THE ROOTS AND ROUTES OF REVENGE: TRAJECTORIES OF HARM ACROSS FORENSIC AND CLINICAL DOMAINS

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“La vengeance est un plat

qui se mange froid”

Pierre Choderlos de Laclos

ABSTRACT

The prevalence of revenge in serious crime means that forensic practitioners need to assess the potential for future acts and deliver tailored interventions to reduce risk. In applied forensic settings, research considering the motive of revenge and the first-person experiences of clients who commit such offences, is limited. This thesis investigated the roots and routes of revenge, trajectories of harm and the opportunities for early intervention and public protection. This primarily investigated the first-person perspectives and experiences of male mentally disordered offenders who had committed offences in response to real or perceived transgressions. The outcome of this study illustrated the influence of prior exposure to traumatic events on future trajectories of revenge. An applied model of revenge was developed to inform work with clinical and forensic clients, whether convicted of or identified as 'at risk' of revenge. Early trauma and adversity were considered in a client case study of a revenge-oriented female arsonist with a complex mental health presentation. The influence of early maladaptive schemas and relational dynamics were especially relevant to the interpretation of responses to perceived or real slights and acts of revenge. The influence of human-induced trauma (experienced, witnessed or perpetrated) on the development of subsequent psychopathology (post-traumatic stress and embitterment) and corresponding thoughts, fantasies and acts of harm formed the focus of the scoping review. This considered the role of revenge and associated acts of harm in displaced (refugees and asylum seekers) populations, civilians in post-war communities, veterans and combatants (including former child soldiers), genocide perpetrators and survivors, victims of crime and offenders. The assessment of 'Propensity for Revenge' (PfR) was considered in a psychometric critique which emphasised the challenges for practitioners

working with offending and ‘at risk’ populations. The implications of these distinct but iterative research studies on revenge are discussed along with research and practice recommendations.

THESIS OVERVIEW

This thesis presents six chapters drawing together the main areas of investigation, specifically, the relationship between trauma and adversity, personality disorder and propensity for revenge in clinical and forensic clients. Chapter One presents the definitional considerations of revenge, the rationale for the research focus and reviews pertinent literature in regard of psychopathology. In Chapter Two, a qualitative grounded theory research study explores the perspectives and experiences of revenge in a sample of male mentally disordered offenders. The purpose of the research was to gain a first-person perspective from clients assessed as high-risk of reoffending and to identify trajectories toward revenge and opportunities for practitioner intervention. The research questions focused on (i) the patterns, meanings and mindsets of adult male mentally disordered offenders during the experience of real or perceived victimization and revenge; (ii) the implications for treatment intervention and risk assessment when considering revenge-oriented offending; and (iii) the role of revenge-oriented rumination and fantasy in revenge-oriented acts resulting in serious criminality. The interview analysis considered forensic clients' perspectives and considered prior exposure to traumatic events as influencing responses to transgressions. The development of trait relevant and state dependent influences on dispositions supportive of revenge was illustrated and the study informed the initial development of an applied model of revenge.

In Chapter Three, an individual perspective is presented in a client case study. This reports on clinical assessment, formulation, intervention and evaluation work with a female mentally disordered offender with a history of revenge-oriented arson. The intervention took an integrative approach through the identification of early maladaptive

schemas using a schema therapy informed approach to the context of revenge. This identified the importance of early attachment and dethronement, the role of sibling rivalry and transcultural psychology in developing a tailored psychological formulation. Early onset and ongoing trauma exposure appeared to further contribute to a complex mental health presentation (paranoid schizophrenia, emotionally unstable, dissocial and paranoid personality disorders, and substance misuse). This outlined the important contribution of psychopathology in the interpretation of revenge-oriented acts.

The role of criminal environments (cultural expectations) and historic traumatic exposure on perspectives of revenge and acts of harm formed the focus of the systematic scoping review presented in Chapter Four. This review took a broader perspective to the impact of human-induced trauma, development of Post-Traumatic Stress Disorder (PTSD) and / or Post-Traumatic Embitterment Disorders (PTED), and thoughts, feelings and acts of harm, including revenge. The objective of the review was to map the current evidence base and identify future practice and research considerations relevant to forensic and clinical domains. The review widened the initial focus of the thesis from clients in forensic mental health settings to populations who are displaced (refugees and asylum seekers), living in post-war communities, veterans and combatants (including former child soldiers), genocide perpetrators and survivors, victims of crime and offenders (including prisoners).

The scoping review outlined difficulties interpreting the influence of various forms of human-induced trauma (experiencing, witnessing or perpetrating acts of harm) on the subsequent development of psychopathology. The importance of considering a role of PTSD and PTED in enhancing the potential for revenge was supported. Further, acts of appetitive aggression in the form of proactive harm were investigated alongside the

trauma symptom severity reported across populations. The potential for individuals who have experienced one-off, ongoing or cumulative traumatic events to engage in acts of revenge is acknowledged. It was further identified that certain populations should be considered 'at risk' groups and receive opportunities for timely, tailored and beneficial interventions.

A psychometric critique followed the scoping review to assess 'Propensity for Revenge' (PfR) in forensic and 'at risk' groups. The evaluation presented in Chapter Five was based on identifying relevant measures from the scoping review evidence and combining these with wider assessments. This illustrates the importance of an integrated approach when considering risk and conducting bespoke assessments with a breadth of client groups, particularly those with forensic histories. The administration of relevant psychometric measures is discussed as part of a comprehensive, ethical and defensible approach (e.g., the context, objectives, client, practitioner, and the implications) for practitioners undertaking assessments of risk and formulations of treatment need.

Chapter Six unites the preceding chapters and presents the applied model of revenge developed from and informed by the cumulative understanding gained during this research. The model is designed to aid practitioners working with a range of client groups when considering revenge as one aspect of the potential for risk of future harm. The implications of the research findings are considered in addition to recommendations for future research and practice.

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STATEMENT OF AUTHORSHIP

This thesis is submitted to the University of Nottingham in part fulfilment of the Doctorate in Forensic Psychology. The idea for the thesis was the author's own and reflects their interest in the understanding of trajectories of revenge-oriented harm in forensic and clinical domains.

I hereby declare that:

~ I am the sole author of this thesis.

~ I have fully acknowledged and referenced the ideas and work of others, whether published or unpublished, in my thesis.

~ I have prepared my thesis specifically for the degree of Doctor of Forensic Psychology, while under supervision at the University of Nottingham.

~ My thesis does not contain work extracted from a thesis, dissertation or research paper previously presented for another degree / diploma at this or any other university.

DISSEMINATION OF WORK

Gozna, L. F., Chou, S. & Glazebrook, C. (2019). *Assessing propensity for future risk of revenge in secure forensic settings and the community: An evidence-based approach.* Paper presented at the Annual Meeting of the American Academy of Forensic Sciences, Baltimore, US, 20-23 Feb.

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LIST OF ABBREVIATIONS

ACEs	Adverse Childhood Experiences
AD	Adjustment Disorder
ARS	Anger Rumination Scale
ASD	Autism Spectrum Disorder
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Services
CEQ	Creative Experiences Questionnaire
CGT	Constructivist Grounded Theory
DBT	Dialectical Behaviour Therapy
DRS	Dissipation-Rumination Scale
DSM	Diagnostic and Statistical Manual of Mental Disorders
EFI	Enright Forgiveness Inventory
FES	Fantasy Engagement Scale
FQ	Fantasy Questionnaire
HRA	Health Research Authority
IES	Impact of Events Scale
IPA	Interpretative Phenomenological Analysis
IRI	Interpersonal Reactivity Index
IS	Islamic State
MDT	Multi-Disciplinary Team
MsF	Medécins san Frontières
NAS-PI	Novaco Anger Scale and Provocation Inventory
NFA	No Further Action
NGO	Non-Governmental Organisation
NHS	National Health Service
NOMS	National Offender Management Service
PfR	Propensity for Revenge
PITS	Perpetration-Induced Traumatic Stress
PNC	Police National Computer
PRN	Pro Re Nata (as required)
PTED	Post-traumatic Embitterment Disorder

PTSD	Post-traumatic Stress Disorder
RC	Responsible Clinician
REV	Risk of Eruptive Violence
RIO	Rumination about an Interpersonal Offense Scale
SFQ	Sustaining Fantasies Questionnaire
SIV	Schedule of Imagined Violence
SPJ	Structured Professional Judgement
TA	Thematic Analysis
TIBs	Therapy Interfering Behaviours
TRAS	Trauma Related Anger Scale
TRIM-18	Transgression-Related Interpersonal Motivations
TSI	Trauma Symptom Inventory
TTM	Transtheoretical Model Stages of Change
VDT	Vulnerable Dark Triad
VIS	Violent Ideations Scale
VS	Vengeance Scale

Chapter One

Overview of Thesis, Rationale and Definitional Considerations

1.1 Chapter Overview

This chapter outlines the purpose and rationale for the research presented in this thesis and moves to discuss its aims and objectives. The definition of revenge is discussed in addition to considerations of personality, psychopathology, and trauma. The original contribution of the present research to the field of applied forensic psychology is further elucidated.

1.2 Purpose and Rationale

The purpose of this thesis was to further develop and enhance the interpretation of revenge-oriented acts of harm committed by clients in forensic settings. This further considered those who may be 'at risk' of committing acts resulting in criminal justice sanctions. In applied forensic settings, revenge is rarely interpreted using a holistic approach when assessing the potential for recidivism. Instead, the focus can be directed toward the most recent conviction and associated offence related interventions (e.g., sexual offending, violence) and may reduce any appreciation of the versatility of revenge options pursued. The potential for acts of revenge committed by clients with complex needs, difficulties in interpersonal relationships and problematic personality is apparent but not always fully acknowledged. The myriad methods of revenge, covert or overt, to undermine or harm, whether online or displayed through, for example, acts of arson, aggression, stalking and extremism, creates a complex picture for practitioners to

interpret. Displays of offence paralleling behaviour[1] or acts of revenge from or within prison / forensic mental health settings further highlight the need for a tailored understanding. The prevalence of mental health diagnoses (e.g., personality, psychotic and autistic spectrum disorders) and the impact of substance misuse in forensic populations further exacerbates risk of acts of harm.

Developing an understanding of revenge as a motive and how it can be better understood in clinical and forensic practice has obvious relevance for practitioners, whether working across agencies involved in public protection and corresponding secure and community risk management. This thesis presents a series of inter-related work focusing on the roots and routes of revenge and considers forensic clients who have engaged in acts of revenge and 'non-forensic' populations. These are populations who may have experienced significant, traumatic events and developed an enhanced risk of engaging in revenge-oriented acts. The research additionally considers the role of fantasy[2], affect and cognition and whether this perpetuates or inoculates against acts of harm.

1.3 Defining the Challenge

The research definition of revenge was created following a review of published literature which is further discussed in this section. This enabled a comprehensive inclusion of different aspects of revenge and associated concepts. In the present thesis,

[1] The concept of Offence Paralleling Behaviour (OPB) (Daffern, et al., 2007; Mooney & Daffern, 2015; Jones, 2004) developed from initial research which attempted to better assess the level of risk posed by incarcerated offenders through a theoretical framework (Clark, Fisher & McDougall, 1993).

[2] Gellerman and Suddath (2005) emphasise how the function of violence within fantasy can vary and be *'a normative means of coping with aggression, anger, and sexual arousal; pathological replacement of reality and interpersonal connections; and imaginary practices of intended actions, whether harmful or not'* (p.494).

the propensity for revenge encompassed both temporary (state – cognition (thinking), emotions (feeling), behaviours (acts) and interactions (relating)) and enduring aspects of a person (trait / schema – stable personality characteristics or behaviours) while forming a process and motive for criminal acts.

Within the overall concept of revenge, vengefulness is variously considered an attitude, personality trait or disposition (Bradfield & Aquino, 1999) which may fuel individual, group or societal responses to events. Vengefulness can also increase the potential for rumination about wrongs experienced (Barber, Maltby, & Macaskill, 2005; Berry, Worthington, O'Connor, Parrott, & Wade, 2005), and as an element of personality, presents on a continuum in regard of severity (Stuckless & Goranson, 1992). Hence individual differences in responses are helpful to consider.

Retaliation further forms an aspect of revenge which considers the act of responding (individual, group, community or society) to a wrongdoing or transgression and focuses the direction of harm toward the originator of the problem which is in the form of 'like for like' and to 'get even' (Batson, Bowers, Leonard & Smith, 2000). This equalizes the situation (de Waal, 1996; Solomon, 1990) whether delivered face to face or delivered immediately back onto the transgressor or delayed (Jacobs, 2004). Solomon (1990) stated that 'matched retribution' further involves the need or requirement for justice to have been 'seen to have been done', for example, Leviticus: *"And a man who injures his countryman – as he has done, so it shall be done to him [namely] fracture under / for fracture, eye under / for eye, tooth under / for tooth. Just as another person has received injury from him, so it will be given to him."* (Lev. 24:19–21).

In countries where the literal meaning of Sharia Law is interpreted, such as Saudi Arabia, Nigeria, Pakistan and Iran, the doctrine of Qiṣāṣ (قصاص) is the Law of Equality and

refers to retaliation in kind and forms retributive justice (Lawan, Sada & Ali, 2011). For example, in Saudi Arabia, the courts ruled that a perpetrator who stabbed his friend in the backbone, should have his spinal cord severed (Nair, 2013) and in Iran, a court ordered a man to be blinded following an acid attack on a female who refused his proposal of marriage (BBC, 2008). The matching of retaliation is therefore seen as a morally appropriate option because 'escalated retribution' creates an unequal response and has the potential for an ever-multiplying cycle of harm, for example, to demand a life for an eye or two lives for one (Bies & Tripp, 1996). When an individual is in receipt of unprovoked harm, it is possible that a desire for retaliation and revenge will occur through retributive justice (Batson, Bowers, Leonard & Smith, 2000; Hogan & Emler, 1981; Miller & Vidmar, 1981).

Focusing on revenge as one of the more prevalent motives for serious crime (Douglas, et al., 2013), it is possible to identify evidence throughout history, whether in literature (e.g., Hamlet by William Shakespeare, The Count of Monte Cristo by Alexandre Dumas, Carrie by Stephen King, and Homer's Iliad), conflict or wars (e.g., Queen Boudica and the invasion of Roman Britain in AD 60; the Jewish Nakam[3] poisoning of 400 Nazi war criminals (Budnik, 2019); the liberation of Dachau concentration camp by US soldiers), and criminal acts (e.g., the castration and murder of Akku Yadav in 2004 by 200 rape victims) including more recently, so-called 'revenge porn' or non-consensual pornography (Bates, 2017). These events emphasise that revenge is in the *doing* and an action that occurs in response to a perceived harm while involving additional psychological processes.

[3] 'Nakam' was derived from the Jewish phrase 'Dam Yehudi Nakam', meaning 'Jewish blood will be avenged'.

The challenge in determining a suitable definition of revenge for use in clinical and forensic domains is significant. This is partly because the current interpretation of motive is lacking in detail as to whether revenge should be interpreted as an act, a process, emotional state, an attitude or a combination thereof. Increasing the understanding of revenge as a motive can therefore assist practitioners in identifying tailored assessment, formulation and interventions.

Revenge has been described as a response to intolerable emotions manifesting as *"the infliction of punishment or injury in return for a perceived wrong"* (Stuckless, Ford & Vitelli, 1995, p.1). Revenge can occur across a range of contexts and on a continuum of severity, with those at the extreme end causing substantial harm, potentially resulting in legal sanctions. Hence the challenges in preventing acts of harm are apparent. Simplifying revenge to a dyadic interaction (e.g., transgression → response) fails to account for any psychological processes occurring between these acts. Notably, in one of the early attempts to define revenge, Westermarck (1898) determined the 'essence of revenge', précising prior work of Steinmetz in 1894: *'Revenge is essentially rooted in the feeling of power and superiority. It arises consequently upon the experience of injury, and its aim is to enhance the "self-feeling" which has been lowered or degraded by the injury suffered. It answers this purpose best if it is directed against the aggressor himself, but it is not essential to it that it should take any determinate direction, for, per se and originally, it is "undirected" and unlimited'* (p.289). This definition implies revenge can provide empowerment and may act as a coping strategy to avoid feelings of inferiority and powerlessness.

Govier (2002) argued revenge is not a form of self-defence but "*retaliation for the perceived harm and it enables an individual to 'get even', to feel satisfied, or to express*

frustration at the source who has wronged them" (p.2). Furthermore, Fitness (2001) emphasised regaining a level of control or dignity, following pain, humiliation, or a sense of degradation following third-party actions. Acts of revenge can be visualised on a continuum in regard of the damage caused – from gossiping, a refusal to help, through to acts of rape, torture and murder. When focusing on criminal motives, revenge is identified as a dominant reason. Douglas, Burgess, Burgess, and Ressler (2013) defined 'Revenge Homicide' as "*the killing of another in retaliation for a perceived wrong, real or imagined, committed against the offender or a significant other*" (p. 179). Revenge homicides were further investigated by Keppel and Walter (1999) in what was termed 'anger-retaliatory' offending, that is, the need of an individual to express anger as a form of retaliation which can result in serious harm. When applied to a forensic context, the preceding definitions of revenge fail to consider the nature of the initial punishment or injury, any psychological response, behavioural response, any recruitment of a third-party in enacting revenge, and the potential for aggression to be displaced toward a person or object unrelated to the original transgressor.

