criminal activities.36 One of the most striking findings of this study was the high number of self-reported crimes in which the participants had been involved, but which had not been detected. Twenty of the 30 participants collectively reported having been involved in 2051 crimes, of which 741 involved violence or coercion (ten denied having been involved in any other crimes). Zinn found that while some of the robbers’ careers had spanned up to 22 years, on average ‘crimes had been committed over a period of seven years’.37 Further research that builds upon Zinn’s work would contribute to a better understanding of the nature of offenders’ behaviour over time in South Africa. Zinn’s findings appear to be in line with other findings on repeat violent offending patterns, as discussed in the course of this paper.

**Offence specialisation and reconviction**

Research from the UK investigated reconviction rates and personality traits in violent, sex and general offenders.38 The findings in respect of reconviction after two, five and ten years are summarised in Table 1.39

<table>
<thead>
<tr>
<th>Time lapse</th>
<th>Sex offenders</th>
<th>Violent offenders</th>
<th>General offenders</th>
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<tbody>
<tr>
<td>After 2 years</td>
<td>19%</td>
<td>39%</td>
<td>27%</td>
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<tr>
<td>After 5 years</td>
<td>28%</td>
<td>63%</td>
<td>36%</td>
</tr>
<tr>
<td>After 10 years</td>
<td>36%</td>
<td>74%</td>
<td>45%</td>
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The same study found that no general offenders committed sex crimes; only one violent offender committed a sex crime, but sex offenders were convicted of a full range of crimes. Sex offenders had, as can be expected, more convictions for sex crimes. Abracen et al report on work done by Peugh & Bilenko which found that, based on a large US sample and using logistic regression analysis, an inmate with a history of sexual abuse was almost six times more likely to be imprisoned for a sexual offence than another violent offence.40 The Zinn study (referred to above) found low reporting levels of sexual offences among the sample of South African house robbers. Of the 2051 self-reported crimes, there were only five reported rapes.41 While the Zinn study suggests that violent offenders may commit a relatively low number of sexual offences in relation to the other crimes they perpetrate, given the reportedly high rate of sexual offending in South Africa, it will be important to establish whether other studies also find a differentiation between general offending and sexual offending.

The high rate of sexual offending in South Africa has led to a number of studies and reports on the factors influencing sexual offending.42 A report by the Medical Research Council in 199843 found that in Mntata (formerly Umtata) in the Eastern Cape, particularly in the township of Ngangeliswe, violence and sexual coercion was accepted as normal in relationships between teenagers. The report found that violence was used by boys as a way of imposing the ‘rules’ of the relationship and particularly associated with girls’ rejections of ‘proposals of love’, their attempts to end relationships, their refusals of sex, their attempts to
check up on their boyfriend’s fidelity; their attempts to undermine their boyfriends’ success with other women and their actual or suspected infidelity.

The report situated the violence between sexual partners within the general and widespread violence in the community ‘where beating was used in a whole variety of contexts as a strategy for punishment and a way of gaining ascendancy and control over others’. On the basis of other, epidemiological research, it can be concluded that sexual violence between teenagers is not confined to this one geographical area. Wood and Jewkes quote an unpublished report by Maforaf that showed that 60 per cent of teenagers report physical assault by a male partner in a township in Cape Town; they also quote a report on urban youth that showed that between 28 and 30 per cent of teenagers experience forced sexual initiation.

A more recent study, also conducted by the Medical Research Council, sought to ‘understand the prevalence of rape perpetration in a random sample [of] community-based men (sic), to understand the factors associated with rape perpetration, and to describe intersections between rape, physical intimate partner violence and HIV’. The study found that in three districts in two provinces, of a random sample of 215 adult men, 27.6 per cent of the respondents admitted to raping a woman.

Very little detailed data exists about the life courses of offenders in South Africa

The UK study referred to above found that violent offenders were more likely to be single, express suicidal/homicidal ideation, have a history of employment problems, experience school maladjustment, commit burglary offences, and exhibited an identifiable personality disorder, compared to the sex offender group. Substance abuse was strongly associated with recidivism at five years and being less than 25 years of age was also strongly associated with further conviction. Violent offenders were commonly intoxicated when committing the offence and were more likely to exhibit abnormal personality traits characterised by psychopathic-deviation and aggression. Sex offenders scored high on lie scales and were more introverted. The study found that violent offenders displayed more hostile, impulsive, aggressive and psychopathic deviate traits than sex offenders and posed a greater risk of re-offending.

Risk assessment tools

In the field of psychiatry much research has been done on developing, testing and comparing risk assessment tools for accuracy and predictive value. This appears to be a highly specialised field and general application in the South African criminal justice environment would require careful consideration.

Davies and Dedel assert that there is a need to develop more accurate risk screening tools for community corrections (in the United States). Existing instruments (e.g. LSI-R, Level of Service Inventory-Revised) are believed to be inadequate. A more recent tool (2005), the Violence Risk Screening Instrument, was developed and tested. It was found that using three core items: domestic violence, severe violence and unstable lifestyle improved the accuracy of the tool. Auerhahn reacted to the research and cautioned about the predictive validity of assessment tools in general, and specifically the result reported by Davies and Dedel, which achieved the same results as other tools, namely a false positive rate of 48 per cent.

Fabian reviewed eight risk assessment tools used widely in the field of psychiatry. The tools are used for violence and sexual violence risk assessment. Despite the advances that have been made in using risks assessment tools, the author points to their limitations and the requirement for purposeful application. Particular attention is paid to the shortcomings of these tools in incorporating dynamic risk factors in the short term even though they are (more) reliable in the long term.

Dolan & Rennie compare the use of two risks assessment tools, namely SAVRY (Structured Assessment of Violence Risk in Youth) and PCL-YV (Psychopathy Checklist: Youth Version) to predict violent and general recidivism in a sample of 99 young men released in the UK. The predictive validity of the SAVR Risk Total and SAVR Risk Rating were moderate for both violent and general recidivism but the SAVR tools showed incremental validity in predicting outcomes compared to the PCL-YV.

The question is asked whether these risk assessment tools can be used on mentally disordered offenders with a diagnosis of intellectual disability (ID) without changing the tool itself. In a study using a sample of mentally disordered offenders and two sub-samples; with and without a diagnosis of ID; three risk assessment tools were used, namely VRAG (Violence Risk Appraisal), PCL-SV (Psychopathy Checklist – Screening Version) and HCR-20 (Historical Clinical Risk Management).

The group with ID diagnosis scored higher on all three risk assessment tools but had fewer recovinations. One interpretation of this is that ID offenders are diverted from the criminal justice system. Despite this finding,
the researchers concluded that the three tools were accurate in respect of both ID and non-ID mentally disordered offenders and that they could be used to assess risk in mentally disordered offenders with ID to predict risk. It is reported that multiple risk assessment tools should provide more accurate results when there is inter-rater agreement. However, where there is discordance between instrument results, predictive accuracy is threatened. Several studies have also found that the Psychopathy Checklist (PCL) is a reliable predictor of recidivism.