The definition of revenge developed for the present research considered these prior definitions while acknowledging that there was a lack of clarity for the application to clinical and forensic domains. The working definition (prior to the research) combined Stuckless, et al's. (1995) definition of '*punishment or injury*' in response to a '*perceived wrong*', Douglas, et al's (2006) '*real or imagined*' perceived wrong, and Westermarck's (1898) idea of revenge being '*undirected and unlimited*'. This incorporated the following elements: (i) an isolated act or cumulative acts of revenge; (ii) action by the original 'victim' or through proxy recruitment; (iii) intent to cause psychological or physical

punishment or injury; and (iv) revenge against the transgressor, a significant other, or displacement onto a third party.

The definition[4] of revenge is presented below and focuses primarily on revenge being the motivation for acts of harm. However, the focus of the research in Chapter Two which employs a first-person perspective necessarily incorporates wider elements of a psychological response – affect, cognition and behaviour. The working definition of revenge provided a more specific emphasis and it removes the ambiguity present in prior attempts to explain revenge motivated offending. This is further discussed in Chapter Six following a reflection on the research outcomes:

"An act or acts (legal or illegal) committed in isolation or over time, by an identified 'victim' or via proxy recruitment, with the fantasy and/or intent of causing physical, sexual, or psychological punishment or injury, in response to a perceived wrong, real or imagined, and enacted directly or indirectly against the transgressor, or displaced toward an object or person".

Victim responses to real or perceived transgressions are often presented as a dichotomy, that is, whether an individual engages in revenge. The wider range of alternative responses comprise: (i) avoidance (Carmody & Gordon, 2011; Lee, Pan & Tsai, 2013); (ii) forgiveness (McCullough, 2001), (iii) prayer / vengeful prayer (Bremner, Koole & Bushman, 2011); (iv) cutting all ties (Westley, 2012); (v) revenge fantasy (Lillie & Strelan, 2016); and (vi) advocating the 'Law of Karma' (Reichenbach, 1988). The latter, commonly associated with Hindu, Jaina, and Buddhist thought, presents *'all actions have consequences which will affect the doer of the action at some future time'* (p.399). In

[4] The initial definition was necessarily limited in regard of the extent to which literature was considered before undertaking the grounded theory study presented in Chapter Two to avoid compromising the focus of the interview study with preconceived ideas.

contrast, reactions to the initial and any subsequent victimization may be preceded by either (i) rumination and grievance thinking (Anestis, Anestis, Selby, & Joiner, 2009; Barnett, 2011; Caprara, Paciello, Gerbino & Cugini, 2016; Wakeling & Barnett, 2009); (ii) vengeful fantasy / violent ideation resulting in an act of revenge (Linden & Noack, 2018; Murray, Eisner & Ribeaud, 2016); and (iii) reactive behaviour (including aggression) with no identified fantasy element (Cota-McKinley, Woody & Bell, 2001; Crombag, Rassin & Horselenberg, 2003; Elster, 1990; Gollwitzer & Denzler, 2009; Raine, et al., 2006).

The purpose of the current revenge research was to develop the knowledge and evidence base for application to clinical and forensic settings to increase the capacity for practitioners to tailor assessment and treatment interventions. This was applied to the context of a forensic population of mentally disordered offenders with diagnoses of personality disorder (See Chapters Two and Three).

1.4 Psychopathology and Revenge

The role of psychopathology in understanding the concept of revenge lacks a detailed interpretation, particularly regarding clinical and forensic populations. This has implications for individuals who respond, potentially maladaptively, to real or perceived transgressions – with some becoming more vigilant to the potential for threat than others. The prevalence of personality disorder and mental illness, particularly in forensic populations, illustrates the benefit of more fully understanding the relationship between psychopathology and revenge-oriented acts.

It is helpful to consider the extent to which individuals may be the more likely to present with a more vengeful disposition or hypervigilance to real or perceived slights. There is evidence to support revenge underpinning significant levels of criminality

(Douglas, et al., 2013), and equally, the prevalence of personality disorder in forensic populations (50% +) is significantly elevated from that of the general population (Coid, Yang, Ullrich, Roberts & Hare, 2009).

The focus of this thesis was primarily to consider the role of and relationship between personality disorder and revenge-oriented acts (including accompanying cognition and affect). However, this did not negate any consideration of psychosis such as delusional disorder and schizophrenia, and Autism Spectrum Disorder (ASD) including Asperger's if relevant to the population under investigation. The role of other relevant psychiatric disorders is discussed briefly in this chapter to provide context in regard of revenge.

1.4.1 Normative Personality and Propensity for Revenge

The relevance of baseline and disordered personality to understanding revenge can inform broader formulations of clinical risk and need. In regard of revenge and any links to 'normative' (cf.: clinical) personality, the six-domain model of the HEXACO as measured by the personality inventory offers an alternative representation (HEXACO-PI-R; Ashton & Lee, 2007; Ashton, Lee & Son, 2000; Lee & Ashton, 2004). This appears relevant in regard of interpreting any potential response to transgressions. This 'trait-based taxonomy' of personality broadens the focus from the 'Big five' constructs (Goldberg, 1993) and followed a series of studies of personality structure conducted in Europe and Asia (Lee & Ashton, 2004). This resulted in the discovery of the 'Honesty-Humility' domain (Lee, Ogunfowora & Ashton, 2005) which was not previously included in prior English language versions of personality measures, for example, the NEO-FFI (Costa

& McCrae, 1992) or the 5-Dimensional Personality Test (5DPT) (de Vries & van Kampen, 2010).

The HEXACO comprises domain scales of Honesty-Humility (H), Emotionality (E), Extroversion (X), Agreeableness (A), Conscientiousness (C) and Openness to Experience (O) and the facets level scales and adjectives are presented in Table 1.1 (See Lee & Ashton, 2004, for further detailed descriptions).

Table 1.1: The HEXACO Personality Factors (from Ashton & Lee, 2007)

Factors	**Facets**	**Adjectives**
Honesty-Humility (H)	Sincerity Fairness Greed Avoidance Modesty	Sincere, honest, faithful, loyal, modest / unassuming ***versus*** Sly, deceitful, greedy, pretentious, hypocritical, boastful, pompous
Emotionality (E)	Fearfulness Anxiety Dependence Sentimentality	Emotional, oversensitive, sentimental, fearful, anxious, vulnerable ***versus*** Brave, tough, independent, self-assured, stable
Extraversion (X)	Social Self-Esteem Social Boldness Sociability Liveliness	Outgoing, lively, extraverted, sociable, talkative, cheerful, active ***versus*** Shy, passive, withdrawn, introverted, quiet, reserved
Agreeableness (A)	Forgivingness Gentleness Flexibility Patience	Patient, tolerant, peaceful, mild, agreeable, lenient, gentle ***versus*** Ill-tempered, quarrelsome, stubborn, choleric
Conscientiousness (C)	Organization Diligence Perfectionism Prudence	Organized, disciplined, diligent, careful, thorough, precise ***versus*** Sloppy, negligent, reckless, lazy, irresponsible, absent-minded
Openness to Experience (O)	Aesthetic Appreciation Inquisitiveness Creativity Unconventionality	Intellectual, creative, unconventional, innovative, ironic ***versus*** Shallow, unimaginative, conventional

In regard of any consideration of propensity for revenge within the HEXACO measure, the emphasis appears best placed on the H, E, and A domains of the model. Research focusing on 'antisocial' and self-benefitting personality traits has identified low scores on the Honesty-Humility domain. This describes individuals with a greater capacity for entitlement and the exploitation of others (Ashton & Lee, 2007; de Vries, & van Kampen, 2010; Perugini, et al., 2003), perceiving revenge as a positive option (Sheppard & Boon, 2012), feeling superior to others and lacking sincerity (Lee & Ashton, 2004; Ashton, Lee & DeVries, 2014). Low scores on the 'A' factor describe a propensity to hold grudges and engage in retaliatory behaviours (Lee & Ashton, 2004) without considering the cost. This is especially relevant to the facet-level scales of Forgivingness, Gentleness, Flexibility and Patience. Finally, the 'E' domain considers Fearfulness, Anxiety, Dependence and Sentimentality. This is relevant for understanding low harm-avoidance, help-seeking and altruistic behaviours (Ashton & Lee, 2007) and low E presentations have been related to Psychopathy (Gaughan, Miller & Lynam, 2012; Međedović & Petrović, 2015). The HEXACO-PI-R conceptualises the established personality traits well and has reportedly reliable psychometric properties (Ashton & Lee, 2007; Ashton, Lee & de Vries, 2014; Lee & Ashton, 2004; 2006).

Although the HEXACO model enables consideration of potentially problematic traits, for example, low or high emotionality, low honesty-humility and low agreeableness, its capacity to fully interpret acts of harm in forensic populations is limited. An alternative way to consider sub-clinical presentations of problematic personality is to explore the presence of the constructs of the 'Dark Triad' and 'Tetrad' (Paulhus & Williams, 2002; Paulhus & Jones, 2015) and 'Vulnerable Dark Triad' (Miller, et al., 2010) and how these relate to clinically elevated difficulties relevant to personality

disorder. Considering the relationship between the HEXACO model and the Dark Triad (Lee & Ashton, 2014), it is possible to identify the relevance for understanding more challenging presentations.

Ultimately relevant to the consideration of the potential to engage in revenge-oriented acts are the broader personality traits of empathy (Neumann, Chang, Boyle, Wang & Westbury, 2015), impulsivity (Young, 2010) and sensation-seeking (Zuckerman & Aluja, 2015), all of which are pertinent to predicting acts of harm (See below).

1.4.2 Problematic and Disordered Personality Presentations

The 'Dark Triad' of personality combines the inter-related presentations of Machiavellianism (Christie & Geis, 1970), Narcissism (Raskin & Hall, 1979) and Psychopathy (Paulhus, Neumann & Hare, 2015) and was extended to include Sadism (Buckels, 2012; Buckels, Jones & Paulhus, 2013; O'Meara, Davies & Hammond, 2011) in the 'Dark Tetrad' (Chabrol, Leeuwen, Rodgers & Sejourne, 2009; Jones & Paulhus, 2010; Paulhus & Jones, 2015).

The combination of the four constructs within the 'Dark Tetrad' (See Furnham, Richards & Paulhus, 2013; Paulhus & Jones, 2015) has potential application to clinical and forensic domains, however, in the context of the propensity for revenge, sadism and Machiavellianism may be less well understood than psychopathy and narcissism. The assessment of disordered personality in forensic settings does not routinely consider Machiavellianism, despite the relevance of traits such as long-term scheming, callousness, covert manoeuvres, keeping secrets and the capacity to delay gratification (Paulhus & Jones, 2015). This illustrates that revenge does not always occur as an overwhelming

emotional response to a transgression and suggests individuals with higher levels of Machiavellianism may be more successful.

Presentations of sadism (sexual and non-sexual presentations) in clients is characterised by patterns of domination and control over others and the derivation of pleasure from engaging in cruel, humiliating and demeaning acts (e.g., Buckels, 2012; Fromm, 1973; Millon, Grossman, Millon, Meagher, & Ramnath, 2004). The relationship between sadism and revenge has implications for expressed levels of harm and the ability to engage in more severe acts. Walter (2013) described three factors critical to sadism – the creation of 'dependency, degradation and dread' in the offender–victim interaction. However, the long-standing removal of sadistic personality disorder as a distinct diagnosis from psychiatric manuals (e.g. DSM-IV and DSM-V; APA, 2013) may result in sadistic tendencies being excluded when formulating risk. Although the presence of higher levels of sadism is unlikely in isolation to fuel revenge, it is a factor that contributes to more concerning clinical presentations.

The remaining dark tetrad personalities further inform the interpretation of revenge. Narcissistic personality presentations include unwarranted self-enhancement and significant ego-defence resulting in the potential for rage and aggressive reactions to real or perceived slights (Furnham, Richards & Paulhus, 2013; Paulhus & Williams, 2002). Pincus and Lukhowitsky (2010) described the diverse ways narcissism is conceptualised – as a continuum ranging from 'healthy' through to 'disordered functioning' (Paulhus, 1998) or categorical and either 'pathological' or 'adaptive' (Pincus, et al., 2009). A further distinction has been 'vulnerable' and 'grandiose' themes of dysfunction and the modes through which these may be expressed, via covert or overt means. The first can present with hypersensitivity, vulnerability and entitlement (Hendin & Cheek, 1997), while

grandiose presentations emphasise hiding the 'self', devaluing others and entitlement rage (Pincus, et al., 2009). This helps to identify whether revenge could be fuelled by a belief of or direct threat to the 'self'.

Whereas narcissism appears to require the maintenance of the self on an elevated pedestal at all cost, psychopathic personality can include a lack of empathy, limited remorse or guilt, a dominant affective experience of anger (c.f.: a breadth and depth of emotionality), increased impulsivity and responses to provocation, and the heightened likelihood of revenge-driven aggression (Jones & Paulhus, 2010). The personality constructs of the Dark Tetrad are relevant to revenge because the combination of maladaptive traits raises the likelihood of harm toward others, irrespective of motive. It is therefore helpful to consider the potential for complex and severe personality disorder (e.g., Livesley, 1998; Livesley, DiMaggio & Clarkin, 2016) and whether a constellation of problematic traits further enhances vigilance to threats and corresponding responses.

The focus on problematic personality further includes the influence of emotionally unstable (Borderline Personality Disorder; BPD) and associated or distinct experiences of paranoia. One element of the presentation is a heightened sensitivity to perceived abandonment and the potential for an expressed 'rejection-rage' response (Berenson, Downey, Rafaeli, Coifman & Paquin, 2011). It is further possible that hyper-vigilance to diverse threats may elicit paranoid thinking and associated beliefs about the motives of others, potentially resulting in enduring resentment (targeted or broad) and an overall heightened propensity to avenge (Muñoz-Sastre, Vinsonneau, Chabrol & Mullet, 2005). Although not a prevailing presentation across all clients with borderline or emotionally unstable traits, when identifying difficulties in interpersonal interactions, it is helpful to

have an awareness of the potential manifestation of rage and resentment and any links to revenge.

The 'Vulnerable Dark Triad' (Miller, et al., 2010) incorporates the social deviance aspect of psychopathy, vulnerable narcissism, and emotionally unstable (e.g., borderline personality disorder (BPD)) personality characteristics and presents a combination of defensiveness, emotionality and impulsivity. This appears associated with a broader range of interpersonal difficulties regarding hostility, interpersonal sensitivity, paranoid ideation, and emotional regulation (Miller et al., 2010; Miller, Gentile, Wilson & Campbell, 2013). In addition, the presentation of seemingly 'vulnerable' traits can be associated with externalized behaviours including substance misuse, crime and other destructive acts. This has the potential to magnify difficulties in terms of the ability to identify those with an elevated risk of engaging in revenge. Broader work on the conceptualisation of psychopathic (Comprehensive Assessment of Psychopathic Personality; CAPP; Cooke, Hart, Logan & Michie, 2012) and emotionally unstable personality (Comprehensive Assessment of Borderline Personality; CABP; Viljoen, et al., 2015) has considered personality presentation across six domains (Affect, Behavioural, Cognitive, Dominance, Emotional and Self). This has utility as a structure to consider problematic personality presentations as a combination of factors and can help in the identification of elevated difficulties.

Finally, it is helpful to consider paranoid personality and associated thinking styles which may be relevant when understanding individuals who hold *'an expectation without sufficient basis, to be exploited, deceived or harmed by others'* (Muñoz-Sastre, Vinsonneau, Chabrol & Mullet, 2005, p.767). Associated traits include difficulties with trust, loyalty, perceived (in)fidelity and the ability to forgive, potentially resulting in

suspiciousness, pathological jealousy, frivolous litigation and retaliation. The challenge in identifying the presence of specific or generic paranoid ideation can result in revenge-oriented considerations being excluded from psychological formulations (Mullet, Neto & Rivière, 2005). Ultimately, problematic personality occurs on a continuum and when clinically elevated, as formally assessed using either the DSM (APA, 2013) or ICD (WHO, 1992) classifications, there is a greater need for awareness in regard of predictions of harm and whether revenge may be relevant to any practitioner assessments.

1.4.3 Psychosis, Delusional and Autistic Spectrum Disorders

In addition to personality, whether normative, subclinical or clinically elevated, broader psychiatric conditions are helpful to consider when interpreting revenge-oriented behaviour, for example, the role of psychotic (e.g., schizophrenia spectrum disorders, including schizoaffective and delusional disorders) and Autistic Spectrum Disorders (ASD), including Asperger's. Certainly, in forensic case formulation, the role of hallucinations and delusions are relevant to a holistic consideration of presenting problems (Hart, Sturmey, Logan & McMurran, 2011). However, the highest rates of recidivism, irrespective of motive (e.g., revenge) have been documented in personality disordered forensic clients and are exacerbated still further when substance misuse is considered (Walter, Wiesbeck, Dittmann & Graf, 2011).