Van der Merwe and Dawes argue that research on violent risk assessment in South Africa is necessary, but lacking, particularly in understanding risks for violence among adolescents and children. The purpose of developing risk assessment tools would be to identify children and adolescents who should be referred for intervention. Using the ecological perspective, the authors argue that children are exposed to both risk and protective factors throughout their lives with violent behaviour being the outcome of an interaction between a number of risk factors at various societal levels, and an absence of sufficient protective factors to counter the risks. The authors note the predictive shortcomings of clinical models of risk assessment, and draw attention to the possible negative consequences of over-predicting violence, including the ‘violation of individual rights, including wrongful incarceration, inappropriate treatment and stigmatizing’. They also recognise the danger to society of not predicting violence adequately. They make a strong argument not only for more South African research to determine risk and protective factors, but also for the development and testing of locally relevant risk assessment tools.

INDIVIDUAL FACTORS INFLUENCING VIOLENT BEHAVIOUR

In this section of the paper attention is focussed on individual factors associated with violent and aggressive behaviour. As will be demonstrated later (in the section titled: Family, social and environmental factors), it is certainly the case that individual factors co-exist in many instances with family and social factors in increasing the likelihood for violent and aggressive behaviour, including repeat violent and aggressive offending. Here attention is paid to physical health, mental health, substance abuse and genetic factors.

Health

Adverse health is associated with individuals who are violent and aggressive. In Sweden it was found that the mortality rate of violent offenders was three times higher than the general population; females in this group showed an even slightly higher mortality rate than males. The same study also concluded that the relative risk of dying from diseases was three times higher for violent offenders than the norm, death due to unnatural causes 17 times higher, and death by suicide was 25 times higher. Mental health also had an impact on physical health and mentally disordered offenders often showed poor physical health due to smoking, poor diet, infrequent exercise and obesity.

Violent and aggressive offenders therefore have a shorter life expectancy, due to natural or unnatural causes, and this is often a function of lifestyle choices. The link between physical health and mental health as risk factors for early mortality is further noted. The health of an individual may indeed inform decision-making and place a further strain on him or her.

Mental health

There is strong evidence for a link between mental disorders and violent behaviour, as has been demonstrated in a number studies. For example, Swedish research involving a sample of 2005 persons convicted of homicide between 1988 and 2001 found that 92 per cent had previous or concurrent psychiatric diagnoses associated with the homicide. A survey from England and Wales (n=718) from 1996–7 reported that 44 per cent of homicide offenders had a lifetime history of mental disorder and 15 per cent showed symptoms of mental illness at the time of the homicide.

While psychopathy is rare in the general population at 1–2 per cent, the rate of schizophrenia appears to be between 6 per cent and 9 per cent among homicide offenders. A review of 28 studies conducted between 1978 and 2001 of repetitively assaultive psychiatric patients found that these individuals, although small in number, were generally of a younger age, equally male and female; and most frequently associated with schizophrenia or personality disorder. There is also evidence indicating that this violence is associated with neurological impairment, in some cases due to an injury. In the absence of clear data on the rate at which mentally disordered offenders are convicted of crimes, it is difficult to determine the extent to which this type of violence occurs among offenders with ID.

Research on violent risk assessment in South Africa is necessary – particularly in understanding risks for violence among adolescents and children.
of an injury, neurological impairment may eventuate in violence through alteration in brain functioning or because of the resultant limited coping skills associated with neurological deficits.70

The mechanisms by which violent behaviour manifests appear to be linked to self-regulation and self-control. Comparing violent and non-violent offenders in a south German sample, it was not found that violent offenders had greater deficits in respects of self-regulation and self-control. The patterns were similar and interventions aimed at improving these will probably benefit both groups.71

Theoretically linked to impaired cognitive inhibition, impulsive behaviour is rapid, spontaneous, unplanned and potentially maladaptive conduct.72 The same authors investigated cognitive inhibition control and its association with impulsiveness among violent offenders with schizophrenia.73 The study did not find an association between reduced inhibition and impulsivity.74

Watzke, Ullrich & Marneros investigated the prevalence of mental disorders among male and female prisoners (n=415) in Germany.75 It was found that female prevalence of mental disorders among male and female offenders attending a south German sample, it was not found that violent offenders had greater deficits in respects of self-regulation and self-control. The patterns were similar and interventions aimed at improving these will probably benefit both groups.71

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Watzeke, Ullrich & Marneros investigated the prevalence of mental disorders among male and female prisoners (n=415) in Germany.75 It was found that female offenders more often committed homicide while male offenders more frequently committed assault and robbery. Men had a higher prevalence of alcohol abuse and Dissocial Personality Disorder, while women more often showed depression, anxiety disorders and Borderline Personality Disorder. Violent offences were related to a higher prevalence of alcohol abuse and Dissocial Personality Disorder, as well as higher co-morbidities of mental disorders.76

Research has consistently shown that substance abuse is associated with criminal activity and recidivism

Substance abuse

Substance abuse is associated with a number of other risk factors and care should be taken not to see it in isolation. A sample of homicide recidivists from Finland showed that 69 per cent were alcoholics, 63 per cent had personality disorder, 60 per cent had both disorders, 11 per cent diagnosed with schizophrenia, and 6 per cent with major depression.77

The relationship between alcohol and violence is well documented in the extant literature, but little is known about the proximal risk factors or triggers of violence.78

Haggård-Grann et al investigated the use of a variety of drugs, including alcohol, and compared them as a trigger variable for violence. It was found that alcohol increases the risk for violence more than 13-fold. The use of benzodiazepines together with alcohol is conventionally associated with an increased risk of violence, but this study found that the use of benzodiazepines alone did not increase the risk for violence and in fact reduced the risk. It appears that alcohol is the most significant trigger for violence among the substances tested.79

Research has consistently shown that substance abuse is associated with criminal activity and that substance abuse is an important contributor to recidivism. It has similarly been found that offenders use alcohol in one-third to two-thirds of rapes.80

The effect of substance abuse is also carried over from one generation to the next in families and it was found that among the sons of substance-using fathers, impulsive behaviour was strongly associated with peer delinquency.81

It is furthermore reported that sex offenders (when compared to non-sexual violent offenders) have a particular relationship with alcohol abuse and reported a rate of alcohol abuse 10 times higher than the other group.82 It appears that the consumption of alcohol by sex offenders diminishes the ability to navigate safely through potential sexual encounters and increases the risk of engaging in non-consensual sexual behaviour.83

The same authors reported that sex offenders attending a sex offender programme together with an alcohol abuse programme showed lower recidivism rates. It is furthermore hypothesised that alcohol abuse and intimacy deficits are synergistically linked in sex offenders.84

It is worth noting that in South Africa, the CSVR murder study found that, based on both a docket analysis and data from the National Mortuary Surveillance System, it could be concluded that in the areas covered by the docket analysis and the 35 mortuaries in the surveillance system, between 53 per cent murder victims tested positive for alcohol.85 The findings of the MRC Youth Risk Behaviour Survey of 2002 showed that 65 per cent of male arrestees under the age of 20 tested positive for drug use.86

Genetics, or nature versus nurture

There are renewed efforts to investigate the link between violent and aggressive behaviour and biological characteristics of individuals, especially in the light of recent genetics research. Of particular interest in this regard are gene-environment interaction processes resulting in antisocial and criminal behaviour.87 There is also a significant body of research that investigates neurological functioning, with a particular focus on prefrontal cortex functions. This is discussed below.
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Genetics
The results of a meta-analysis suggest that there are moderate additive genetic influences, non-additive genetic influences, and non-shared environmental influences and modest shared environmental influences on aggression. Three studies have reported results suggesting that non-violent criminality is more heritable than violent criminality, and behaviour genetic studies examining relational versus overt aggression and reactive versus proactive aggression need to be conducted. An association between serotonin and violence and aggression has been implicated in candidate gene studies, although human studies examining the association between the serotonin transporter gene and violence or aggression have yielded conflicting results. 88

A study of the 1966 North Finland birth cohort of 5,636 males investigated the link between physical attributes and aggressive behaviour. The study tracked the sample to age 31 years and took physical measurements at birth, 12 months and 14 years. The sample’s criminal activities were tracked through official records. The study found that a high body mass index (BMI) and a small head circumference were significantly associated with later violent criminal behaviour but not with non-violent criminal behaviour. The association may be explained through genetic factors and early environmental factors rather than social learning in later childhood and adolescence. 89

Only a weak positive relationship between testosterone levels and aggression in humans has been demonstrated and it was concluded that it is more likely that biological predispositions interact with socially and culturally based sex roles by differentially reinforcing specific behaviours in males and females. 90 The same authors conclude that males and females convicted of violent offences appear to share similar beliefs as to the efficacy and acceptability of instrumental aggression. 91

Lesions
In neuropsychology the link between brain lesions and information processing and behaviour has been investigated. 92 The research shows that the link between specific neuropsychological deficits and aggression has been difficult to prove. It appears that there is a range of other factors that mediate the potential effect of neuropsychological deficits. 93 It has been shown that neuropsychological factors tend to explain about 10 per cent of variance in measures of violence. Although this is small, it may be an important part of the puzzle. 94

Prefrontal cortex functions
A significant body of research indicates that the likelihood of acting aggressively is related to some functional capacity of the frontal lobes. 95 A link is also made between poor executive functioning and aggression. This was investigated by looking at facial expression recognition among violent offenders; the results were compared with non-violent offenders and a control group. 96 Research has also shown that the distortion or misinterpretation of social cues can result in the generation of inappropriate social responses, such as reacting aggressively or violently to ambiguous social settings. 97 It was found that the violent offender group was significantly poorer at the interpretation of facial expressions of emotion than the other two groups. 98 There is further evidence that an incorrect interpretation of facial expression may lean towards interpreting hostility that may give rise to an aggressive response. 99

Studies of aggression using neuro-imaging have found consistent evidence of abnormalities in the pre-frontal cortex. These studies have shown prefrontal deviations in the form of reduced glucose metabolism at rest or during performance of continuous performance tasks, reduced metabolic reactivity to serotonin agonist agents, decreased serotonin receptor binding, or reduced neural activation during imagery of anger-evoking situations. 100 In response to provocation, impulsive aggressive individuals are less able to regulate their emotional reaction and their behaviour response because of abnormal orbitofrontal cortex function. Therapeutic interventions that increase serotonin functioning in the brain are able to decrease impulsive aggression in most patients, given a treatment trial of adequate duration and high enough dosage. 101

There is strong evidence for under-arousal (i.e. low heart rate), central nervous system dysfunction (related to prefrontal deficits), and early health factors (including obstetric complications, malnourishment, and prenatal nicotine exposure) being associated with violent or aggressive behaviour. Damage to the pre-frontal area has also been associated with personality and behaviour characteristics similar to that observed in psychopathic individuals and led to the coining of the term ‘acquired sociopathy’. Birth complications, foetal neural maldevelopment, prenatal exposure to toxins and poor nutrition are early health factors that may contribute to central nervous system deficits that have been observed in violent individuals. 102

Genetics-environment interactions
It is hypothesised by Dodge and Sherrill that children who are at the highest genetic risk for violent behaviour are the most susceptible to environmental influence, the most plastic with regard to life-course outcomes, and the most likely to benefit from public resources and interventions. 103 The same authors identify and explain the main nature effects on the development of antisocial behaviour with reference to the following: temperament
and personality (e.g. fearlessness, stimulation-seeking, lack-of-control temperament); biological characteristics (minor physical anomalies, complications at birth, smoking mothers, low resting heart rate, testosterone levels, platelet levels of monoamine which are linked to dopamine and serotonin); heritability (monozygotic and dizygotic twins, adoptive, full siblings, half siblings, unrelated siblings); and genes (correlation between MAO-A [monoamine oxidase-A] and aggressive behaviour remain controversial). The main nurture effects are: poverty (in-family poverty increases peer-directed aggression in children and adolescents and adult crime); domestic violence (robust correlations between observing domestic violence and later anti-social behaviour); parental rejection (early rejection is linked to aggressive behaviour); harsh discipline and maltreatment (corporal punishment linked to aggressive behaviour, physical punishment by father linked to son’s criminal behaviour, extreme levels of physical assault robustly correlated with antisocial behaviour); and peer rejection (chronic social rejection correlates with aggressive behaviour).

Dodge & Sherrill reviewed the literature on the nature-nurture interaction and focussed on several mechanisms:

- The interaction between temperament (e.g. negative emotionality and fearlessness) and environment (e.g. hostile parenting, inconsistent discipline and maternal rejection); there are consistent findings indicating that children at a relatively higher dispositional risk were more susceptible to negative environmental factors.
- The interaction between biological characteristics (e.g. perinatal and birth complications, low birth weight and maternal illness during pregnancy) and the environmental risk supports the link between increased biological risk and increased environmental adversity resulting in increased and persistent aggressive behaviour among children. The conclusion is drawn that biological risk decreases a child’s ability to cope with adversity and threat.
- Heritability and environment also supports the hypotheses and the evidence suggests a strong link between increased genetic risk and adverse environment and increased conduct disorder.
- The interaction between genes and the environment also supports the hypothesis linking the gene monoamine oxidase A (MAO-A), which is responsible for the metabolises of serotonin and dopamine, with conduct disorders in abused children.
- Personal characteristics and experimental manipulation of the environment showed highest risk individuals benefitted most from interventions.