The primary focus of this thesis was personality disordered forensic clients and experiences of revenge. This is because the potential harm to victims was more pronounced due to the 'problematic, persistent and pervasive' nature of their difficulties (National Offender Management Service & NHS England, 2015). This is not to say that mental illness and autism are irrelevant, but that the complexity of forensic cases mean

these disorders can present as co-morbid in personality disordered forensic clients. Therefore, although not seen in isolation for the purpose of the present research, the implications of other diagnoses were considered on an *ad hoc* basis in relation to the interpretation of revenge. There is evidence to suggest individuals with other psychiatric disorders (e.g., schizophrenia and delusional disorder) can engage in acts of harm including responding to real or perceived slights or transgressions (Chang, Larsson, Lichtenstein & Fazel, 2015; Coid, et al., 2015).

Although potentially indistinguishable from the observed presentation of paranoid personality disorder, the symptoms of paranoia, whether as part of a delusional disorder or manifesting as schizophrenia (paranoid type), can result in clients feeling routinely powerlessness and victimized (Freeman, 2007). This can result in the genuine belief that others hold malign intent, feelings of persecution from others, struggle to forgive (unforgiving perspectives), are highly suspicious, have difficulty trusting or confiding in others, and present in a hostile, aggressive and argumentative manner.

The characteristics of delusional disorder (Hardan & Gilbert, 2009) illustrate how everyday events can become subsumed into non-bizarre delusional thinking. The types of delusions (e.g., persecutory, erotomanic, jealous and grandiose; APA, 2013) further outline how beliefs, which are felt by the client to be genuine, may develop into a need to engage in potentially harmful behaviour. The argument that persecutory delusions act as a defence against intolerable negative emotional states was suggested by Bentall and Taylor (2006) and may act as a coping strategy – the possibility to engage in revenge being entirely possible. More broadly, the link between personality, emotional disturbance and delusional ideation emphasises an increased presence of paranoid, schizotypal and obsessive-compulsive traits as relevant to a greater severity of delusions

(Tonna, et al., 2018). In addition, the link between narcissistic personality traits and grandiose delusional disorder (Moran, et al., 2003; Newton-Howes, Tyrer, North & Yang, 2008) results in further complexity when considering the potential for problematic responses to perceived threats.

The forensic implications for clients diagnosed with Autism Spectrum Disorder (ASD) are in regard of interpretations of communication (verbal and nonverbal), understanding social behaviour and settings, the capacity for imagination and the overall experience of difficulties when navigating the interpersonal world of others (Im, 2016). In considering the impact of bullying victimization, feeling rejected and ostracised, and relegated to the periphery of life, Devnet (2013) suggested the potential for increased anger, revenge fantasy and resentment toward those perceived as socially competent. Marginalization and bullying as a result of odd or bizarre behavioural expressions or difficulties in social interactions (Ghaziuddin, Tsai & Ghaziuddin, 1991) has been associated with anger rumination and the potential for aggressive behaviour (Allely, et a., 2017), although primarily linked to increased symptom severity (Patel, Day, Jones & Mazefsky, 2017). The level of impact from bullying and marginalisation over time has been compared with wounded prey fighting back at a predator (Grandin, 2012) and behaviour motivated by a need to get back at others can also be understood in this context. Certainly, the reported lack of theory of mind in clients presenting with autistic traits may reduce their ability to acknowledge any damage or express remorse. The co-morbidity of ASD with psychopathy and other disorders can explain the difficulty distinguishing between similar client presentations (White, Meloy, Mohandie & Kienlen, 2017). This is especially relevant when individuals commit offences which appear lacking in motive, are excessive in levels of harm and appear difficult to understand (White,

2017). In forensic populations, ASD may not be assessed as readily as are mental illness (especially psychotic disorders), personality disorder and substance misuse. Therefore, any relevance of ASD to revenge or acts of harm may be missed within a broader set of potentially problematic behaviours.

1.4.4 Traumatic Stress and Embitterment

The exposure to adverse events and potential to develop associated traumatic stress (e.g., Post-Traumatic Stress Disorder; DSM-V, 2013) or embitterment (Linden, Baumann, Lieberei & Rotter, 2007, Linden, Rotter, Baumann & Leiberei, 2009; Linden & Rotter, 2018; Maercker, et al. 2000; Nanni, et al. 2018; Rotter, 2009; Sabic, et al., 2018) responses are a further consideration in regard of revenge-oriented acts of harm. This did not form part of the original focus of the thesis but became relevant following the grounded theory approach taken in Chapter Two to explore the relationship between personality disorder and trajectories of revenge. Here, it became apparent that a breadth of adversity, including traumatic events, especially during childhood and adolescence was relevant to later rationalisations of revenge and to the development of psychiatric difficulties.

Although there has been an increased acknowledgement of the requirement for trauma-informed approaches with clients in clinical and forensic (e.g., Johnstone & Boyle, 2018; Sweeney, Clement, Filson & Kennedy, 2016), this may focus on identifying potential vulnerability rather than a consideration of any potential risk of harm. The difficulty in considering trauma in the context of revenge is that it rarely occurs in isolation of broader psychopathology in forensic clients. It can instead form part of a pattern of complexity to be interpreted in the context of risk and need.

Higher prevalence rates for PTSD are identified in individuals with severe personality disorder and major mental illness and this is predicted by exposure to traumatic events, for example the number of traumatic events someone is exposed to (Miller, 2012). The development of symptoms of PTSD can result in a breadth of responses captured within the formal diagnosis (APA, 2013). The intrusive nature of symptoms, for example, re-experiencing, hyperarousal and avoidance, can impede psychological functioning, exacerbate feelings of residual vulnerability, while increasing the need to avoid or prevent further harm / victimization.

The perception of powerlessness and a heightened vigilance to future threats has the potential to increase the capacity for acts of harm in those experiencing traumatic stress symptoms. However, whether this effect exists in isolation or forms a contributory aspect of the broader influences and considerations of revenge is unclear, e.g., personality and psychopathology. In exploring the influence of trauma on delinquent behaviour, there is evidence that such an association may be bi-directional (Kerig, Chaplo, Bennett & Modrowski, 2016). This shows that while the effects of trauma increase the risk of involvement in criminality (Begle, et al., 2011), involvement in such behaviour further increases exposure to trauma through the perpetration of harm (and possible Perpetration-Induced Traumatic Stress[5]) and exposure to violence (Finkelhor, Turner, Hamby & Ormrod, 2011). Hence individuals who have experienced increased exposure to adversity and developed traumatic stress symptoms, may be less resilient to coping in prosocial ways (e.g., through formal justice routes, forgiveness, or avoidance) and instead struggle more with difficulties in affect and problematic cognition or affect (e.g., through

[5] Perpetration-Induced Traumatic Stress (PITS) refers to the development of PTSD symptoms following an act or acts of killing (or similar violence) (MacNair, 2001; 2002).

emotional numbing) to manage overwhelming distress (Kerig, Bennett, Thompson & Becker, 2012). If the reciprocal relationship between trauma and criminality is accepted as a potential way to understand and interpret general acts of harm, it is possible that this can explain the accounts of those for whom revenge becomes an integral part of their life.

Related to, but distinct from PTSD, Post-Traumatic Embitterment Disorder (PTED; Linden et al., 2007, 2009) is an adjustment disorder resulting from responses following critical life events that result in a perceived injustice, humiliation and / or vilification (Linden & Rotter, 2018). PTED differs from Adjustment Disorder (AD) by focusing less on depressive symptoms (including mood, anxiety and suicidal behaviour) but similarly to PTSD, clients experience trauma symptoms such as avoidance, hyperarousal and re-experiencing (Bisson & Sakhuja, 2006). Unlike PTED, clients diagnosed with AD, do not experience the stressor as unjust, a personal insult and a violation of basic beliefs and values, despite the development of clinically relevant emotional and behavioural responses to an identifiable event (Linden, et al., 2007, p. 26).

PTED is not recognised in the UK as a formal psychiatric disorder but has gained momentum internationally because it enables a broader consideration of responses to adverse life events (Linden & Rotter, 2018) and has relevance for interpreting clinical presentations. Embitterment focuses on common critical life events, such as divorce and redundancy although occurs on a continuum of severity with the potential to become pathological and enduring (Linden & Rotter, 2018). Znoj (2011, 2016) considered embitterment as a reactive emotion but with a breadth of accompanying thoughts, feelings and emotions, which could be experienced as diverse and potentially contradictory for the individual. For example, clients report experiencing mistrust,

despair, anger, aggression, grief, pessimism, weariness, hopelessness, dissatisfaction, disappointment, obsessiveness and / or fanaticism (Linden, 2013, p. 84). The development of embitterment following the experience of critical, unexpected or challenging events has relevance for predicting acts of revenge when there is the potential for the externalisation of blame. However, the presentation of embitterment may manifest differently depending on which form it takes and corresponding levels of psychological resilience.

The initial conceptualisation of a single event PTED was expanded to create four distinct forms of pathological embitterment: (i) the embitterment prone personality; (ii) secondary embitterment; (iii) PTED; and (iv) Complex PTED (Linden & Rotter, 2018, p. 4). In this conceptualisation, secondary presentations of embitterment are associated with personality disorder. Therefore, the differences in presentation require practitioners to have a wider awareness of how embitterment might present and whether this could become problematic. In relation to personality, substantial embitterment can be expressed although the source(s) of this are not always clear – hence the world is perceived as unjust and unfair – and Linden and Rotter describe this as a personality accentuation or disorder (p. 5). Secondary embitterment occurs when an individual has already attracted a mental health diagnosis and later develops an embitterment reaction following a critical event. PTED and Complex PTED appear to more readily parallel the consideration of PTSD and Complex PTSD in how they have been theorised. Hence PTED is identified as a sudden, marked alteration in the presentation of mental health (Linden, Baumann, Rotter & Schippan, 2008) resulting in severe impairment which follows a single traumatizing event – the 'Complex' aspect is the result of embitterment following an '*accumulation of various events and experiences*' (Linden & Rotter, 2018).

There is clinical evidence to suggest that embitterment can occur with associated rumination and result in the reinforcement of thoughts and associated actions (Linden & Rotter, 2018). The extent to which the use of revenge fantasy as a method to reduce symptom severity (Linden, Baumann, Rotter & Schippan, 2007), for example, by enabling a perspective of control over the perceived harm caused. Hence when embitterment is relevant to a client's presentation, whether accompanied by revenge fantasy or rumination, the implications for future harm appear greater. It was thought relevant to include the concept of embitterment in this research thesis because it can overlap with personality disorder presentations and wider traumatic experiences.

1.5 Original Contribution

Revenge has been of interest to many disciplines academically, has been historically and is contemporaneously relevant to politics, religion and culture, and is particularly important to consider in decisions around multi-agency public protection. The response to real or perceived, current or historic victimization and the significance of offenders' own view that their offences are motivated by revenge have been routinely interpreted using a surface-level (proximate) understanding of 'grievance thinking' without depth of psychological insight. Advancing the understanding of the role of revenge within and across a range of clinical and forensic settings was considered critical to the field.

To date, research has considered revenge in terms of the administration of psychometric measures across a range of populations but has not focused on the lived experiences of individuals who have engaged in such acts and who are thought to have a greater risk of recidivism. Furthermore, this thesis pools together disparate research to

understand more fully the impact of trauma exposure[6] (e.g., type, impact, degree of severity and frequency of traumatic events experienced) (e.g., Brewin, Andrews, & Valentine, 2000; Frans, Rimmö, Åberg & Fredrikson, 2005) on revenge and in the context of psychopathology. This has further outlined the potential for non-traditional clinical and forensic populations to commit acts of harm in response to overwhelming emotional states, including revenge. Such acts illustrate harm stemming from multiple sources but linked to trauma exposure, directly or indirectly. The consideration of how practitioners might usefully assess in clients the 'Propensity for Revenge' (PfR) further enables the opportunity to pursue a holistic, bespoke approach for clinical formulation and the identification of treatment needs.

Finally, the model of revenge developed during this research process is trauma-informed and enables practitioners to work within and between disciplines and collaboratively with clients. This is an important progression for the field to inform risk assessment and management and can form an addendum to more established tools, for example, Structured Professional Judgements[7] (SPJs).

[6] 'Trauma exposure' is a term frequently used in research to describe individuals who have experienced traumatic events and considers the type, impact and frequency (please see Lewis, Raisanen, Bisson, Jones & Zammit, 2018).

[7] The Structured Professional Judgement approach is an analytical method used to understand and mitigate the risk for interpersonal violence posed by individual people that is discretionary in essence but relies on evidence-based guidelines to systematize the exercise of discretion (Guy, Douglas, & Hart, 2015, p. 634).

Chapter Two

Experiences of Revenge: Patterns, Meanings and Mindsets of Mentally Disordered Offenders

2.1 Abstract

Mentally disordered offenders' own experiences of revenge-oriented acts can offer an insight into offending trajectories and contribute to clinical formulation and risk management. The objective of this research was to explore the offending patterns, experiences and mindsets of males with diverse revenge-oriented criminal histories and develop an applied multi-functional model for forensic practitioners. The study was qualitative using intensive interviews and collateral file data to gain a person-centred perspective of revenge-oriented acts. Participants (N=18) were male service users in a secure forensic mental health setting. A Constructivist Grounded Theory approach (Charmaz, 2014) was adopted involving an iterative process of concurrent data collection, transcription and analysis. Transcripts were analysed using a process of open, focused, axial and theoretical coding. Core Categories that emerged were 'The Creation and Experience of Vulnerability', 'Regaining Control', 'Entitled to Punish' and 'Evolution of Revenge' and were illustrative of developmental revenge trajectories. There were a further 11 Major and 27 Minor Categories identified which elaborated upon the Core Categories and participants were involved in the validation of the model. The findings and implications provide considerations for timely early intervention in childhood, the role of the criminal justice system in historic investigations of abuse, comprehensive

clinical formulation leading to tailored therapeutic treatment interventions, Structured Professional Judgement risk assessment and risk scenario planning[8].

2.2 Introduction

Revenge permeates society through historic (e.g., Westermarck, 1898) and contemporary references (e.g., Bates, 2017) and continues to cause controversy in regard of the acceptability of such acts. As discussed in Chapter One, the propensity for revenge encompasses both temporary (state – cognitions (thinking), emotions (feeling), behaviours (acts) and interactions (relating)) and enduring aspects of a person (trait / schema – stable personality characteristics or behaviours) while also forming a process and a motive for criminality. The motive of revenge in criminal acts is prevalent across crime types, for example, sexual, stalking, arson and homicide offences (Colcannon, 2013; Doley, Fineman, Fritzon, Dolan, & McEwan, 2011; Douglas, Burgess, Burgess & Ressler, 2006; Furguson, White, Cherry, Lorenz & Bhimani, 2003; Hodgkinson, Prins, & Stuart-Bennett, 2016; Keppel & Walter, 1999; Miller, 2012a). In the context of forensic mental health, personality disordered individuals cause more significant harm to their victims and recidivate to a greater extent (Walter, Wiesbeck, Dittmann & Graf, 2011). The relationship between personality disorder and revenge has been discussed in regard of interpersonal interactions with others, especially when they have experienced prior adversity, whether in childhood, adolescence or adulthood. The potential for a cyclical and / or escalating pattern of revenge to occur in forensic contexts (e.g., rival gangs) further emphasises the benefit of understanding the experiences, meanings and mindsets

[8] Practitioners complete risk scenario planning independently or in multi-disciplinary teams and this process identifies the current or future circumstances under which a client might engage in acts of harm. This considers the severity, imminence and likelihood related to each proposed scenario.

of those who engage in harmful acts and would benefit from post-hoc interventions within custodial or psychiatric services.

Although there is evidence to support a pro-social trajectory of options which may provide alternatives to revenge, for example, (i) avoidance (Carmody & Gordon, 2011; Lee, Pan & Tsai, 2013); (ii) forgiveness (McCullough, 2001), (iii) prayer (Bremner, Hunt, James & Abell, 2015); and (vii) advocating the 'Law of Karma' (Reichenbach, 1988), it is apparent these options are often not chosen or used effectively by forensic clients who seek revenge. Indeed, there is a substantial literature focusing on positive responses to transgressions and the capacity to cope *without* engaging in criminality (e.g., Koutsos, Wertheim & Kornblum, 2008; Maltby, et al. 2008; McCullough & Hoyt, 2002; McCullough, Bellah, Kilpatrick & Johnson, 2001; McCullough, Bono & Root, 2007; McCullough, Kurzban & Tabak, 2010; 2013). It is beneficial to distinguish between the function of angry rumination (Barnett, 2011), the development of vengeful fantasy leading to an act of revenge (Lillie & Strelan, 2016; Seebauer, et al. 2014) and reactive behaviour which has no fantasy element (Cota-McKinley, Woody & Bell, 2001; Crombag, Rassin & Horselenberg, 2003; Elster, 1990; Gollwitzer & Denzler, 2009). Previous explanations for understanding revenge have largely focused on the experience of victims in the criminal justice system as opposed to offending populations. Hence the perspectives of those who commit criminal acts because of their own victimization (psychological or physical and perceived or real) (Barber, Maltby, & Macaskill, 2005; Boon, Alibhai, & Deveau, 2011; Brown & Phillips, 2005; Gollwitzer, Meder & Schmitt, 2011) has been largely overlooked.