There is also increasing evidence that biological factors interact with psychosocial risk factors in relation to violence. There are two primary findings regarding biosocial factors:

- There are stronger biology-violence related relationships in antisocial populations with a history of relatively benign or ‘good’ home backgrounds, such as high social class and absence of exposure to violence or parental conflict. This shows that the biological bases for anti-social behaviour is clearest in the absence of criminogenic push factors, i.e. when individuals are from relatively ‘good’ environments.
- The risk of violent outcomes seems greatest when biological risks are combined with psychosocial risks relative to having either set of risks alone. Several studies have shown that individuals with a life course trajectory of persistent offending were more likely to have both sets of risk factors relative to adolescent limited trajectory.

The finding that the risk for persistent offending behaviour increases when both biological and environmental risk factors are present is provided for through the ecological model adopted by the World Health Organisation and reflected in research by the HSRC, discussed below.

**Remembering the crime**

It appears that violent offenders (including homicide offenders) have poor memories of the crime they commit, especially compared to the recollection of the victims against whom the crime was committed. It is reported that in homicide cases 25–45 per cent of offenders claim amnesia about the offence. The same author points out that research on the issue is also sketchy; this is sometimes a function of particular research designs that focus on particular aspects of memory, but in general the subject is under-researched. It is also apparent that a large share of violent offenders (homicide) cannot recall the crime either in detail or at all due to a variety of reasons related to alcohol use, drug use, mental disorders, and schizophrenia.

Studies that have investigated amnesia and the following variables have found associations, but most suffer from methodological problems of varying degrees: alcohol use and intoxication; emotional arousal; dissociation; formal psychiatric illness; subclinical depression; personality factors; introversion; good impulse control; lowered levels of intelligence; poor performance on frontal lobe tasks. Studies of intrusive memories among homicide offenders have linked this to post-traumatic stress disorder (PTSD) and these studies have found that the diagnostic criteria for PTSD were met in between 33
per cent and 75 per cent of sampled homicide offenders, and that 82 per cent of one sample described the offence as traumatic.111

No studies have been done to investigate the presence of ruminations related to violent offending. Similarly, studies that investigate pleasurable memories of non-sexual violent crimes have not been identified.112 A more systematic study by Evans used the issues raised in the above to investigate amnesia, distressing intrusive memories, ruminations and pleasurable memories. The results challenge some of the extant literature. Almost half of the sample reported distressing intrusive memories; a significant minority reported distressing ruminations; a smaller number reported pleasurable memories; and complete amnesia was rare but partial amnesia was found in 20 per cent of the sample.113 The intensity of negative emotional states and particularly extreme anger were not associated with amnesia.114

It is therefore observed that there is growing support for the assertion that offenders are traumatised by their own actions. Ruminations and intrusive memories appear to be functionally related but very little is known about ruminations and pleasurable memories, especially in cases of non-lethal violence.115 The reported link between alcohol intoxication and amnesia should be treated with caution.116

There is growing support for the assertion that offenders are traumatised by their own actions

FAMILY, SOCIAL AND ENVIRONMENTAL FACTORS INFLUENCING VIOLENT AND AGGRESSIVE BEHAVIOUR

Family and social influences

The literature indicates that adverse family circumstances contribute significantly towards risk for violent and aggressive behaviour during adolescence and in later life. Exposure to violence in families is also indicated as a substantial risk factor for later aggressive behaviour. In the description below, particular attention is paid to General Strain Theory (GST) as it offers a conceptual framework for bringing together a range of different research findings that relate to the risk and protective factors for violent and offending behaviour.

Child maltreatment is associated with three typical pathways of disruptive behaviours, namely authority conflict (stubbornness, defiance), overt conflict (minor aggression, fighting, and rape) and covert pathways (shoplifting).117 Other studies found though that early-only maltreatment did not impact on behavioural or psychological development during late adolescence. However, adolescence-only maltreatment significantly increased the odds of delinquency, internalising problems and externalising problems.118

Apart from child maltreatment, there is also evidence linking maltreatment and domestic violence to violent and aggressive behaviour. A study in Colombia found that children exposed to both domestic violence and maltreatment were more likely than other children to display aggressive behaviour, e.g. carrying weapons, knives and responding with physical aggression.119

Hill and Nathan investigated whether there were any childhood adversities associated with adult violence that were not manifested in antisocial behaviour problems during childhood.120 Violence among violent offenders was in part related to diagnoses of adult Antisocial Personality Disorder (ASPD) and to diagnoses of childhood conduct disorders (CD). This suggests that childhood CD and its associated mechanisms are not only associated with whether an individual is likely to become anti-social, but also with how violent they are likely to become. However, there was an additional contribution to the prediction of violence related to exposure of inter-parental violence during childhood even though this was not mediated through childhood CD. Both social violence and partner violence were associated with reports of inter-parental violence but only social violence was associated with reports of childhood CD and adult ASPD.121 The study does not find that inter-parental violence leads to childhood CD but there may be alternative explanations for this.122 It can nonetheless be concluded that exposure to domestic violence during childhood is a significant risk factor for later life violent and aggressive behaviour, even if not manifested as childhood CD.

Hosser and Bosold report that in respect of biographic variables of sex offenders, there is broad evidence that the probability of sexual abuse during childhood is higher for juvenile sexual offenders than for other offenders. In respect of environmental characteristics, they report that there is little evidence pointing in the direction of family conditions and sexual offending. One study on sibling incest did point in the direction of strained family relations. Personality characteristics, such as deviancy and anti-social behaviour, and a predisposing personality factor were associated with sexual offending.123 The same authors note that

Adolescent sexual offenders showed significantly lower levels of anger cognition, self-esteem and self-efficacy. Those convicted of rape did not differ from those
Research on childhood sexual abuse and later recidivism indicate disparate findings. One study found a link between severe childhood sexual abuse and later recidivism. A meta-analysis by Hanson and Brussiere (cited in Dietrich et al) reported that childhood sexual abuse was correlated with general recidivism but not with sexual recidivism. Dietrich et al report on a study that linked different forms of childhood maltreatment and PCL-R ratings in a group of 140 sex offenders on the Intensive Treatment Program for Sexual Offenders (ITPSO). It is hypothesised that childhood abuse and PCL-R rating will predict later recidivism. The study found that having been placed in foster care as a child could influence recidivism (supporting other research); and a history of childhood physical abuse predicted sexual recidivism whereas violent recidivism was best predicted by antisocial behaviours (PCL-R fact 2 scores). Consistent with other studies, psychopathy per PCL-R did not predict sexual recidivism and childhood sexual abuse was not related to sexual recidivism.

Exposure to domestic violence during childhood is a significant risk factor for late life violent and aggressive behaviour

Stompe et al identify a range of family life risk factors associated with offending behaviour, including lower social class of origin, offending behaviour of parents, loss of a father, a new partnership of the remaining parent, growing up in blended families, larger siblings and stays in foster homes. A study from Columbia that investigated the effects of domestic violence on offending behaviour in that country’s particular socio-economic and political context concluded that even in difficult social circumstances, family support could facilitate pro-social behaviour.