In the context of criminal justice and forensic mental health, interventions addressing serious criminal behaviour perceive individuals primarily in relation to the harm they have caused, concentrating on the index offence and associated difficulties as

the basis for treatment (e.g., Gresswell & Hollin, 1994). Interpretations of any acts of revenge can focus heavily on the cognitive mechanisms involved, the exhibited behaviour (Barnoux & Gannon, 2012) and the consequences (Carlsmith, Wilson, & Gilbert, 2008) rather than on the individual's subjective experience or the known or possible underlying or deep-seated triggers / causes. A further limitation of research in this field relates to the experiences of individuals from other populations who engage in acts of revenge and whose characteristics are not comparable to forensic clients. Substantial research has focused on university students or the public (Lee, Pan, & Tsai, 2013) rather than prison inmates or mentally disordered offenders (Stuckless, Ford, & Vitelli, 1995). The development of an informed understanding of revenge from the perspective of an offending population can contribute to the development of a theoretically based and practice focused model. The lived experiences of such a population would likely inform an understanding of revenge (affect, cognition, motive and behaviour).

The present study aimed to develop a theoretical conceptualization of revenge which was applicable to clients in forensic mental health (and potentially prison) who have a personality disorder diagnosis. The identified aims of the research were: (i) to increase an understanding of revenge-oriented offending behaviour using a patient-centred approach; (ii) to identify the way in which revenge orientations can be usefully incorporated into treatment intervention work and formulations in forensic mental health; (iii) to identify revenge relevant 'red flags' for the assessment of future offending in secure and community settings; (iv) to establish revenge relevant items that could usefully be incorporated into Structured Professional Judgement measures of risk; and (v) to create a more informed approach for the consideration of risk in Multi-Agency Public Protection Arrangements (MAPPA) in the management of individuals in the community.

2.2.1 Research Questions

The primary research question responded to the stated aims of the study while secondary research questions were developed to broaden the focus and understanding for practitioners working in forensic settings:

1. What are the general and offending patterns[9], meanings and mindsets of adult male mentally disordered offenders during the experience of real or perceived victimization and revenge?

2. In what ways do thought processes following victimization impact on any development of fantasy and associated revenge-oriented acts resulting in serious criminality?

3. What are the implications for treatment interventions and risk assessment when considering revenge-oriented crime committed by adult mentally disordered offenders?

2.3 Method

2.3.1 Design

This was a qualitative interview study, conducted at one-time point, to understand the revenge experiences of men who have diagnoses of personality disorder and who have committed offences.

[9] These are general and offending patterns because participants had committed offences they viewed as revenge-oriented and acts of revenge that would not meet the legal criteria for a criminal offence. In addition, this relates to affective, cognitive, behavioural and interpersonal patterns.

2.3.2 Participants

2.3.2.1 Inclusion and Exclusion Criteria

Participants were all drawn from a single secure forensic mental health unit using purposeful sampling. Participants were eligible if they: (i) were male patients (with a diagnosis of personality disorder) detained under the Mental Health Act (1983; 2007) receiving treatment in either Mental Illness or Personality Disorder pathways at the research site; (ii) were over the age of 18 years (no upper age limit); (ii) met the criteria as assessed by their Responsible Clinician[10] (RC) as having capacity to provide fully informed consent (this was monitored throughout for changes in mental state); (iv) had capacity for literacy and verbal communication and comprehension including English language speaking, listening, reading and writing skills, as relevant for participation in research interviews; (v) a history of revenge-oriented behaviour or an interest in discussing revenge in general.

Point (v) was determined by providing the research definition of revenge (presented in Chapter One) to five RCs and engaging in discussion in regard of potential participants who they considered to meet this definition. Participants were excluded from the sample (i.e., not approached) if they had poor mental health during the timescales of the data collection or were considered a risk to females (2 to 1 interaction requiring a male staff member to be present).

2.3.2.2 Sample

The sample comprised male patients (N=18) at a secure forensic mental health unit. The median age of participants was 39 years (range 25–59 years) and at the time of their index offences, the average age was 29.8 years (range 17–50 years). All participants

[10] Responsible Clinicians were Consultant Forensic Psychiatrists in the context of the present research.

were classified using Tyrer's (2000; 2011) dimensional system (See Table 2.1). Two participants met the criteria for 'Simple Personality Disorder' with diagnoses of Anti-social and Borderline personality disorders and additionally scored above 25 on the Psychopathy Checklist (PCL-R). The classification for 16 participants was 'Complex (diffuse) Personality Disorder' although all 18 participants met the stated classification of 'Severe Personality Disorder'.

Table 2.2 presents the diagnoses in regard of personality disorder as classified by the Diagnostic and Statistical Manual of Mental Disorders (versions varied depending on admission) although there was no record in participant files of Sadistic Personality Disorder (DSM-III-R; American Psychiatric Association, 1994). Nine participants additionally met the criteria for a diagnosis of major mental illness and had either previously received treatment in a mental illness service or were presently undergoing assessment or treatment. The diagnoses of mental illness included schizophrenia, post-traumatic stress disorder, delusional and mood disorders. In addition to diagnoses of personality disorder and mental illness, recorded psychopathy assessments indicated that 6 participants met the UK criteria for consideration of psychopathy (a score of 25 or greater on the Psychopathy Checklist – PCL-R, Hare, 1992).

Table 2.1: Dimensional System for Personality Disorder (Tyrer, 2000; 2011).

Level of severity	Description	Definition by categorical system	Classification of personality disorder (N=18)
0	No personality disorder	Does not meet actual or subthreshold criteria for any personality disorder.	0
1	Personality difficulty	Meets subthreshold for one or several personality disorders.	0
2	Simple personality disorder	Meets actual criteria for one or more personality disorders within the same cluster.	2 + PCL-R > 25
3	Complex (diffuse) personality disorder	Meets actual criteria for one or more personality disorders within more than one cluster.	16
4	Severe personality disorder	Meets the criteria for creation of severe disruption to both individual and to many in society.	18

Table 2.2: Participant Diagnoses of Personality Disorder (APA, 2013)

Participant	Paranoid	Schizoid	Schizotypal	Anti-social	Borderline	Histrionic	Narcissistic	Avoidant	Dependant	Obsessive-Compulsive	Psychopathy
A	✓				✓			✓			
B				✓	✓						✓
C	✓	✓	✓	✓	✓			✓	✓		
D	✓			✓	✓			✓			
E					✓	✓	✓	✓	✓		✓
F	✓				✓	✓		✓	✓		
G				✓				✓		✓	
H				✓			✓				✓
I	✓			✓	✓			✓			
J			✓	✓	✓	✓			✓		
K	✓			✓	✓			✓			✓
L	✓			✓			✓	✓			
M	✓			✓	✓			✓		✓	✓
N	✓		✓	✓						✓	
O	✓			✓						✓	
P	✓			✓							
Q	✓			✓	✓			✓			
R	✓			✓	✓			✓			✓

In regard of prior recorded convictions, the average number of offences for the sample was 43 (range 7–114) and these are presented in Table 2.3 below.

Table 2.3: Recorded Offences Committed by Participant Sample

Nature of offence	**Sample N=18**
Violent offences (e.g., murder, attempted murder, GBH, ABH, battery, threats to kill, weapons)	164
Sexual offences (e.g., rape, sexual assault)	32
Arson (e.g., arson – intent, arson – reckless)	47
Other (e.g., robbery, theft, burglary, driving offences, public order, criminal damage)	540
TOTAL RECORDED OFFENCES	**783**

In addition to the recorded offences, verifiable file data were collated on historic information from the HCR-20 v3 (Douglas, Hart, Webster & Belfrage, 2014). Only the factors relevant in regard of background and trajectories from childhood to the index offence were recorded (e.g., treatment and supervision response was not part of the focus of the research). Violent (N=18) and anti-social (N=14) histories, violent attitudes (N=16), threats to harm or kill (N=9) and weapon use (N=12) were descriptive of the sample along with challenges with relationships (intra-and extra-familial) (N=17), employment (N=16) and substance misuse (N=15). In addition to a diagnosis of personality disorder (N=18), a diagnosis of major mental illness was relevant to the sample (N=9). Traumatic experiences (N=16) comprised significant loss / bereavement, direct and indirect abuse (emotional, physical and sexual), bullying, removal from the family home into local authority care and multiple 'care' placements. Finally, additional factors identified were self-injury (N=11) and suicidal ideation or attempts (N=6).

2.3.3 Materials

The documents used for the data collection were (i) Background patient file information; (ii) Semi-structured interview (digitally recorded) which was subsequently transcribed into an electronic verbatim interview transcript; and (iii) Participant interview key (e.g., Mr. A - to enable anonymization of the sample).

2.3.3.1 Background File Information

As part of the submission of ethical approval (See Appendix 2A), a standardised, anonymised participant recording document (See Appendix 2B) was created to gather individual file information to describe the sample and inform the analysis. It comprised: (i) Participant assigned pseudonym; (ii) Current age; (iii) Age at time of current admission / index offence; (iv) Length of sentence (incl. indeterminate); (v) Type of Section under the Mental Health Act; (vi) Treatment Pathway (PD / MI); (vii) Primary diagnosis (e.g. type of personality disorder); (viii) Secondary diagnosis (as relevant); (ix) Index offence/s type (legal description); (x) Brief summary of offence; (xi) Motive for Offence (discussed with the relevant RC); and (xii) Type and number of prior convictions.

2.3.3.2 Semi-structured Interview Schedule

The development of the interview schedule was based on the research definition of revenge which enabled a broad basis for exploration (See Chapter 1) and the generation of discussion with participants. Interview areas and associated questions (See Appendix 2C) were developed using the guidelines for grounded theory (Charmaz, 2014). This created a person-centred approach, ensuring participants could speak freely about the subject under investigation and were not led by researcher preconceptions. The approach used 'Intensive Interviewing' to allow the interviewer to (i) ask for an in-depth description of the studied experience; (ii) stop to explore a statement or topic; (iii)

request more detail or explanation; (iv) ask about the participant's thoughts, feelings and actions; (v) keep the participant on subject; (vi) come back to an earlier point; (vii) re-state the participant's point to check for accuracy; (viii) slow or quicken the pace; (ix) shift the immediate topic; (x) validate the participant's humanity, perspective or action; (xi) use observational and social skills to further the discussion; and (xii) respect the participant and express appreciation for his or her participation (Charmaz, 2014, p. 69).

In addition, to ensure the interview structure met the requirements of Intensive Interviewing (Charmaz, 2014), the researcher incorporated active listening skills and maintained an open questioning style while focusing on appropriate interpersonal interaction (e.g., Knox & Burkard, 2009). This considered the use of phrases requesting participant opinions, thoughts and feelings: Think, Opinion and Feel (TOF); and asking open questions to elicit greater depth of information: Tell, Explain, Describe (TED; Fisher, Geiselman & Raymond, 1987) which are commonly used in formal interviewing, including the cognitive interview. This yields greater depth of information overall and keeps the overall control of the discussion with the interviewee.

The researcher further considered the lived experiences of revenge and this was structured using a focus on Antecedents, Behaviour and Consequences (ABC) within the interviews. This identified what happened before, during and after recalled events and enabled links between the three elements of the event discussed. In a similar way to motivational interviewing, the ABC approach boosts self-reflection and emotional states to be more readily verbalised when combined with the TOF and TED approaches (Treasure, Smith & Crane, 2007). Finally, aspects of the Perpetrator-Motive Research Design (PMRD; Vecchi, Van Hasselt & Angleman, 2013) relevant to revenge were incorporated in advance of the interview to assist the understanding of revenge. The

PMRD identifies motive as the first step to understanding human behaviour and was originally developed for use in interpreting hostage-taking and kidnap situations by informing an interpretation of the meaning behind individual and / or group values, needs and desires.

2.3.4 Procedure

2.3.4.1 Recruitment

The identification of participants occurred in discussion with RCs across five multi-disciplinary clinical teams forming the male Personality Disorder (N=24) and Mental Illness (N= 54) treatment pathways. In total, 34 patients met the inclusion criteria, although following additional logistical and safety considerations, 5 potential participants were not approached because of (i) the presentation of risk at the time of the data collection (e.g., a patient was unable to be interviewed by a female without a member of staff being present); (ii) the potential to raise patient risk (e.g., content of interview discussions could increase likelihood of sexual harm toward female staff at the site); (iii) mental health stability (e.g., the patient was presenting with active symptoms of mental illness); and (iv) likely language comprehension (e.g., a patient who met the criteria for capacity but had been assessed as having low IQ). Of the 29 remaining patients, 11 declined to participate – two from the personality disorder pathway and nine from the mental illness pathway.

2.3.4.2 Data Collection

The process of data collection was iterative and initially three participants were approached. Each participant was spoken with on a 1 to 1 basis and provided with a verbal explanation of the purpose of the research and accompanying written

documentation (See Appendix 2D). Participants were provided with a minimum of 48 hours to read the documentation and in cases of poor literacy, the information was read to them in full by the researcher. Five of the participants who consented to participate, requested the information to be read to them for additional clarity. Following this, a suitable time and date for the interview was arranged. Written consent procedures were then formally completed and comprised agreement to be interviewed, the audio-recording of the interview, and permission for the researcher to access individual file information. All interviews were digitally recorded using a Dictaphone with an attached microphone for added clarity of sound. The interview space was set up in a private room on the ward which had relaxed seating with the interviewer and interviewee facing each other. All interview rooms were visible to staff for line of sight safety and security observations. Participants were informed that they could stop or pause the interview at any time and did not have to answer all the questions. All interviews were conducted without interruption. The interview schedule formed a loose structure and answers provided by participants resulted in further prompts to broaden discussion. All participants were informed about the limits of confidentiality as part of the consent process.

At the end of the interview, participants were debriefed, and the participant was monitored to ensure that when challenging content had been raised (e.g., references to adverse childhood experiences), additional support was arranged as a precaution. Participants were reminded that ward staff had been informed of their participation in the research but not of the content discussed in interview. Of the 18 participants interviewed, 16 stated they would not request additional support and two stated they would request support if they required it in accordance with their usual coping strategies.

The next steps of the research were discussed which outlined the feedback of the analysis and subsequent opportunity to be involved in the validation of the model of revenge. All participants expressed an interest in receiving feedback and contributing to the process of developing the model of revenge.

Following each interview, the researcher provided a general verbal handover to ward staff which did not cover the content of the discussion but instead informed them whether any difficulties had come to light. In addition, a brief electronic record of the interview onto the research site clinical recording system (RiO) to further safeguard participants. In all cases, it was highlighted to staff that participants may request additional support following the interview. There were no disclosures warranting breaches of confidentiality made by participants during the interviews.

Interviews lasted an average of 47.58 minutes (Median = 47.43 minutes; Range = 18.3 – 94.1 minutes) excluding the time taken to initially meet with participants, complete informed consent and debrief procedures and engage in the revenge model feedback process. All participants received a certificate of participation following the interview which was provided as appreciation for their time and commitment to the research. Interviews took place iteratively and concurrently with transcription and data analysis over a period of 16 weeks.

2.3.4.3 Interview Transcription

Each interview was transcribed verbatim as part of the process of interviewing, memo writing, transcription and initial coding (See data analysis below). Individual interviews were listened to in entirety prior to being transcribed in full. This enabled initial researcher notes to be taken and for clarity to be gained from the broader presentation of information, in addition to the detail of the individual participant

responses to questions. Interviews took on average four to six times longer to transcribe than the length of the interview - this accounted for re-listening to the content and checking for accuracy following the completion of the transcription in a draft form. Any text which could potentially identify the participant or others (e.g., places, names) was removed. Digital recordings were erased at this point.

2.3.4.4 Participant File Information

All relevant data from individual case file information was gathered post interview to minimize the influence of the interview's preconceptions on the data. This was collated for demographic information and to inform the development of the revenge model in addition to the interview transcripts.

2.3.5 Data Analysis

The adoption of qualitative analyses to understand psychological patterns of revenge helped address, map and understand both the behavioural and psychological aspects of the phenomena. A participant-centred approach was critical to inform the development of a model of revenge and explore the implications for forensic practice. Quantitative methods were not considered as appropriate for the depth of understanding considered necessary (See 2.2.1 Research questions). A deductive, linear approach was not considered a beneficial way to respond to the research aims – i.e., starting with a comprehensive literature review, identifying gaps and generating hypotheses. This would have negated the opportunity to investigate revenge while avoiding undue influence / contamination of pre-existing literature or theory pertaining to diverse other populations.

The focus and objectives of the research influenced the choice of methodology because it was essential to capture the lived experience of individuals and develop insights into their personal perceptions of revenge. Although a 'Constructivist Grounded Theory' approach (CGT; Charmaz, 2000; 2003; 2014) was ultimately adopted, there exist alternative options, for example, 'Interpretative Phenomenological Analysis' (IPA; Eatough & Smith, 2017) or 'Thematic Analysis' (TA; Braun and Clarke, 2006).

In regard of phenomenology, the objective is to describe the meaning of the lived, *in vivo* experience resulting in a thematic description of the pre-defined nature and structures of an experience – articulating a narrative that describes not only what is experienced, but also how it is / was experienced (Starks & Brown-Trinidad, 2007). The result of the analysis is to identify these descriptions, but with limited focus on explanatory properties, i.e., *'the primary interest is the person's experience of the phenomenon and the sense they make of their experience rather than the structure of the phenomenon itself'* (Eatough & Smith, 2017, p. 3). IPA is also not without researcher bias and related underlying assumptions which are reflected upon as part of the process of shaping the interpretation. In contrast, CGT focuses on developing an explanatory framework to integrate concepts into categories, resulting in the generation of theory from the experiences of the participants (Starks & Brown-Trinidad, 2007, p. 1373). In contrast to CGT or IPA, TA is not necessarily bound by a pre-existing theoretical framework (e.g., essentialist / realist or contextualist) and is argued to be either inductive or theoretical / deductive in approach (Braun & Clarke, 2006). Hence there is the potential to consider TA as a way to identify meanings and concepts from data which enables the locating, examining, and recording patterns or themes (Javadi & Zarea, 2016, p.34). However, limitations in the TA approach can result in researchers experiencing

difficulties in managing the high level of flexibility – which can make the control and focus on the data more challenging. In addition, the continuity in participant accounts can be problematic to interpret, and if conducted without some form of theoretical framework, there can be limited interpretative power (Braun & Clarke, 2006).

It was apparent that CGT was well placed to respond to the immediacy, variety and sensitivity of the dynamic psychological domain of interviewees engaging in the discussion of their revenge experiences. In contrast to IPA and TA, CGT enables participants to remain central to the development of theory and allows critical flexibility in regard of bespoke discussions based around central topics. Aligned to a constructivist philosophical approach, the grounded theory method enables the researcher and participant/s to co-construct the meaning during the data collection and within the analysis. The process illustrates the importance of the interaction throughout – hence interviews can act as a mutual construction of the subject under investigation (Charmaz, 2006) yet with the advantage of remaining participant led. The purpose of this approach is ultimately the generation of theory which is derived from the data of social behaviour or systems and closely fits the reality of the population under study. Charmaz (2017) argues that CGT locates experience in a social context and studies processes by viewing 'human beings as agentic actors, seeking multiple perspectives, studying emergent meanings and actions and identifying how each affects the other' (p. 38). Therefore, the focus of research is to acknowledge 'truth' as constructed through language and social interactions (Mohtashemi, Stevens, Jackson, & Weatherhead, 2016). This maintains the researcher as a witness who cannot import their own pre-conceived views into the subject matter but are involved in a systematic process whereby a transparent account of reality is progressively and systematically established (Willig, 2001).

2.3.5.1 Coding

Data analysis comprised several stages of a coding process. Line by line coding was completed (Charmaz, 2014; Creswell, 2007; Tweed & Charmaz, 2011) on each individual transcript (See Appendix 2I) to enable the researcher to define and begin to form meaning from the actions and significant processes occurring within the data. This focuses on 'incidents' which require the identification of "recurrent actions, characteristics, experiences, phrases or explanations" (Birks & Mills, 2011, pp.93). This further allows the identification of implicit meanings within the data. Hence detailed initial codes through the process of open coding allowed for conceptual labelling and initial categorization to occur (Charmaz, 2014). This was completed by coding the raw transcribed data and immersion into the data content could begin to take place during this process. The application of detailed initial coding of interview transcripts prevented external meanings being attributed to the data while also ensuring a core interpretation of the interview process with each participant. The use of gerunds (words ending in 'ing') is recommended by Charmaz (2014) to maintain the experience of the participant within the analysis. The researcher further recorded notes in parallel to the coding process to capture the conceptual details, the broader impact of the meanings generated and to link this to the emotional content of the interviews.

Axial coding involved the identification of the relationships between codes and the properties of these and uses a combination of inductive and deductive thinking (Charmaz, 2006). This led to the combination of codes to generate core categories grounded in the data. The purpose of this process was to identify the central (axis) phenomena occurring in the data and once the initial core categories were identified, transcripts were re-read to compare interviews.

Selective coding enabled the identification of core categories to take place and across transcripts it was possible to check for conceptual density, that is, reaching saturation that adequately allows the category to be defined within the concept being explored, in this case, revenge.

2.3.5.2 Constant Comparative Analysis

Once an understanding was developed from individual interviews, a comparison was made across interviews in regard of revenge, for example, considering content relevant to cognition, affect and behaviour in regard of differences and similarities in the lived experiences of participants. This was initially completed for the first three transcripts and occurred throughout the process as the data developed with subsequent interviews. The comparative coding enabled the identification of the circumstances, emotional responses, reactions to and experiences of revenge to be considered across and within participant interviews and to consider the ways in which individuals progressed toward acts of revenge. This was completed to increase precision and consistency and to avoid bias in the analysis (Cho & Lee, 2014).

2.3.5.3 Theoretical Sampling

The process of sampling in grounded theory takes two forms: initial sampling and theoretical sampling. The former involves the researcher selecting people, cases, situations and / or settings prior to entering the field – in the present research this was based on demographic characteristics of the sample. The latter process, theoretical sampling, occurs following preliminary and subsequent interviews and analysis and assists in explicating the categories developed. This sampling pertains only to conceptual and theoretical development and is not about the generalizability of the population under investigation which in this case could result in unnecessary and conceptually thin data. In

the present study, the initial sample comprised personality disordered patients within the context of a forensic mental health setting and was therefore limited in terms of the logistics of the research site. Theoretical sampling comprised the identification of codes and categories in earlier interviews derived from initial coding, constant comparative analysis and memo writing and were explored further in subsequent interviews with participants. In early interviews, childhood vulnerability and a perceived or actual lack of physical or psychological safety was described by participants in addition to suppressing emotions via overt, outward displays of masculinity. These codes / categories were further explored in subsequent interviews. Likewise, coding around the impact of traumatic events and the use of fantasy was identified and explored further in interviews. This enabled the *"seeking and collecting of pertinent data to elaborate and refine categories in the emerging theory"* (Charmaz, 2014, pp. 192). Theoretical sampling is important because it is not possible to assume categories in advance of the interviews or to predict the reported experience of participants. Hence sampling and the content of interviews was generated by the prior data and continued to inform the theoretical development, in this case, the model of revenge.

2.3.5.4 Theoretical Saturation

Following the initial and theoretical sampling process, saturation occurs when the researcher no longer derives new theoretical insights from fresh data or interview discussions (Glaser & Strauss, 1965; 1967; Glaser, 1998). In the present study, saturation was achieved in regard of the categories developed and this was checked with consideration of the guidelines outlined by Glaser (2001) who described *"saturation is not seeing the same pattern over and over again. It is the conceptualization of comparisons*

of these incidents which yield different properties of the pattern, until no new patterns emerge" (pp. 191).

2.3.5.5 Memo Writing

The use of memo writing throughout the data collection and analysis process was a key aspect and enabled the researcher to record their thoughts and reflections. This was completed following each interview where notes were recorded as a summary of the thoughts and feelings from the content of the discussions. In addition, during the process of transcribing the interviews from the audio recordings, the researcher made anonymised notes of pertinent aspects of each interview on cue cards and post-it notes which acted as prompts when forming initial meanings from the data (See Appendix 2G and 2H). The researcher additionally carried a notebook during the time of the data collection to record thoughts as they occurred relating to the overall consolidated codes and how they linked to the categories.

2.3.5.6 Theory Generation

The final process of the analysis was the generation of the theoretical model of revenge applied to personality disordered offenders which combined the stages articulated above. This focused on the categories and the relationships between them which were integrated to form the model in regard of the drivers of revenge in this sample. The aim of this process was to venture beyond pure description of the phenomenon of revenge and to present instead a model with explanatory power and the potential to have applicability for clinical and forensic research and practice.

2.3.5.7 Rigour

One of the challenges in qualitative research methods relates to the credibility, auditability and fittingness of standards of rigour (Chiovitti & Piran, 2003). Grounded

theory has received criticism because unlike quantitative approaches, the process is perceived as less transparent; however, this can be due to a perceived subjectivity in researchers' theoretical enquiry (Charmaz, 2017). The characteristics of rigour identified by Chiovitti and Piran (2003; p.427) were considered during the course of the data collection and analysis: (i) Let participants guide the inquiry process (occurred during interviews, coding and analysis); (ii) Check the theoretical construction generated against participants' meanings of the phenomenon (completed using comparative analysis); (iii) Use participant's actual words in the theory (incorporation of quotes); (iv) Articulate the researchers personal views and insights about the phenomenon explored by means of (a) post-comment interview sheets used as a tool, (b) a personal journal, (c) monitoring how the literature was used (See Appendix 2G and 2H); (v) Specify the criteria built into the researcher's thinking (position of the researcher – see below); (vi) Specify how and why participants in the study were selected (inclusion and exclusion criteria); (vii) Delineate the scope of the research in terms of the sample, setting, and the level of the theory generated; (viii) Describe how the literature relates to each category which emerged in the theory (presented in line with results).

2.3.5.8 Positionality and Reflexivity

An awareness of my own perspective when embarking on this thesis required consideration of my own personal and professional influences on the process of research (Corlett & Mavin, 2018). Maintaining a 'critical distance' acknowledges we are active participants in creating what we observe (i.e., the model of revenge) and have an involvement in co-constructing the research data (Hayward & Cassell, 2018, p. 362). Maintaining the integrity in the research process and creating 'trustworthiness' of the data are core (Finlay, 2002).

Schwandt's (2001) definition of reflexivity highlights 'the identification of bias, the acknowledgement of being part of the setting, context and social phenomenon under investigation, and requires critical consideration of the research processes throughout' (p. 224). In approaching this research, the topic of revenge was identified because it had professional relevance and had been observed as a core aspect of human behaviour across a range of contexts. The importance of transparency in my thinking and approach to the research was critical to the process (Engward & Davis, 2015) and was supported by considerations of the Alvesson and Skolberg (2009) model and maintaining 'thoughtful, conscious awareness' of my own role in the research (Finlay, 2002). This included thinking about the process of the data collection, researcher engagement throughout to best represent participant narratives, researcher values and dynamics within interview (Sandelowski & Leeman, 2012), the representativeness of the account and avoiding a 'unidimensional' approach to the collection, analysis and interpretation of data (Alvesson, Hardy & Harley, 2008).

In working as a 'military psychologist' during my early career, the focus was on unravelling diverse belief systems (cultural, extremist, 'enemy') to better understand and inform the interpretation of the perspectives of a range of populations. In the context of diverse military operations occurring internationally, considering the motive and accompanying mindset for actions was relevant, including revenge. This naturally considered a 'them and us' perspective and was relevant to thinking about revenge as providing a separation between two parties. My prior research experience working in academia, included interviewing prisoners convicted of a range of offence types (e.g., kidnap, organised crime, sexual offending and arson) and influences the development of methods for index offence analysis which was disseminated to police and other agencies.

This emphasised the potential for interpersonal offences to be motivated by revenge. Hence the opportunity to consider revenge specifically, from the perspective of 'subject matter experts', (i.e., forensic clients who had been convicted of related crimes), felt authentic as an approach in regard of developing the field and had not previously been explored. It was apparent that further developing the current understanding of revenge would have implications for practitioners and inform assessment and intervention in the forensic field. In addition, the sensitivity of the subject matter was something that guided the focus of the research design and process throughout (Melville & Hincks, 2016)

Initially my own consideration of revenge was through observation rather than action, understanding it to be largely dyadic where one person acted in response to a real or perceived slight from another, potentially resulting in legal sanctions. Hence, the influence of historic life events and how this might impact the present day was not something I had considered previously in my own interpretation of such acts. In regard of forensic clients, my interpretation had been to consider responding 'in the moment' to a transgression or making longer term plans for revenge as two main options. However, I felt this was too simplistic an interpretation and wanted to move away from a dichotomous approach to gain a greater understanding of this.

My positionality (Doyle, 2012) was additionally influenced by my personal characteristics and background – that of a white, middle-class female professional working as a psychologist (in academia) and undergoing practitioner training in forensic psychology. It was also helpful to recognise that although my life experiences would likely differ markedly from those of participants, I felt it had been possible to gain substantial experience working and volunteering with people from diverse backgrounds. The reality that my own 'demographic' placed me in the position of an 'outsider' came

with some challenges. I was aware that the nature of the forensic research population meant I would not be able to divulge personal and professional experiences to participants. This meant I formed part of the data collection but became a listening observer to the phenomenon who contributed their own interpretation. It was also likely I would be judged immediately on approaching participants – whether in regard of my upbringing and education, my lack of involvement in criminality, the legal system and incarceration. Furthermore, my own perspective toward revenge (a preference for avoidance or forgiveness) which would not be shared and my official separation from the research site contributed to the consideration of the approach. Hence, although I was unable to fully understand what it was like to directly engage in acts of revenge, it was still possible to consider individual rationales for revenge that were far removed from my own experience, for example, killing someone.

The potential for gender to influence the interviewer-interviewee dynamic was acknowledged. As a female researcher speaking with male participants about challenging and traumatic events and criminal experiences, it was essential to ensure impartiality. It was important for me to respect the space and opportunity created for participants to speak, particularly because their own sense of control had been removed on admission to hospital. Immersion in the research data (Charmaz, 2014) was an essential part of the process of interview, transcription and note taking, reflection, analysis and further consideration of the differences and similarities in the experiences of individual participants (comparative analysis. The importance of gaining a first-person perspective enabled a focus on naïve realism – to ensure an objective reality – while recognising my own internal world, prior experiences and academic knowledge. Avoiding bias and maintaining theoretical sensitivity throughout the analytic process was critical and I felt a

need to maintain the integrity of the data and avoid my own personal 'contamination'. I therefore felt a huge responsibility to accurately record and analyse the data while returning to participants to confirm the model developed and maintain their centrality in the research.

2.3.5.9 Researcher Reflection on Interviews

Ongoing clinical supervision from an experienced forensic practitioner at the research site provided the opportunity for personal reflection throughout the data collection and analysis. This provided an opportunity to 'debrief' and process the content of the interviews. A reflective journal was additionally maintained throughout the data collection and analysis to ensure that sensitivity was preserved, and any interpretation of interview content was derived primarily from transcripts, collateral file information (to clarify context), and my own personal 'interview experience' with participants. Within the journal, reflecting on my psychological and interpretative response to the interviews, was helpful to consider the behavioural presentation of participants and the corresponding influence this had on me. It was important to acknowledge that my own professional experience working in forensic mental health may have resulted in some emotional desensitization when hearing about the detail of victimization and acts of revenge, however this was not to such an extent as to quash any influence. The range of emotions evoked by participants during the interviews were, at times, surprising. I was struck by the feelings of powerlessness that came from the discussions and my feelings of anger toward some of the significant figures in the participants' lives who had abused and betrayed them. My own gender had an influence on my own internal responses to participant accounts of maternal deprivation and abuse. It was noticeable that I felt a heightened sense of empathy and compassion in regard of the vulnerability participants

expressed, such as the breadth of adversity and trauma from childhood. Often, participants articulated well their rationale for offences motivated by revenge and presented their actions as entirely justified (See also Chapter Six). Acknowledging my own responses to interviews in supervision and in writing a reflective diary, provided a sense of separation when transcribing and analysing data – this maintained a focus on the participant's lived experience.

2.3.6 Ethical Considerations and Approval

The Health Research Authority (HRA) and National Health Service (NHS) Ethical applications (16 / WM / 0291) were submitted to the West Midlands (Black Country) Ethics Committee. No additional amendments were required, and ethical approval was gained in June 2016 (See Appendix 2A). The researcher completed all necessary training at the research site comprising 'Information Governance', 'Fire Safety' and 'Personal Safety and Protective Thinking'. The research highlighted several ethical considerations regarding informed consent, confidentiality, data storage and topic sensitivity.

The nature of the proposed research required substantial ethical consideration in regard of topic area under investigation (i.e., revenge). This was a vulnerable sample in forensic mental health and it was important to safeguard participants throughout the research process – such issues are considered critical to identify in advance (Munhall, 2001). One significant area of concern was confidentiality and anonymity to enable participants to speak freely and not feel the content would be detrimental to their care pathway or progress. It was important to explain to participants the limits of confidentiality in case of disclosures related to safeguarding themselves and others, describing offences (not known to authorities) and security breaches. The consent

process included the potential for further intervention (at the research site) or formal action (reporting to police) if a participant were to make such a disclosure and ensured they were fully aware of the implications of so doing. This was verbally reiterated prior to beginning the audio recording of the interview.

During the briefing at the start of the interview, it was explained to participants that discussions could be paused (have a break) or stopped (end the interview) should this be helpful (by either the researcher or participant). At the end of the interview it was agreed that no content of discussions in interview would be provided to staff unless there had been a disclosure (as discussed in the consent process). In addition to the requirements of the grounded theory methodology, the nature of the research required the content of the interview schedule to be designed with care to minimise any undue distress – this resulted in an emphasis on open questions to support participants leading the discussion but with an ongoing opportunity for the researcher to prompts when helpful. Safeguards were put in place by the researcher throughout each interview to assess each participant and monitor their psychological well-being. While interviewing, the researcher observed the emotional presentation of participants and considered whether there were any alterations in mental state, such as a decline. The researcher was aware of the possibility that the nature of discussions might elicit difficult emotional responses or result in triggering traumatic symptoms. It was though possible to prevent any adverse experience by approaching the interviews in a therapeutic interpersonal manner (as opposed to a formal interview style) and pacing the discussion to the needs of participants. Finally, all data was securely stored at the research site throughout the course of the data collection and analysis in accordance with ethical and data protection considerations.