General strain theory

General strain theory (GST) offers a model for drawing together the research findings in a range of disciplines relating to the causes of violence. Strains refer to events and conditions that are disliked by the individual. Three major types of strains are identified: (1) individuals may lose something they value (money, property, romantic partner, relative etc); (2) individuals may be treated in an aversive or negative manner by others (e.g. sexual abuse, insulted by peers, victimized); and (3) individuals may be unable to achieve their goals through legal means (e.g. obtain money, status or autonomy). The model also considers vicarious strains (strains experienced by family members and close friends) and anticipated strains that refer to an individual’s expectation that his current strains will continue or new strains will be experienced.

Agnew, the author of GST, attempts to answer four central questions from the GST perspective: (1) the types of strains most likely to cause violence; (2) why certain strains lead to violence; (3) why some individuals are more likely than others to respond to strains with violence; and (4) how to explain group differences in violence, including age, gender, class and race/ethnicity. Strains are likely to result in violent behaviour under certain conditions. Firstly, if the strain is severe or high in magnitude: the severity of strains is high when they are frequent, recent, of long duration, expected to continue, and threaten core needs, goals, values, activities and/or identities of individuals. Secondly, if a strain is perceived as unjust, it increases the risk of violent and aggressive behaviour. Thirdly, if the strain is associated with low social control; in other words, if the strain does not involve close supervision by conventional others (such as parents or teachers); close ties to conventional others; a strong investment in conventional institutions (e.g. school or work); or the acceptance of conventional beliefs or values. Fourthly, if the strain creates some pressure or incentive for violent coping. Certain strains are resolved more easily through violent behaviour and resolved less easily through non-violent means, for example a desperate need for money compared to the inability to achieve educational success. It should also be noted that certain strains expose others to model violence, reinforce violence, and teach beliefs favourable to violence.

GST asserts that certain strains increase the likelihood of violence because they reduce the individual’s ability to cope in a legal manner, reduce the perceived costs of violence, and create a disposition for violence. The high magnitude of those strains conducive to violence reduces the ability of individuals to cope in a legal manner. It is generally also more difficult to cope with large rather than small strains. Seen together with unjust strains, this contributes to anger. Strains may also...
reduce social control and induce an individual to model behaviour on other violent behaviour experienced as victimization. Chronic and repeated exposure to violence may thus create a predisposition for violence. Chronic or repeated strains reduce the ability of individuals to cope in a legal manner, as they exhaust their coping resources and social supports.\textsuperscript{135} Chronic strains may also foster personality traits conducive to crime, for example chronic mistreatment by parents, peers, and teachers may reduce self-control. Chronic strains may also foster the social learning of violence and foster a belief that violence is desirable, justified or excusable response to strains.\textsuperscript{136}

In terms of GST it is argued that individuals are more likely to cope with strains through violence under certain conditions. These conditions are:

- They have limited skills and resources for legal coping (low intelligence, low constraint, negative emotionality, poor social and problem solving skills, low socio-economic status)
- They have abundant skills for violent coping (low constraint and negative emotionality, physically strong, fighting skills, access to a gun, high in violent self-efficacy)
- Low levels of conventional social support, such as parents, teachers and employers
- They are in low social control and are not closely supervised or inconsistently disciplined; they have weak ties to conventional others; little investment in conventional institutions; do not believe that violence is wrong or perceive the cost of violence to be wrong
- They associate with violent others who are likely to model, reinforce and teach violence
- They have beliefs favourable to violence asserting that it is justifiable, desirable and excusable under certain conditions; and
- They are in situations where the costs of violence are low and the benefits high\textsuperscript{137}

GST is also used to explain group differences in violent behaviour with reference to gender, age, class, community, race/ethnic and patterns of violence over the life course and has additionally been used to determine the association between negative life events (strains) and youth gang membership.\textsuperscript{138} GST argues that persistent offenders are more likely to experience strains conducive to violence and react to them with violence. This may occur because they have developed traits of low constraint and negative emotionality in early life. These traits provoke negative reactions from others. These individuals are more likely to select themselves for adverse environments. They are also more likely to interpret events and conditions in a negative manner and more likely to get easily upset and quicker to blame others’ malicious behaviour for their strains. These individuals are thus more likely to cope with strains in a violent manner. The violence they commit is also likely to solicit negative treatment from others and thus reinforce a sense of loss and inability to attain goals through legal means. Some individuals may engage in high levels of violence over their lives because they feel part of the urban underclass, but ironically engaging in violence reduces their likelihood of escape from the underclass by impeding school performance and reducing prospects for decent employment.\textsuperscript{139}

**Contagion model**

Fagan, Wilkinson & Davies explored whether fluctuating violent crime rates in New York fit a contagion model. The contagion model is borrowed from the epidemic model and asserts that the spread of ideas, behaviour and practices is contingent on the way in which social structure brings people together in close physical proximity within dense social networks.\textsuperscript{140} The same authors assert that exogenous influences of ‘disorder’, as exemplified by the ‘broken window theory’, do not find support from the contagion model, which supports an endogenous process. The contagion model supports the spreading of social norms to occur through the everyday interactions of individuals within networks that are structurally equivalent and closely packed:

The dynamics of social contagion instead suggest an endogenous process (compared to broken window theory) in which the spread of social norms occurs through the everyday interactions of individuals within networks that are structurally equivalent and closely packed. Here, the ill grows from the inside, often long after the origins have subsided. This is analogous to influenza contagion or to the spread of culture or political thought.\textsuperscript{141}

While the contagion model may be useful to explain the development of norms, even anti-social norms, it does not account for the evidence relating to the interaction of individual and external risk and protective factors that contribute to violent behaviour.

**Gender**

There is a large body of theory about the link between masculinity and violence. Hegemonic masculinity theory in particular comes through in the literature as predominating in providing a theoretical basis for understanding the role of masculinity in violence. This theory is critiqued by, among others, Ratele, who refers to hegemonic masculinity as a ‘mesh of social
Criminal behaviour can be used as a resource when other resources are not available for accomplishing masculinity

One of the problems with examining and measuring the contribution of masculinity to violence is that the concept of masculinity has not been ‘operationalised’. Krienert argues that ‘to achieve manhood status, there are certain qualities that social scientists have labelled masculine and manly. These qualities and characteristics have been restructured throughout history, however, scientists in several disciplines list similar concepts that can be used to demonstrate masculinity. These include but are not limited to marriage, having dependents, providing for the family and proclaiming an aura of physical and mental strength and dominance’. Toby has argued that ‘males who did not have power derived from family background, educational achievement, income, social and political connections or material goods would be more likely to exert a “compulsive” masculinity which could easily result in violent behaviour’. In many ways this is another way of interpreting the strains that GST suggests are responsible for violent behaviour. Krienert argues that Toby’s hypothesis is a precursor to the hypothesis offered by Messerschmidt – that ‘criminal behaviour can be used as a resource when other resources are not available for accomplishing masculinity. For example, if a person does not have a steady reliable job, a stable family life, or other traditional indicators of successful masculinity, violent behaviour may be an acceptable way to convey the “toughness” that is linked with masculine traits.’ Not only would violence be used if traditional outlets of masculinity were not available, but Messerschmidt argued ‘people who have used violence as a way to assert masculinity in the past, come to accept violence as an acceptable route to display their manhood’. Krienert’s study was a quantitative assessment of the validity of this hypothesis.