2.4 Results

The analysis resulted in categories that were both *in vivo* codes taken directly from the participants while also representing researcher's theoretical or substantive understanding of what was happening in the data (Charmaz, 2014). The outcome was to conceptualize the data in regard of four core categories, 11 major categories and 27 minor categories which are described in full in the coding dictionary (See Appendix 2E) and in brief in Table 2.4.

Table 2.4: Coding Categories Derived from Data Analysis.

Core Categories	Major Categories	Minor Categories
Creation and Experience of Vulnerability	Loss of Safety and Certainty	Vulnerable and Unprotected
		Abandoned and Neglected
		Betrayal of Trust from Love
	Polarization of Emotions	Expressing Intolerable / Extreme Emotions
		Emotional Blunting for Protection
	Powerless Fear	Silenced through Victimization
		Hypervigilance to Perceived Threats
Regaining Control	Domination Preventing Weakness	Masking Prior Vulnerability and Inferiority
		Need to be or feel Masculine
		Assessing Ongoing Threats and Creating Reputation
	Escaping and Creating Reality	Fantasy for Coping, Empowerment and Control
		Visceral Indulgence in Fantasy
		Rumination as Revenge Planning
	Developing Details	Considering the Revenge Options Available
		Ensuring Success in Revenge
Entitled to Punish	Rationalizing Revenge	Revenge against a Powerful System
		Revenge as Entitled Justice
		Rejected / Failed by Justice
	Triggered into Action	Returning to Past Trauma
		Crossing Bloodline Boundaries
Evolution of Revenge	Meeting Needs	Sensory Immersion in Revenge
		Displacing and Broadening of Targets
		Escalation of Revenge
	Normality of Revenge	Expectations of Revenge
		Accepting a Cycle of Revenge
	Challenges in Justice	Regretting or Missing an Opportunity
		Personal Impact of Revenge

The categories are also presented as a visual overview of the theoretical model to illustrate the experiences reported by participants. The model was developed to represent the emergent categories from interviews, transcripts and file data and outlined the trajectory into, and development of, revenge.

The Core Category 'Creation and Experience of Vulnerability' is denoted in purple (See Fig. 2.1) and presents reported experiences in childhood and adolescence in addition to wider acts occurring in adulthood, the Core Categories 'Regaining Control' and 'Entitled to Punish' are denoted in blue, illustrating the subsequent experiences of participants following their exposure to early adverse experiences and included methods through which they managed their psychological state. Finally, the Core Category of 'Evolution of Revenge' is denoted in red and captures acts of revenge that participants engaged in with consideration of accompanying challenges.

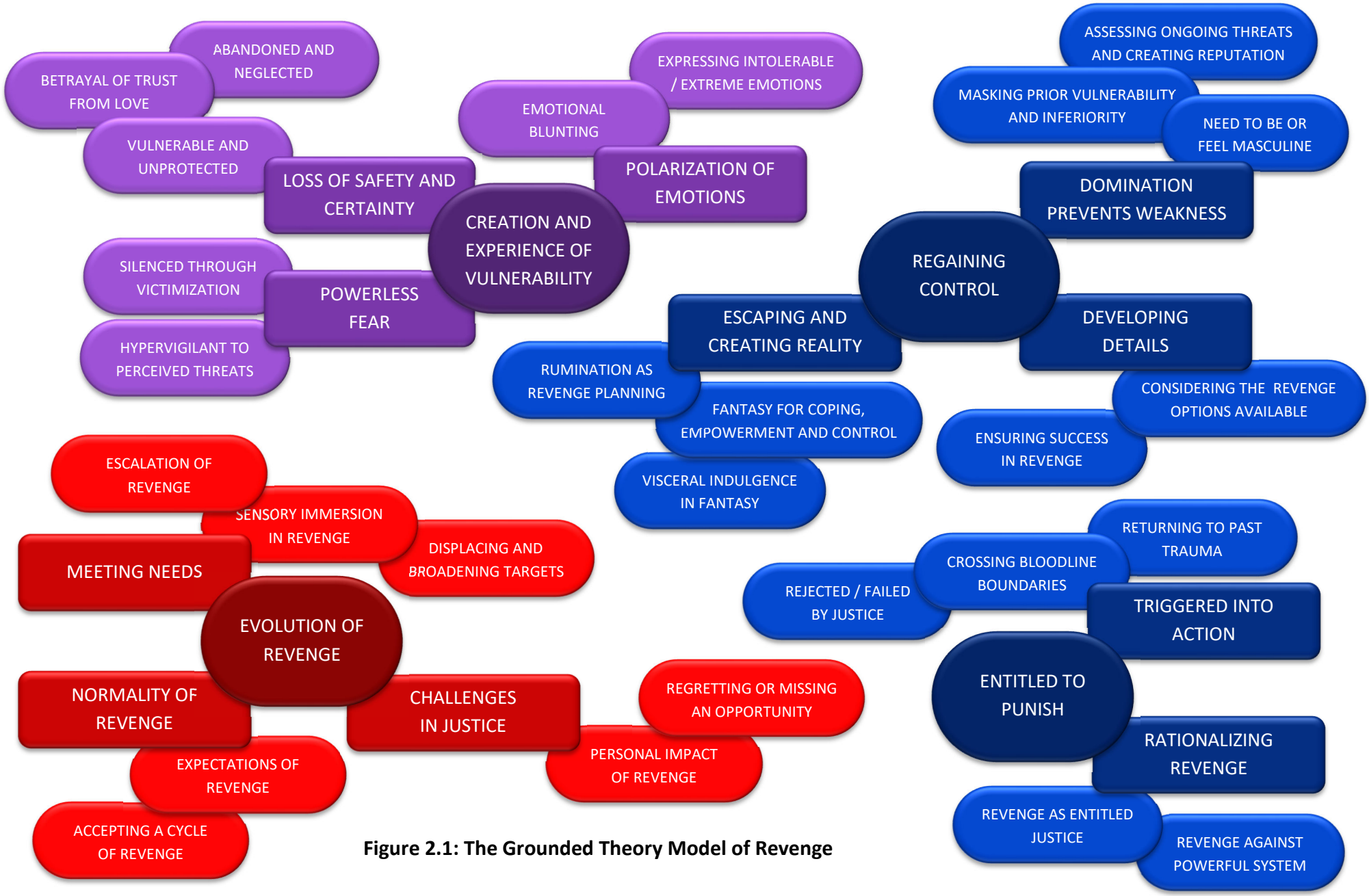


Figure 2.1: The Grounded Theory Model of Revenge

2.4.1 Core Category: Creation and Experience of Vulnerability

The first Core Category considers prior exposure to traumatic events and a heightened vulnerability to victimization where many participants reported having felt powerless, unsafe, unprotected and lost. This provided the context for the antecedents to revenge where participants reported being less resilient to external pressures and victimization. This core category comprised Major Categories of (i) Loss of Safety and Certainty; (ii) Polarization of Emotions and (iii) Powerless Fear and is presented with the Minor Categories in Figure 2.2 below.



Figure 2.2: Core Category of the Creation and Experience of Vulnerability

2.4.1.1 Major Category: Loss of Safety and Certainty

A commonly reported experience for participants was the early loss of any sense of safety and certainty cause by adverse childhood events they had no control over, either due to their young age or being powerlessness to prevent them. The reduction or absence of parental care and nurturance exacerbated vulnerability. In some cases,

participants were removed from their family home and moved away, for example, local authority care, and this further increased the victimization they experienced. The Minor Categories associated with this were identified as 'Vulnerable and Neglected', 'Abandoned and Unprotected' and 'Betrayal of Trust from Love'.

Vulnerable and Unprotected

The perspective of participants was one of a historic vulnerability through feeling unprotected from victimization. There was a lack of safety from harm due to wider family events or dynamics and limited protection or support on a physical or psychological level.

> *"Left home early from when I was like 14 or 15, I ran away from home and no one come to get me so it was like a lot of stuff going on and yeah, I got that sick of getting picked on that the fuse went and I took a lot on, I didn't go to school, well I didn't do that first of all, first of all there was a guy about three doors down and I was getting it quite heavy because I was just so scared to come out the door do you know what I mean, and it was horrible, you see them people and you hide and it's not a nice way to live."* **(Mr. B; Lines 368-372)**

Events included difficulty copint with the aftermath of significant family bereavements, parental mental health, parental divorce, the introduction of an authoritarian / abusive step-parent, elevated levels of childhood neglect, and domestic abuse and combinations thereof. These events created an overall destabilization for participants following which they had reduced psychological resilience moving forward.

> *"I was in care when I was young lad because my father passed away and my mum lost control and she couldn't cope and she had to put me in care then she got us back out of care and I was about 8 or 9 when I went into care and had to take care of myself and been locked up all me life."* **(Mr. B; Lines 368-372)**

Participants reported that as children, there was an expectation of emotional resilience and the suppression of any sign of weakness or vulnerability. The lack of support from external sources appeared to create a perspective of masking feelings, autonomous coping and self-protection.

> *"It was hopeless, I couldn't get away from it. If I went home crying because someone beat me up, I went home crying or upset, I'd get battered and kicked out until I had gone back and fought that person. I used to end up punching the wall instead to go back with grazes on my knuckles because I didn't dare go and fight that person."* **(Mr. R; Lines 72-76)**

Abandoned and Neglected

The perception of abandonment and emotional neglect was illustrated by participant recollections of the limited overt expression of warmth, love or compassion experienced during their childhood. Neglect was perceived as parents / caregiver's immersion in their own problems without considering their child's needs. In contrast, anger and the expression of aggression by others was commonplace and considered an appropriate emotional or behavioural expression.

> *"There was, my father showed me no love or sympathy at all and she showed me no love or anything at all and basically I tried to get away from the household from a very early age."* **(Mr. H; Lines 253-263)**

The sense of isolation and powerlessness influenced the need to manage and cope with life independently and resulted in a greater need for self-protection. Participants also reported difficulty in being able to protect others, some of whom were struggling to cope with their own victimization.

> *"My mum was in violent relationships and her partners used to commit violence against her. My first memory was watching my mum get stabbed on a train station… She's also been bottled by her partner because she tried to leave him and one of her partners hit her leg with a baseball bat because she went out drinking and didn't come back so whacked her with a baseball bat when she come through the door."* **(Mr. M; Lines 22-26)**

Betrayal of Trust from Love

A significant challenge common to participants was coping with the experience of early betrayal from attachment figures and sources of love (e.g. parents, siblings, family).

Hence the inability to comprehend such victimization influenced participant's capacity to trust. The impact of such victimization was reported as substantially the more negative in terms of psychological impact. Participants described difficulties in reconciling the resulting emotional state and experiencing an ongoing confusion where they vacillated between loving the individuals involved and wanting to punish them for the hurt caused. Betrayal from family members (e.g., parents) included the perception of having been abandoned and placed in the 'care system'.

> *"For me, I'd like to get revenge on people what I loved for what they had done to me in the past. Well that's what I'd try to do but getting revenge on someone who I loved was very hard and I couldn't do it. Instead of doing that, I took it out on the world instead of like getting back at them individuals for what they'd done to me, so yeah but I found it very hard."* **(Mr. A; Lines 10-15)**

This feeling of abandonment occurred irrespective of the reason for the decision (e.g., social services vs. parental). This resulted in further adversity in the form of significant victimization rather than protection from staff entrusted with their care. This broadened participant perspectives of blame and the difficulties they continued to experience when surrounded by individuals engaging in acts of harm.

> *"I've never forgiven them for putting me into care. I've never forgiven them for that. Because if they hadn't have done that, so much stuff wouldn't have happened, you know what I mean, if they was a bit stronger and not so fucked up in the head, I'd have had a better life. So that leaves me bitter and twisted. I'd rather have had regular beatings off them than what them people did to me. I mean I can cope with beatings it's not a problem but I'd have much preferred them to have done that than what they did. Anytime of the day."* **(Mr. D; Lines 332-339)**

2.4.1.2 Major Category: Polarization of Emotions

The experience of emotional states was reported as 'all or nothing' in regard of expression. Responses to victimization and abuse were exacerbated by a loss of capacity to create or feel a sense of safety along with expectations of muted emotional expression.

The Minor Categories identified were 'Expressing Intolerable / Extreme Emotions' and 'Emotional Blunting'.

Expressing Intolerable / Extreme Emotions

The struggle to manage the residual psychological trauma from victimization and the need to express rather than hold an intolerable emotional state was described by participants. The suppression of extreme emotional states impacted on participant's functioning and magnified their inability to cope during childhood and adolescence.

> *"Um when I was young right, I used to get abused a lot, right, and as I got, growing up my anger inside me was growing more and more and so therefore like I say, I had grown up as an angry boy and into my teenage years I went out and got my own back on the people who abused me, so that's what I've done."* **(Mr. I; Lines 10-13)**

The focus on the outward presentation was indicative of an overwhelming need to engage in destructive acts to vent and express emotions of anger and rage. Although this varied in terms of acts, the use of fire was largely underpinned by multiple motives – the need for revenge against perceived transgressors, the expression of intolerable emotions, and a desperation to be heard – a 'cry for help'.

> *"If I was angry I'd set a fire and um I don't know and the larger the fire, the angrier I was. At the time I felt like I was achieving something as I were hurting but like I say I just did it."* **(Mr. A; Lines 117-119)**

Emotional Blunting

The need to over-control or supress emotions was described by participants as an alternative way to wall themselves off from historic and ongoing psychological harm. This was additionally achieved or maintained by the use or abuse of substances (e.g., alcohol and drugs) to numb and escape from intolerable emotional states. The blunting of all emotions further resulted in a reduced experience of positive mood states. The anticipation of further traumatic events enhanced the lack of trust placed in others. This

was especially emphasised by participants who reported greater severity of victimization and multiple adverse life experiences.

> *"I don't want to be happy. No that's one thing I don't want to be is happy. Content, yes, but happiness, no. It just brings you down and knocks you down and…. I'm content. I will never say happy, never. I can feel joy. I can feel anything, but happiness is not in my vocabulary. I panic when I'm happy. It's fear and makes me feel very uncomfortable."* **(Mr. D; Lines 374-388)**

One method of coping with a lack of trust in others and to maintain personal protection, was achieved through the control of others to ensure certainty and avoid ambiguity.

> *"The only problem I've had, what I've had to really overcome, and this has been a real challenge is control problems. Control of situations, not just people I suppose as in situations, my environment, you know, I've been dealing with that. I don't think I really get emotional, I don't really get emotional very easy you know I keep things in you know, but then it gets to the point when I am out of control… I can sit on things, sit on things, sit on things but then if I do choose to challenge it, I can blow right up and start becoming, and if I can't be violent, then I start to be abusive, you know attacking the person and it's still a form of violence in a way."* **(Mr. K; Lines 346-355)**

2.4.1.3 Major Category: Powerless Fear

This category focused on the impact of victimization when participants were prevented from disclosing (informally or officially) any difficulties or abuse. This category highlighted the impact of exposure to trauma when participants had limited capacity to protect themselves and no trusted adult with whom they could speak. The Minor Categories associated with this were 'Silenced through Victimization' and 'Hypervigilance to Threats'.

Silenced Through Victimization

An inability (real or perceived) to speak out or be heard in response to victimization through fear or threats from those perpetrating abuse was identified. This was especially characteristic of participants who experienced severe harm across childhood and adolescence. This included situations where a disclosure was made but not validated, but the participant was blamed or perceived as responsible for their own abuse.

> *"I was getting more wound up really than anything else and I got to a point where nobody was listening to me and I wanted to tell people that people were hurting me and the one initial point was that, like I just said, the finger pointing "Well if you hadn't been there, you wouldn't have been abused in the first place".* **(Mr. I; Lines 34-38)**

An inability to tell someone about victimization and reported feelings of fear and dread resulted in a longer-term impact and belief there was little hope or justice available. Participants described being too scared to speak out and having nobody to trust or confide in – the fear remaining well into adulthood.

> *"I was terrified of him. I was absolutely terrified of him so I couldn't go nowhere near him anyway even though I wanted to enact revenge."* **(Mr. D; Lines 64-65)**

Hypervigilance to Threats

The ongoing need to protect against perceived further psychological or physical harm resulted in a heightened vigilance toward any potential source of threat across all interpersonal interactions. This included the experience of paranoia and the perpetual expectation of harm from others.

> *"Paranoia keeps you alive in that world and those three times, there are three things that when something happens. The first time it's an accident, the second time it's a coincidence and then the third time, its enemy action. So, if one person does something to me the first time, you can knock that off as an accident. The second time, you can reason with it being a coincidence and then three times, it is definitely there and there is action that needs to be taken."* **(Mr. R; Lines 416-422)**

Aspects of paranoia and hypervigilance were incorporated into elements of military thinking for some participants who perceived they were 'fighting a war' against society, groups or individuals. This helped the control of paranoia and while they acknowledged hyper-vigilance resulted in distorted perceptions of events, this was often based on past experiences and beliefs about unfair targeting and perceived victimization.