She used a test of masculinity called the Minnesota Multiphasic Personality Inventory-2 test (MMPI-2) that tests the three most common indicators of masculinity, regardless of time and culture: marriage, dependents and providing for the family. Following the Messerschmidt hypothesis, Krienert also measured levels of education. The MMPI-2 test is, however, far from ideal and a number of problems with the measurement of masculinity are identified, including that it shows that educated men are usually more ‘feminine’ than uneducated men. She argues that a better definition of masculinity is necessary to get to the bottom of this correlation.

The main finding of the research was that ‘violent incidents were more likely to include highly masculine men who had few traditional outlets to assert their masculinity’. Krienert qualifies the finding, noting that ‘although the idea of appropriate traditional outlets addresses the issue of perceived status, personal satisfaction may play a large role in how one believes others perceive them. For instance, being married at the time of the offence may not be as important as being happily married at the time of the offence. Although the status of being married may be important, the quality of the marriage may play an equally important role in masculine achievement’. The same would go for employment and income.

Ratele appears to share the view that the ability for a man to produce an income is a key element of male identity across cultures. On the basis of the absence of opportunities for a significant proportion of males in Africa to find gainful employment that results in sufficient income to adequately sustain a family, he hypothesizes that there is a link between ‘levels of both instrumental and expressive male violence, and levels of unemployment, specifically unemployment in contexts of great income inequality, like South Africa’. The CSVR Amagent study identified a common narrative thread in interviews with young career criminals as being ‘masculinism’. In interviews they made statements like ‘you have to prove you are a brave man’.
The study concluded that ‘for those interviewees who didn’t come from broken or poor homes, there was a clear element of defiance experimentation and the need to push boundaries in their lives in order to prove their manhood and independence.’

Messerschmidt’s theory provides a framework for understanding male criminal behaviour that should be considered, particularly in relation to what South African constructions of masculinity might mean for interventions of the type this study seeks to inform.

**Exposure to criminal and political violence**

Work by Dillenburger, Fargas and Akhonzada reports on a narrative inquiry into the effects of political violence on victims and survivors in Northern Ireland. Data from a 20-year period is reviewed and the article includes extensive verbatim transcriptions from interviews. The authors identify the following dimensions in analysing victims and survivors’ response to the trauma of political violence: trauma related factors; individual variables; level of social support; cultural and societal factors. Given the extent of political violence (including politicised commercial violence) in South Africa over the past 30 years, the dimensional analysis cited above provides a useful starting point, but more empirical work is necessary.

At the height of political violence in the 1990s, shortly before South Africa’s transition to democracy, there was a vibrant debate about the extent to which the structural violence of the apartheid regime could be blamed for the level and intensity of political violence at the time. Gibson contributed to the debate in a paper that sought to address the concerns that exposure to violence not only has immediate traumatic consequences but also longer-term consequences. She notes that at the time there had been no South African research which seriously investigates this question, the notion that violence begets violence has been with psychology for many years. Its formal origins are with the hypothesis that abused children are likelier than others to abuse their own children although it is quite possible that this use is simply a formalisation of a commonsense version that long pre-dates it. In more recent years, this notion was incorporated into the psychology of political violence. Most of this research has arisen out of Northern Ireland, with significantly less from other parts of the world that have experienced political violence.

Essentially Gibson argues that it’s too simplistic to assume causation between involvement in (or exposure to) political violence, and future acts of violence. Apart from other factors, it is impossible to infer causality when there are a multitude of variables at play. She critiques some of the literature that does this, arguing that much of it is based on assertion rather than on empirical knowledge, her primary criticism being that ‘these studies do not look explicitly at children who have been exposed to violence, but who have not themselves become violent (they appear to assume that there can be no such person). Further, they cannot conclusively show that if there indeed is an increase in violence for the whole population, that this is a consequence of exposure to previous violence and not some other circumstances that co-occurred with it.’ To some extent Gibson’s criticisms would be overcome by recognising political violence as one of a range of risk factors that may or may not be countered by protective factors at play in an individual’s life.

A more recent South African study by the Centre for the Study of Violence and Reconciliation argues that the high degree of inequality in South Africa has the effect of reducing social cohesion and creates a situation within which those across the inequality divide regard each other as ‘other’, allowing for those who identify with the disadvantaged poor to justify victimisation of the ‘other’. The report goes on to make the argument that

> [t]he legacy of racism combined with conspicuous consumption in an environment of high unemployment and inequality, has pervasive negative effects in terms of feelings of self-worth. The net impact is one where South Africans are in many ways vulnerable to acquisitive behaviour that is motivated by the need to assuage feelings of low self-worth. Many people live in a world where it seems to them that their ability to obtain acceptance and respect from others will depend on whether they are able to display, or provide as gifts, the right type of consumer goods. These factors promote acquisitive crimes such as robbery and theft, as well as contributing to the strength of the market for stolen goods.

The report also argues that the high levels of violence in South Africa at all levels, create a situation within which children see violence as a normal and acceptable way of resolving conflicts, asserting themselves and obtaining compliance and co-operation from others. The following table shows the different types of violence and crime that is experienced in middle class and poor communities.

Burton reflects a range of theories about the high levels of violent crime in South Africa as reflected both in academic literature and popular publications. These include the theories that:
Learn behaviours.’ 162 Ward uses the ecological model in environments and over time, which influences how children action of risk and protective factors in different environments, but in addition also includes major street robbery problem. Much of the literature reviewed dealt with factors that predict a high probability of violence 167 and are categorised into biological factors; individual factors; family factors; peer, socio-economic and neighbourhood factors; situational factors; risk mechanisms; and the effects of life events. These are summarised below, based on the comprehensive review done by Farrington. 168 The description below also lends itself to an integrated understanding of violent behaviour and repeat offending, incorporating individual, family and environmental factors, such as that offered by General Strain Theory.

Biological risk factors: Anti-social and violent people tend to have a low resting heart rate and a low resting heart rate indicates low autonomic arousal, indicating fearlessness. This may in turn lead to sensation seeking and risk taking. The low resting heart rate is characteristic of boys who had experienced a broken home at age five years. Other research has also confirmed the heart rate theory. At birth delivery complications

SUMMARY AND CONCLUSION

Much of the literature reviewed dealt with factors that may place individuals, especially children, at risk of engaging in delinquent, violent and aggressive behaviour during childhood, adolescence and adulthood. The risk factors described below are defined as ‘variables that predict a high probability of violence’ 167 and are compared to poorer violence-prone communities, indicating fearlessness. This may in turn lead to sensation seeking and risk taking. The low resting heart rate is characteristic of boys who had experienced a broken home at age five years. Other research has also confirmed the heart rate theory. At birth delivery complications

Table 2 Comparison between poorer violence-prone communities and high-crime middle-class communities

<table>
<thead>
<tr>
<th>Acquaintance violence</th>
<th>Robbery</th>
<th>Other property crime</th>
<th>Note also that</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poorer ‘violence prone’ communities</strong></td>
<td>Major problem of acquaintance violence, including domestic violence, other male-male assaults, and rape</td>
<td>Major problem of robberies – profile of robberies partly resembles that in middle-class communities, but in addition also includes major street robbery problem</td>
<td>High level burglaries</td>
</tr>
<tr>
<td><strong>‘High-crime’ middle class communities</strong></td>
<td>Acquaintance violence still occurs but is significantly less of a problem</td>
<td>Major problem of house (and possibly business) robberies and vehicle hijackings</td>
<td>High level of burglaries, although private security measures may serve to inhibit this</td>
</tr>
</tbody>
</table>

- Exposure to violence entrenches violence (i.e. violence begets violence)
- Apartheid ‘led to an alienated generation for whom violence was the only legitimate means of achieving change’
- Fragmented families, poor parenting resulting from the effects of apartheid are to blame for high levels of violence and crime
- Crime and violence are consequences of easily available drugs and alcohol

But, Burton argues, none of these theories are sufficient to explain the complexity of the problem.

Ward deals in some detail with the complexity of the factors underlying criminal behaviour, arguing, ‘Violent behaviour in young people results from a complex interaction of risk and protective factors in different environments and over time, which influences how children learn behaviours.’ 162 Ward uses the ecological model in order to provide a conceptual map of risk and protective factors that influence an individual’s behaviour. This model allows for a simultaneous analysis of the range of factors, including individual (or biological) relationships with close others such as family, interactions with others in other social settings (such as schools and neighbourhoods), and finally the factors external to the individual (and over which they have little or no influence) that create the circumstances that influence an individual’s life (such as government policy, provision of services or lack thereof, socio-economic factors).

Christoffersen, Soothill and Francis explore exposure to non-political violence. These authors compared the social backgrounds of three groups: (1) young men convicted of lethal violence; (2) young men convicted of other violent crime; and (3) young men who committed or attempted to commit suicide. It was found that all three groups suffered disproportionately from adverse factors associated with their parental and family circumstances, as well as individual risk factors. 161 In this regard family separation played an important role and was identified as significant across two of the groups (lethal and non-lethal violence groups), but was not significant for the suicide group. For the non-lethal violence group the following factors were significant: domestic violence; being in foster or residential care; being battered/ neglected; having a teenage mother. 164 It is concluded that for both lethal and non-lethal violence groups family separation was a pivotal factor. 163 In the suicide group being in foster care/residential care and being battered or neglected as a child were significant, but parental mental illness and maternal unemployment were more significant variables. 166

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Towards an understanding of repeat violent offending

in the South African setting, Ward 174 states that, given the inability to predict the consequences of actions, susceptibility to influence by others, an inability to make moral judgements (i.e. to know right from wrong) or generalise learning from one situation to another. 171 The central argument presented is that offenders with foetal alcohol spectrum disorders would benefit more from holistic community-based treatment than incarceration.

Individual risk factors: The following personality traits have been identified as risk factors:

- hyperactivity, impulsiveness, poor behavioural controls, and attention problems. Nervousness and anxiety are negatively associated with violent behaviour. In a New Zealand study, impulsivity and a lack of persistence at age three years was associated with violent behaviour. Low constraint and high negative emotionality at age 18 were significantly associated with violent convictions. Impulsiveness is a key dimension for psychopathy along with arrogance, deceitful interpersonal style and deficient affective experience – all these are correlated with violence. Hyperactivity at age 11–13 years was associated with violence. Poor concentration and attention skills were also associated with violence. Social isolation was, however, negatively associated with violence. Peer rejection due to aggression was associated with violence but should be seen distinct from social isolation. Low intelligence, low school attainment, low verbal skills and low IQ were also associated with violence. Impulsiveness, attention problems, low intelligence, low attainment can all be linked to deficits in the executive functions, which are located in the frontal lobes. The executive functions include: sustained attention and concentration; abstract reasoning; concept formulation; anticipation and planning; programme and initiation of purposive sequences of motor behaviour; self-monitoring and self-awareness of behaviour; inhibition of inappropriate impulsive behaviour. 173

In relation to risk factors for violent behaviour in the South African setting, Ward 174 states that, given the framework of social learning theory, 'the question why South Africa's young people are so likely to use violent behaviour reduces to the following set of questions:

- To what extent are young people being exposed to situations in which they are able to learn violent behaviours, where they learn that violent behaviour is rewarded, and where they learn standards for regulating their own behaviour which suggest that violence will provide them with satisfaction and a sense of self-worth? [She asks the same question, but about non-violence]

- If they have learnt moral censure for violent behaviour, under what conditions might they disengage from such censure and use violent behaviour regardless of their moral standards? 175

Using the ecological model as a basis for study of youth in areas of Cape Town, where there is a high prevalence of gangs, Ward developed a matrix of risk and protective factors and the associated interventions to reduce gang involvement (see Table 3).

Family factors: Having a convicted parent by age 10 years was identified as a significant risk factor. Six possible explanations are provided for why anti-social behaviour was concentrated in certain families and transmitted from one generation to the next:

- There may be intergenerational continuities in exposure to multiple risk factors, e.g. poverty, disrupted families, and living in deprived neighbourhoods

- Assortative mating (the tendency of antisocial females to select antisocial males)

- Family members may influence each other and encourage younger ones to be antisocial

- The effect of antisocial parents on a child’s antisocial behaviour may be mediated by environmental mechanisms, such as poor parental supervision and inconsistent discipline

- Intergenerational transmission may be mediated by genetic mechanisms

- There may be labelling and police bias against known criminal families

Further evidence from Finland from a sample of homicide recidivists (n=35) found that all subjects who had criminal parents or children had a dual diagnosis including alcohol use disorder and some other psychiatric disorder. The majority of them (73 per cent) were diagnosed with personality disorder, 18 per cent had paranoid schizophrenia, and 9 per cent epilepsy. 176 The same authors concluded that an increased risk of offending was transmitted over three generations. 177

Poor parental supervision, parental aggression, parental conflict, absent father but not mother, and fathers convicted of violent offences are all significant risks factors. 178 Poor parental affection and poor discipline are also associated with offending behaviour. Broken families (to age 10) predicted violence to age 21. Single female parent families also predicted violent behaviour. A number of violence-linked risk factors predicted violent behaviour: harsh physical punishment; spousal assault; physical punishment combined with low parental
warmth; lack of affection; child abuse and neglect; and childhood sexual abuse. Childhood victimisation can have the following consequences: shaking leading to brain injury; bodily changes e.g. desensitisation to pain; abuse may lead to impulsive and dissociative coping styles, and thus poor problem solving skills; changes in self-esteem; change in family structure, e.g. placement in foster care; juvenile justice system action may isolate victims. Large family size and young mothers were associated with violence. Substance use by parents and smoking by mothers during pregnancy were strongly associated with violence. Poor family environments (domestic violence, drug use, family members who are gangsters) and Friends who are gangsters and School dropout are also noted in relation to high and low crime violence are also noted in the research. Different rates of violence are also noted in relation to high and low crime neighbourhoods. Violence in affluent neighbourhoods appears to be predicted stronger by individual factors, whereas violence in poor areas are predicted by social and situational factors. In respect of neighbourhoods, the following are important: physical deterioration, inner-city disorganisation, and high mobility. Low informal social controls are important in predicting violence in deprived neighbourhoods.