> *"I had severe paranoia, thought the police were going to kill me, thought other people were going to kill me and that was a live situation it wasn't just a thought. It was a live situation where I thought it was going to happen… I was ready for it to happen and didn't have the thinking counteract that and say 'What's really going on?'. To me it was a reality so it was frightening, yeah, it left me in a vulnerable state which made me arm myself with tools and weapons ready for that situation."* **(Mr. L; Lines 83-90)**

2.4.1.5 Extant literature

Adverse childhood experiences negatively impacted participants in the present study. There is evidence to suggest that such experiences influence perceived feelings of safety and certainty, emotional regulation and the management of fear and hypervigilance when powerless and vulnerable (Easton, Coohey, O'Leary, Zhang & Hua, 2011; Easton, Leone-Sheehan, & O'Leary, 2016). In addition, difficulties with mental ill-health / disorder and suicidal ideation (O'Leary & Gould, 2009; 2010; O'Leary, Coohey & Easton, 2010) can be exacerbated. Such adverse experiences resulting in a loss of trust or certainty can further result in paranoid dispositions, including feelings of persecution and a hypervigilant perspective (Boyd & Gumley, 2007). Kia-Keating, Grossman, Sorsoli, and

Epstein (2005) explored the experiences of a sample of male sexual abuse survivors and the impact of abuse on their subsequent relationships and emotional expression. They identified a lack of consistency and safety in childhood as core to ongoing difficulties. The significant loss, abandonment and challenges in trusting others experienced by participants in the current study is further evidenced in research by Walker, Archer and Davies (2005).

The effect of adverse childhood events on developmental processes (Dvir, Ford, Hill & Frazier, 2014) and the subsequent development of mental disorders (MacDonald, et al., 2010) illustrates the breadth and longevity of impact and the potential for a cumulative effect over time. The early experiences of participants in the present study were characterised by complex traumatic events across various domains of functioning, e.g., emotional expression, cognition, behaviour and interpersonal interactions (see Cook, et al. 2005). There is also evidence to suggest patterns of insecure attachment and early engagement in criminality (e.g. oppositional defiant or conduct disorders) (Ford, Racusin & Ellis, 2000) and involvement in substance abuse (Dube, et al., 2006). The influence of such difficulties on subsequent revenge-oriented processes remain an area for increased investigation, particularly in regard of trauma-informed approaches when working with forensic clients.

Exposure to domestic abuse in childhood was found by Briggs-Gowan, et al. (2010) to result in an increased internalization of emotions and presentations of depression, separation anxiety, and post-traumatic stress, while externalizing emotional states (e.g., anger) resulted in conduct problems. McLean and Gallop (2003) identified that early onset child sexual abuse (compared to late onset sexual abuse) increased the likelihood of diagnoses of borderline personality disorder and complex post-traumatic stress disorder

in late adolescence and adulthood (Piggott, 2013; Pynoos, Steinberg, & Piacentini, 1999; Qualter, et al., 2013).

DeCamp and Newby (2015) explored the differential impact of bullying victimization of men on social bonds, finding that in contrast to women, males could become more socially isolated and less likely to report victimization. Bullying is further linked in males to depression (Reed, Nugent & Cooper, 2015), suicidal ideation (Arseneault et al., 2009; Ttofi & Farrington, 2008), self-injury (Hay & Meldrum, 2010), school-related fear (Bachman, Gunter & Bakken, 2011), drug use, and the tendency toward violence against others (Carbone-Lopez, Esbensen & Brick, 2010). The breadth and severity of adversity further appears to heighten the resulting psychological impact on an individual. English, Widom and Brandford (2002) identified childhood abuse and neglect resulted in a 4.8 times greater likelihood of being arrested as a juvenile; 2 times greater potential of being arrested as an adult, and 3.1 times greater likelihood of being arrested for a violent crime when compared with matched controls. Arrests for criminal acts are not routinely considered illustrative of an offender's own experience of adversity or victimization, but instead interpreted as displays of problematic behaviour to be admonished.

Any engagment in criminality (Renner, Coohey, Ruch & O'Leary, 2011), including revenge-oriented acts, is enhanced by the lack of the support (psychological and physical) available to individuals (e.g., a place of safety, validation of disclosures) at the time of their own victimization, in the immediate aftermath, and in the longer term (Artime, McCallum & Peterson, 2014). In the present study, the residual experience of powerlessness was a defining and integral feature of revenge, in regard of fantasy and acts. Criminality was underpinned by an unwillingness / inability to forgive perpetrators

of victimization and broadened the potential for violent acts toward those indirectly associated with harm (e.g., those considered responsible for abandonment and increasing vulnerability). However, such antecedents were only one part of the development of a revenge-oriented perspective in the present study.

Ongoing beliefs of vulnerability can be accentuated still further with greater severity of impact from multiple events and / or multiple victimization from several sources (e.g., Ford, Grasso, Elhai & Curtois, 2013). In regard of traumatic stress symptoms, the presence of ongoing intrusive flashbacks can exacerbate feelings of powerlessness and a greater need to contain or control the psychological invasiveness of past victimization. The relationship between trauma and acts of revenge has been investigated in the context of war (Bayer, Klasen & Adam, 2007; Cardozo, Kaiser, Gotway & Agani, 2003; Cardozo et al., 2004), survivors of torture (Campbell, 2007, Johnson & Thomson, 2008; Sonis, et al., 2009) and interpersonal violence (including sexual violence) more generally (Kunst, 2011; Orth, 2004; Orth, et al., 2006; Rapsey, Campbell, Clearwater & Patterson, 2017). However, the influence of PTSD cluster symptoms on revenge is unclear when investigated in isolation of other psychiatric diagnoses (Miller, 2012b). Orth, et al. (2006) found a relationship between PTSD (re-experiencing, intrusion and hyperarousal) and reported feelings of revenge in non-offending adult victims of violent and sexually violent crimes.

Considering revenge as a response to trauma, Gäbler and Maerker (2011a; 2011b) identified the emotional response of embitterment (PTED) as critical and linked to expressions of anger and hatred. This suggests that revenge can become one aspect of a trauma response, while embitterment can enhance the potential for harm toward others

(Linden, 2013). Hence, embitterment is argued to be a contributory element to the possible constellation of psychopathology (e.g. broader diagnoses).

2.4.2 Core Category: Regaining Control

The second Core Category considers affect, cognition and behaviour which become compensatory following the experience of victimization. This relates to heightened feelings of vulnerability and regaining control over any real or perceived threat which might lead to feelings of fear or weakness. The core category comprised Major Categories of (i) Domination Preventing Weakness; (ii) Escaping and Creating Reality and (iii) Developing Details and is illustrated in Figure 2.3.



Figure 2.3: Core Category of Regaining Control

2.4.2.1 Major Category: Domination Preventing Weakness

The need to dominate others and prevent further experiences of weakness was reported by participants to stem from residual vulnerability and to prevent future victimization or exploitation. The Minor Categories identified were 'Masking Prior Vulnerability and Inferiority', 'Need to be or Feel Masculine' and 'Assessing Ongoing Threats and Creating Reputation'.

Masking Prior Vulnerability and Inferiority

Participants expressed a need to dominate others, whether the perpetrators of their victimization or those who were symbolic and reminiscent of previous harm. The emphasis here was for participants to avoid psychologically returning to an intolerable emotional state, mask any fear and communicate / exert dominance over others.

> *"It's like being pulled back into the past and experiencing those same kind of feelings that you had then but later on. I always say that I'm not going back to being that child again. I can't possibly go back to being that child again. It's the feelings I had when I was a child that keep reoccurring in my behaviour now. Fearful, weak. If anything reminds me of fear then I'll have to prove that I'm not fearful, you can't scare me, that I don't feel anything. I have to prove a point that they can't, I can't be made to feel like that again. And it can work in the wrong way really because I can go too far with doing things like that and it's not a good thing."* **(Mr. M; Lines 55-66)**

A further aspect of dominance and strength was the perception of a need to win and be 'on top', including overt displays of enhanced masculinity, discussed further as a category below.

> *"It means that I would win the fight and I would not harm myself again. I wouldn't feel the physical pain like I did before so um yeas I think coming out on top means I'm not the one that's getting harmed. I'm inflicting pain on others and I'm the one winning. Yeah there is a protective factor there and I think fantasy comes into play a lot with that because I was fantasizing at a young age as well of being the one who came out on top as well yeah, and that reinforced my views that I wanted to be the one that won in a fight at an early age. I'm talking about pre-teen years yeah."* **(Mr. L; Lines 34-44)**

Need to be or Feel Masculine

The external expectation or internal need to behave in an overtly masculine way was characteristic of this category. This related to acts (including revenge) to portray an enhanced impression to observers while reinforcing an internal feeling of masculinity. The perception of prior weakness throughout life and associated trauma enhanced the extent to which strength and heightened masculinity was exhibited to others.

> *"You can't as a man. It's not a normal thing to do. You can't be scared of another man you can't be scared of things coming up. You have to always……as a man it's a façade that all men have to be strong. You can't show weakness, you can't do this. And what happens in the drug culture, you can't do it, people will take the piss out of you who will take everything off you and you will lose everything. Every time you get paid you could get robbed and that sort of thing so you have to portray yourself to be something else. As a child it's ok to cry its ok… You can't do all those things as you grow older. None of them are acceptable you have to portray yourself as a strong male who can't be took advantage of."* **(Mr. M; Lines 84-94)**

The need to bully and engage in physical violence against others was identified as a form of protection that resulted in feelings of heightened masculinity and dominance which had not previously been experienced.

> *"It felt good. They were no longer a threat to me. I had finally, I don't know, I just. You know I never used to fight when I was being bullied. That's what my problem was and then to then take control of that I felt masculine, do you know what I mean."* **(Mr. R; Lines 62-65)**

Assessing Ongoing Threats and Creating Reputation

The participants discussed an ongoing awareness of potential threats, particularly when living in a criminal culture with the potential risk of further victimization. This created a need to understand their own reputation amongst others (e.g., within

community, secure setting, family) and to create a more prominent image that resulted in respect from others.

> *"Yeah I mean it's about building a reputation, it's through revenge and it's through wronging those who have wronged you and dealing with your shit….I mean my life has been full of revenge and I have always been getting revenge back on somebody because as I was growing up I realised that that's what it's all about, to be respected and feared so that nobody does those wrongs to you because you are so vengeful."* **(Mr. R; Lines 10-12 / 38-41)**

Gaining insight into methods to target others for greater psychological impact was described to create embarrassment and humiliation and to cause adverse affect. This further linked to considering options for revenge.

> *"What I could do with that lad who said he wanted to hurt me, when I seen him afterwards in front of his friends, I was able to embarrass him and put him down. That was the sort of, 'Know who you are talking to'."* **(Mr. G; Lines 327-329)**

2.4.2.2 Major Category: Escaping and Creating Reality

One use of revenge fantasy was to escape residual feelings of vulnerability and create a sense of control and dominance by imagining harm to others. This was identified by participants as giving them distance from their own victimization, increase their level of empowerment and control that was not present at that time or currently. The importance of employing immersive normative and revenge fantasy was described in the context of ongoing victimization. Although revenge could not be enacted at the time (e.g., due to a power differential and / or inability to protect or defend themselves), by imagining what could be done to seek revenge, participants were able to reduce feelings of powerlessness. The Minor Categories associated with this were 'Fantasy for Coping, Empowerment and Control' and 'Visceral Indulgence in Fantasy'.

Fantasy for Coping, Empowerment and Control

The use of fantasy occurred while coping with challenging emotional states and feelings of vulnerability and could variously enable a sense of calm or heighten feelings of anger and injustice.

> *"You know and its and I do get enjoyment from it, satisfaction in the moment but it doesn't mean I'm going to act it out, that's just like self-satisfaction in the moment… It makes me feel in control like in control when my missus is doing things like that it makes me feel inadequate and it makes me feel like I'm not good enough, I can't give her what she needs and then people dis-respecting me because she's doing that. So, I feel totally out of control, you know."* **(Mr. K; Lines 51-60)**

Fantasy further helped to control overt feelings of anger and provided the opportunity to act on those feelings mentally – this was reported as especially helpful to participants while in a secure setting where violence would not be tolerated. The control afforded through fantasy was further higlighted as something that was more difficult to achieve in reality.

> *"Yeah you want to do something more severe. Yeah definitely. I think for me personally punching someone was not enough. Harming someone with a weapon was still not enough but there was just some hunger inside me and I don't know if that was through the mental disorders, why I felt that way but it was never enough, revenge was never enough. I wanted more and more and to repeat it and repeat it and I think that's why the fantasies were so strong at the time. And that's why I fell into fantasy and I've used fantasy to cope throughout my life from an early age and even up to this day and age I still use fantasy as a coping mechanism."* **(Mr. L; Lines 294-302)**

Fantasy additionally enabled a broader set of options for participants to think about through using their imagination, than they would be able to enact in reality.

> *"I think some people fantasise that they're going to do this to a person or that to a person or get this bat and do that. I'm not saying everybody acts on it but it depends on the person and it depends on the state of mind of the person."* **(Mr. N; Lines 192-193)**

Visceral Indulgence in Fantasy

The full sensory experience of revenge fantasy was immersive and described in visceral terms. The focus remained on participant's need for absolute power and control, especially those who reported significant, multiple, repeated trauma from childhood. The descriptions provided by participants full of detail and enabled a visualisation of revenge.

> *"[Fantasizing about] mutilation mainly, yeah… I would think of it. I have thought about it in great detail. Certain scenarios that popped into my head from years ago, like killing people in the snow, you know what I mean, I don't know where that comes from but just seeing all the blood in the snow and mashing somebody up, stabbing them and just seeing all the blood in the snow, I just find it amazing. It's like hypnotising me and you see all the steam coming from in the blood and it's mixed in with the snow. I always think of that for people who have pissed me off. When I think about the snow, the man in the snow, it sort of revs me up and until I calm down it makes me quite angry."* **(Mr. D; Lines 236-248)**

Fantasy further allowed acts in fantasy which paralleled participants' own victimization, including sadistic acts. The description of fantasies by participants illustrated the depth of immersion they routinely engaged in. It was apparent the use of fantasy had become a secure haven through which to indulge in revenge while enabling controlled expression of extreme emotional states.

> *"How I would like to get revenge on my abusers or what would happen if I ever saw then face to face again… I wouldn't shoot them. That would be too good for them, too quick as well. But I haven't ruled out chopping them up… I haven't ruled out chopping them up and playing football with their bits and pieces but at the end of the day if anything like that was to happen there would only be one person walking away from such a meeting and it wouldn't be them."* **(Mr. F; Lines 6-14)**

2.4.2.3 Major Category: Developing Details

The difference between planning revenge as opposed to responding in the moment was characteristic of participants who had gained insight into their prior criminal acts and wanted to avoid negative consequences, e.g., sustaining injuries or being

arrested. The Minor Categories associated with this were 'Rumination as Revenge Planning', 'Considering the Revenge Options Available' and 'Ensuring Success in Revenge'.

Rumination as Revenge Planning

Rumination was identified by participants as paralleling their use of fantasy and acted as a method through which justifications for and the planning of revenge could occur. Rumination appeared to afford psychological space to develop avenues to pursue, however, it further maintained or increased the negative emotional state.

> *"Just thinking about people that've done wrong to me and like take it on the chin and then I start ruminating on things and I think about what I can do to get me own back. It is worth it? Is it going to be hard? or difficult?"* **(Mr. C; Lines 27-29)**

Planning was considered an important precursor to revenge and supported the development of feelings of power and control.

> *"I think it can be better. Because then they know what they are thinking of doing and they have got time to think if they want to do it or if they don't want to do it. They can think about the consequences for if they do it whereas if they just did it impulsively they might not have time to think."* **(Mr. Q; Lines 89-92)**

In addition, the capacity to feel as though there was some level of certainty over future events was reported as helping to manage challenging emotional states.

> *"During the rage and everything I felt like running him off the road and I would be driving down the country lanes on my way to work and I'd be looking at these trees thinking "I could run him off the road into that tree", you know and stuff like this. Crazy stuff goes through your mind when you've been in that situation because you just, you want it, you want it to end and I wanted to move on with my life and I never wanted any trouble from him and I just wanted it to stop and I was desperate for that to happen."* **(Mr. O; Lines 146-151)**

Considering the Revenge Options Available

Assessing the options available for revenge was highlighted by participants in terms of the impact of different approaches, potential consequences, and tailoring it to the problem identified.

> *"Killing wouldn't necessarily be the top one and there are all sorts of things you could do. You could avoid hurting them but hurt others that are important to them and then they would have to live with that. There's the other one which is humiliating them in front of their friends which is probably the lowest as it is not hurting them is it. Kicking them, knocking them out, beating them up in front of people and making them look stupid, pretty much anything, torture and stuff like that."* **(Mr. G; Lines 322-327)**

Planning revenge ensured details were accurate in regard of the intended target. The need to maintaining control of the situation and the need to succeed was described as paramount. However, in some circumstances it was acknowledged that maintaining personal distance while engaging in revenge was a more effective option, especially if the potential consequences were severe, for example, being convicted of murder.