Peer, socio-economic and neighbourhood factors: Delinquent parents, delinquent peers, gang membership and delinquent older sibling(s) were associated with violent behaviour. Low socio-economic status, dependence on welfare benefits were associated with violence but these are mediated by socialisation and parenting skills. It was found that low socio-economic status did not predict youth violence but adult violence. Based on existing research, a vulnerability index was developed: low family income, large family, convicted parent, low non-verbal IQ, poor parental child-rearing behaviour. Differences in rural and urban trends in respect of violence have been noted in the research. Different rates of violence are also noted in relation to high and low crime neighbourhoods. Violence in affluent neighbourhoods also found that such disorganisation was linked to gang murders and other forms of gang violence and crime. Patterns in murders showed a strong spatial concentration and the availability of guns and turf protection were strongly associated with gang violence. The social process approach investigates the dynamic of interactions that lead to initial and often retaliatory acts of gang violence. Decker cites Vigil for some explanations of the social psychological processes for individuals engaging in ‘senseless’ acts of violence. It is argued that in the most
marginalised communities (economic, ethnic, racial, and cultural), community and social norms lose their potency for the control of behaviour. Members of these communities also suffer a range of personal tragedies. The accumulation of such events in a marginalised community consequently takes a psychological toll. In this environment the gang becomes a vehicle for encouraging and supporting involvement in extreme and senseless acts of violence. The weak control exercised by street gangs (compared to prison gangs) also contributes to the escalation of retaliatory attacks as well as the transitory nature of gang membership.

**Situational factors:** These are short-term factors, often specific to certain types of crime. Gang membership, drug selling and gun ownership are associated with violence. For a predatory crime to occur the minimum requirement is the convergence in time and place of a motivated offender and a suitable target, in the absence of a capable guardian. Motivational factors identified included: money (robbery); hedonistic (seeking pleasure); retaliation or revenge; provocation; escalation of minor incidents.

**Risk mechanisms:** It is important to investigate mechanisms linking risk factors to anti-social behaviour, for example, the link between disrupted families and delinquent behaviour. Three theoretical approaches were investigated, namely trauma theory, life course theory and selection theory. Results favoured life course theory. The combination of stressors and the post-disruption trajectory appear to be the key issue.

**Effects of life events:** Attending a high delinquency-rate school did not seem to amplify the risk of offending. However, getting convicted did lead to an increase in offending and also led to increased hostility towards the police. Unemployment increased risk but only for crimes leading to financial gain. Unemployment had no effect on violent crimes, vandalism or drug use, indicating that the link between unemployment and crime was mediated by a lack of money rather than by boredom. Marriage leads to a decrease in offending and separation leads to an increase. Moving out of London (in the particular study) led to a decrease in offending as subjects moved away from delinquent groups they were associating with. The research on individual life events is, however, sketchy.

**Protective factors:** These are factors associated with a decreased probability of offending. These are naturally factors that are at the opposite of risk factors, e.g. low intelligence vs high intelligence. The second are free-standing protective factors with no correlative or symmetrically opposing risk factor, for example the age of the mother at first birth. The third group identifies variables that interact with risk factors to minimise their effect.

There remains relatively little South African research on risk and resilience. There is also limited South African research on the profiles and life histories and circumstances of violent offenders. The absence of a significant body of knowledge about the life circumstances, personality traits, experiences and responses of violent offenders to strains limits the evidence upon which to base individual and societal interventions to reduce violent offending. This literature review is intended to provide an overview of international knowledge in order to inform a study by the ISS and CSPIR on the life histories of South African repeat violent offenders.

**NOTES**

2. Ibid, 6.
4. Ibid, 8.
5. Ibid, 10.
8. Tolan, Understanding violence, 7.
10. Ibid, 11.
12. Ibid.
14. The South African Domestic Violence Act (116 of 1998) defines domestic violence in Section 1 (viii) as: (a) physical abuse, (b) sexual abuse, (c) emotional, verbal and psychological abuse, (d) economic abuse (e) intimidation (f) harassment, (g) stalking, (h) damage to property, (i) entry into the complainant’s residence without consent, where the parties do not share the same residence; or (j) any other controlling or abusive behaviour towards a complainant where such conduct harms, or may cause imminent harm to, the safety, health or wellbeing of the complainant.
'Abuse' is not defined in the Act, however.


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52 Ibid.
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84 Ibid, 22.
87 Putkonen et al, Transmission of violent offending and crime across three generations, 98.
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91 Ibid, 433.


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99 Ibid, 419.


105 Ibid, 221–231.

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109 Ibid, 510.

110 Ibid, 511–512.

111 Ibid, 512.

112 Ibid.

113 Ibid, 512–513.

114 Ibid, 514.

115 Ibid.

116 Ibid.


118 Ibid, 259.

119 Ibid, 265.


121 Ibid, 335.

122 Ibid, 336–337.

123 Hosser and Bosold, A comparison of sexual and violent offenders in a German Youth Prison, 160–161.

124 Ibid, 166.


127 Ibid, 27.

128 Ibid; Blokland, Nagin and Nieuwbeerta, Life span offending trajectories of a Dutch conviction cohort, 28.

129 This refers to families in which not all of the members are biologically related.


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133 Ibid.

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135 Ibid; Blokland, Nagin and Nieuwbeerta, Life span offending trajectories of a Dutch conviction cohort, 521.

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ABOUT THIS PAPER

This paper explores South African and international literature relevant to repeat offending. It serves to inform a three-year study on sentenced repeat violent offenders in South Africa to be undertaken by the Institute for Security Studies (ISS) in collaboration with the Community Law Centre at the University of the Western Cape (in particular the Civil Society Prison Reform Initiative - CSPRI) and the Department of Correctional Services (DCS). The study is motivated by the understanding that the identification of indicators of risk before young offenders embark on a life trajectory of violent crime, and the implementation of appropriate interventions will, in the long term, contribute towards reducing levels of violent crime and re-offending. The purpose of the study is thus to provide detailed data about the life histories and life circumstances of repeat violent offenders in South Africa.

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