> *"You can always put a contract out on somebody so look he's slept with my wife and look I want him done in and he's paid to do it and then you've paid for a hit so then he's done in… Then they can't do it again can they? You're not going to hear from them again if there's been a hit taken out on them."* **(Mr. B; Lines 297-302)**

In regard of keeping their distance from the original transgressor, participants illustrated options where targeting someone psychologically could yield a greater impact. There was insight in understanding the impact of psychological damage because participants were able to relate it to their own experience.

> *"It's better. Yeah if you can get a little seed and plant it in someone's head it will stop there for a long time. If you beat someone up and they can get over that quickly. But if you fuck about with somebody mentally it fucks them right up. That's the best sort of revenge you could ever do. Is to play with people's heads what hurts or take their possessions you know something that means something to them just destroy it. It could be anything. It could be anything actually from a cuddly toy to a dog, cat, car, anything. You find out what it is and you destroy that one thing. It messes them up big time. The only bad thing about that is you do it but you don't see the reaction."* **(Mr. D; Lines 450-457)**

Ensuring Success in Revenge

The need for revenge to be fully successful related to an avoidance of negative consequences. Participants described the benefit of managing their initial emotional state following a transgression and refocusing their energy on the plan rather than on their own victimization.

> *"I will sit and wait and plan and you know, and that's been my pattern in the past, in prison, you know to hurt people and do it in a way where I can get away with it, you know, being sly and devious."* **(Mr. K; Lines 85-90)**

The development of knowledge was enhanced by the mutual sharing of revenge acts with peers. This acted as psychological support in the disclosure of prior traumatic events, the development of knowledge of wider options, and learning from the mistakes of others. The shared experience of trauma also supported the development of a rationale and permission to engage in revenge acts against perpetrators. Hence in prison environments, it was reported that individuals with similar histories would gain solace through the sharing of experiences and their needs for revenge.

> *"He gave me advice. He said look, I say, I say, I says to him you understand there's something similar that's happened to me and I said 'What advice would you give me?' He said 'Planning' he said 'Don't just rush into it like I did'. 'Planning' he said 'Plan every detail and if one detail don't work out, he says you can't do it, you don't do it and you have to have a back-up plan and then another back-up plan for your back-up plan' and he was going on about teaching me how to do these things. Obviously, I never did it. I wish I did."* **(Mr. D; Lines 405-411)**

2.4.2.4 Extant Literature

In this study, participants' reported needs for control, to prevent future harm and eradicate feelings of powerlessness and emasculation. This was achieved in diverse ways; whether externally through a presentation of power and dominance or internally within a fantasy structure, rumination and / or through planning acts of revenge.

Masking and coping with residual vulnerability and fear of harm was employed by erecting a defensive barrier and opting instead to proactively attack. Such acts created reputation, and insodoing, communicated superiority and power toward and over others. In regard of compensatory acts, Horvath and Morf (2010) explored the route to narcissism and self-esteem and the strategies used to maintain a positive view of self. Hence, it appears that narcissism and propensity for violence are intertwined when used in response to ego-threat to maintain high self-esteem, displace aggression (Martinez, Zeichner, Reidy & Miller, 2008) and respond to perceived transgressions (McCullough, Emmons, Kilpatrick & Mooney, 2003).

Hegemonic masculinity (Connell & Messerschmidt, 2005), which relates to the attitudes and practices of men that promote gender inequality and dominance over females and males, is *'the interplay between men's identity, men's ideals, interactions, power and patriarchy'* (Jewkes & Morrell, 2012, p. 40). This form of masculinity has been related to portrayals of dominance and aggression and expectations of overt presentations observed across cultures and within communities. In the present study, there was an emphasis on dominance which was a pre-set expectation in regard of the early expression of gender and associated role models. This influence occurred in parallel to the hyper-masculine presentations which supported the maintainance of individual superiority and status while acting as an over-compensation for early adverse experiences

where feelings of powerlessness were prominent. The lack of support for 'weak' emotions in childhood further increased the need for participants to present as strong, powerful, dominant and superior over their peers. In regard of relationships with females (familial and intimate), there was a sense from the interviews that women were perceived as weak, required protection from threats, and in some cases, were referred to as the property of males.

Cassidy and Stevenson (2003) described males as presenting an outward demeanour of hypermasculinity[11] which can mask hypervulnerability and become a survival mechanism when living in high stressor environments. Baljon (2011) stated that "*tension between ideas of masculinity and victimhood can be large and paralyzing*" (p. 162) and in the present study, this was relevant to reported experiences of vulnerability and powerlessness. Such hypermasculine façades can mask fears which are not personally or societally acceptable to express publicly (Kennedy, 2016) but ultimately do not address the true emotional experience suppressed. The environment can also dictate expressions of hypermasculinity and aggression and has been observed across a range of male groupings, whether in contact sports (Chick & Loy, 2001; Weinstein, Smith & Wiesenthal, 1995), military groups (Fox & Pease, 2012), juvenile crime and gang affiliation (Cassidy & Stevenson, 2005) or prison violence (Evans & Wallace, 2008; Ricciardelli & Spencer, 2014). In the present study, although not always part of a set of hypermasculine beliefs, one response to traumatic events was an increase in the outward perceived status and dominance over others as a form of protection (e.g., Beesley & McGuire, 2009). This emphasis on heightened presentations of masculinity is likely to have been

[11] Hypermasculinity is an exaggeration of a male stereotype which emphasises physical strength, toughness, violence, dangerousness, aggression and sexuality (Zaitchik & Mosher, 1993).

further reinforced by dominant and authoritarian parenting styles and wider community expectations of 'traditional' male gender roles and accompanying anti-social dispositions.

Whitehead (2005) argued that some expressions of masculinity can be anxiety provoking and influence the expression of man to man violence. This perspective considers self-identity and can parallel the portrayal of the ideal male 'hero' – which may be relevant as a dynamic risk factor for violence. Expressions of masculinity can therefore be observed when males fulfil different roles; the 'Hero / Villain' and the 'Non-Man' (Whitehead, 2005). The expression of 'inclusive violence' whereby the adversary in male to male violence is identified as a 'Villain' (i.e., the originating perpetrator or transgressor), enables the reinforcement of masculinity. This can be observed via displays of courage and dominance against a 'rival', e.g., violence between rival football supporters. In 'exclusive violence', the transgressor is perceived as a 'Non-man' – who does not fit a pre-defined masculine template. Such attacks are therefore designed to traduce or feminise the 'perpetrator' by negating his masculinity. This can result in expressions of extreme, overt and overwhelming force (Goldstein, 2002; Keppel & Walter, 1999) where the purpose is to remove any potential for competition and / or humiliate (e.g., sexually). This type of aggression is often used against those perceived (rightly or wrongly) as paedophiles, or those who have raised the masculine anxiety of the perpetrators through appearing less than heterosexual (e.g., in homophobic hate crime attacks).

In the pivotal work 'the Hero with a Thousand Faces', Campbell (1949), who was influenced by early works of Freud (Oedipus complex), Jung (archetypal figures) and Van Gennep (Rites of Passage), focused on masculinity in the context of mythology. This work outlined different expectations of male heroes and corresponding global rituals.

Campbell explored the influence of tribal expectations of male roles bestowed upon young boys – these parallel 'criminal' communities in contemporary society where young males take on roles to protect and dominate to maintain their power and status. Interpreting the individual role of masculinity can involve identifying whether the transgressor triggered certain anxieties. Interestingly, the role and use of the 'superhero' has been introduced in positive therapeutic interventions with boys, adolescents and men to explore strength, destruction and vulnerability (Haen, 2002; Hean & Brannon, 2002; Haen & Weber, 2009).

The role of hypermasculine beliefs in criminality, when combined with hyperarousal or hypervigilance, emphasise how a direct threat to status is linked to an underlying fear of victimization and an avoidance of vulnerability, humiliation and inferiority (e.g., Crossley, 2009). Such beliefs may explain situations where the emotional reaction is disproportionate to the perceived threat. In such situations, perpetrators are channel their residual unexpressed emotions toward an individual who is the object of their cumulative anger or rage. Threat to self is also seen as a key factor in narcissistic rage (Krizan & Herlache, 2017; Vater, et al., 2013), and anger outbursts in those with borderline personality disorder (Berenson, Downey, Rafaeli, Coifman, & Paquin, 2011) and paranoid personality (DeBarros & de Pádua, 2008; Muñoz Sastre, Vinsonneau, Chabrol, & Mullet, 2005; Sastre, Vinsonneau, Chabrol & Mullet, 2005). In the present sample, the need for certainty and dominance over others was as much a factor emanating from early adversity as an ongoing need for protection.

One challenging aspect of the role of revenge fantasy has been the potential for acting out and causing serious harm to others. Fantasy has long been relevant to the assessment of risk and recidivism, however the function it performs in acts of revenge

and in responses to trauma and victimization is less understood. In their analysis of the psychological underpinnings of revenge, Grobbink, Derksen and van Marle (2016) propose that "…*fantasies serve the functions to provide sadistic gratification, to obliterate an intolerable reality and aversive self-awareness, to restore the grandiose self, and to maintain the image of others and the world as evil and dangerous"* (p. 897).

The use of revenge fantasy has been investigated across several contexts including the chronically powerless, i.e., those who are unable to seek justice through normative means (Lillie & Strelan, 2016). Fantasy therefore enables victims (e.g., through bullying, childhood sexual abuse, violence) to create their own version of events and regain control of an ongoing sense of powerlessness (e.g., Crowder & Hawkins, 1995). Horowitz (2007) in a psychotherapeutic interpretation of the role of fantasy notes that it is associated with a '*medley of emotions'* (p. 25) and suggests that considering anger in isolation of other expressions creates a simplistic interpretation. The challenge coping with diverse and often competing emotional states while attempting to control events is an important aspect of understanding fantasy (Horowitz & Meffert, 2007).

Lillie and Strelan (2016) argue fantasy can increase the level of dissatisfaction and frustration in victims when they are unable to seek a legitimate form of justice. Murray, Eisner and Ribeaud (2016) argue that violent fantasies, daydreams or thoughts about harming others can influence the ultimate offence behaviour, yet are also influenced by baseline views of violence or sexual violence. Indeed, Marshall and Barbaree (1990) identified the incorporation of themes of dominance, power, control and aggression in sexually violent fantasy production, linking this to feelings of masculinity and negative views toward women. Maniglio (2011) further identified ongoing difficulties with the residual impact of trauma, psychological problems and coping as core to the development

of deviant sexual fantasies. Bartels, Harkins and Beech (2017) focused on a non-offending sample to investigate the use of sexually aggressive fantasy. They found use of fantasy was associated with hostility toward women, the ability to create mental imagery and increased dissociation. The relationship between personality and sexual fantasy was investigated with a non-offending sample (Baughman, Jonasen, Veselka & Vernon, 2014) indicated those scoring highly for psychopathy, utilised a greater number of themes including impersonal and sadomasochistic themes. Although this provides some insight in regard of sexually motivated acts, the challenge in identifying whether sexual and revenge fantasy structures overlap in terms of prevalence, range and willingness to act is an area for further investigation. Interestingly, a combination of revenge and sexual offending is influenced by pornographic content, including sexually deviant interests, including sexual sadism (Hazelwood, Dietz & Warren, 1992; Holt, Meloy & Strack, 1999) and paraphilic interests in children (e.g., Quayle & Taylor, 2002; 2003). The use of such material provides individuals with additional ideas to be incorporated into current and future fantasy structures (Arntz, 2011).

Schumann and Ross (2010) argue that revenge has been prominent in the classics in fiction, motion pictures and religious texts for thousands of years, along with blood feuds (See the Evolution of Revenge). However, the nature of such content is also relevant to sensation-seeking. A heightened interest in militarism and the violent occult in mentally disordered offenders has been identified as a factor in interpreting their mindsets in regard of offending and considerations of risk (see Egan, Austin, Elliot, Patel & Charlesworth, 2010; Egan, Charlesworth, Richardson, Blair & McMurran, 2001). Hence, some individuals may be unaffected by revenge focused material, whereas for others, the

meaning and resonance of the content may act as vicarious gratification. This could additionally fuel an already developed revenge perspective.

In regard of the development and use of violent fantasy, material varies from the overtly sexual to the sensational, graphically and gratuitously violent and can influence anger and physical aggression (Moeller, Gondan & Novaco, 2017). Violent video games have been suggested as a causal risk factor leading to increased aggressive behaviour, cognitions and affect while decreasing empathy and prosocial behaviour (Anderson, et al. 2010). Although the British Board of Film Classification (BBFC, 2016) update guidelines regarding sadistic and sexually sadistic violence to ensure that available content is not supportive of such acts, it is not possible to prevent the availability of such material.

The range of content available online – whether the surface web (internet), deep web or dark web (via The Onion Router (TOR) software), means access to fantasy material is potentially limitless. For example, the increased availability and prevalence of 'hurtcore' material (combination of torture and abuse) involving sexual or nonsexual sadism (e.g., Dunn, 2016), means the inspiration for individuals to anonymously act out fantasies is increased (e.g., Palermo & Bogaerts, 2015). For example, the play 'Killology' depicts the development of a video game which enables players to increase their attainment of points through their use of more 'creative' or sadistic methods of death (Lewis, 2017). In the present study, when participants were asked to provide examples of revenge in the movies, many of the titles (See Appendix 2F) involved the immersive and visceral engagement in violence. The films identified as reflective of revenge had a male protagonist seeking justice through acts of violence and revenge as core to the story. Egan and Campbell (2009) supported this by identifying a relationship between

sensational interests, the sustaining of fantasies, personality and the likelihood of aggressive behaviour.

The depiction of non-sexual and sexually sadistic fantasy assumes homogeneity across offenders. However, Eher, et al. (2015) suggested the presence of sadism and associated fantasies was linked to violent and sexual reoffending in a sample of convicted sexual offenders. Heightened levels of sadistic revenge fantasy containing immersive and visceral content was reported by participants in the present study. This appeared to act as an indulgent escape while allowing the pseudo expression of control over abusers or transgressors. Such fantasy use parallels the violent and sexually violent acts committed by mass and serial homicide offenders (Murray, 2016) where themes of rage, hatred and sadistic revenge were core. The need for absolute control is characteristic of sadistic and sexually sadistic fantasy content and offending (see Brittain, 1970; MacCulloch, Gray & Watt, 2000; MacCulloch, Snowden & Mills, 1983). However, the extent to which such content remains fantasy, and what creates an impetus to act, is individually determined and potentially influenced by personality[12].

The engagement in revenge in the present study incorporated significant and detailed planning. Offence planning has been linked to predatory acts and higher levels of psychopathy (e.g., Camp, Skeem, Barchard, Lilienfeld, & Poythress, 2013; Declercq & Audenaert, 2011; Declercq, Willemsen, Audenaert & Verhaeghe, 2012) and narcissism (Brown, 2004), however in regard of revenge, consideration of the various options available (different forms of revenge) can include vicarious gratification and the

[12] It is noteworthy that diagnoses of Sadistic Personality Disorder were not formally a consideration of the present research, it being discarded from subsequent versions of the Diagnostic and Statistical Manual of Mental Disorders in recent years.

evaluation of revenge acts to ensure success. Differences in the commission of offences, whether occurring reactively, spontaneously or detached and planned, has long been a factor in the organised / disorganised dichotomy of offending (Douglas, Burgess, Burgess & Ressler, 1993; 2006; Kocsis, Irwin & Hayes, 1998). The underpinning motive of revenge was not linked directly to this distinction of offender behaviour. However, the emphasis placed on planning as an aspect of fantasy and as an independent process fits with the concept of 'instrumental aggression' (Cornell, et al., 1996) and distinguishes between that and expressive / reactive aggression dichotomy. The engagement in instrumental aggression is associated with disordered personality and psychopathy (Blais, Solodukhin & Forth, 2014). In the present study, reactive aggression and impulsivity was relevant to psychological interpretations of acts of revenge, although delaying acts and waiting for an element of surprise, resulted in a greater perception of success. Targeting transgressors repeatedly and psychologically (e.g., by harming those emotionally close to them) or covertly (e.g., cutting brake cables or anonymously sending a coffin) were considered by some participants to have greater potency. This was described by participants as their capacity to sow a seed to become increasingly more disturbing and unsettling over time.

It is acknowledged that offenders committing serial acts of revenge could develop greater expertise. Therefore planning, whether in fantasy or not, becomes an aspect of the expertise developed. Running through options provided participants with appropriate space to think, gave a perception of control and increased the likelihood of success. This has been observed in the behaviour of serial sexual offenders (Miller, 2013; Turvey & Freeman, 2011) and murderers (e.g., Beauregard & Proulx, 2002; 2007; Beauregard & Martineau, 2016; Beauregard, Proulx, Rossmo, Leclerc & Allaire, 2007; Miller, 2014b) and forms offence paralleling behaviour, where needs of anger, power,

control or dominance can be met in the interim through, for example, animal abuse and bullying (Gullone & Robertson, 2008).

2.4.3 Core Category: Entitled to Punish

The third Core Category identified a process whereby a rationalization and entitlement to engage in revenge was developed over time. This was cumulative in regard of the build-up of negative experiences and limited resources to find alternative courses of action. The Core Category comprised Major Categories of (i) Rationalizing Revenge and (ii) Triggered into Action and are illustrated in Figure 2.4 below.

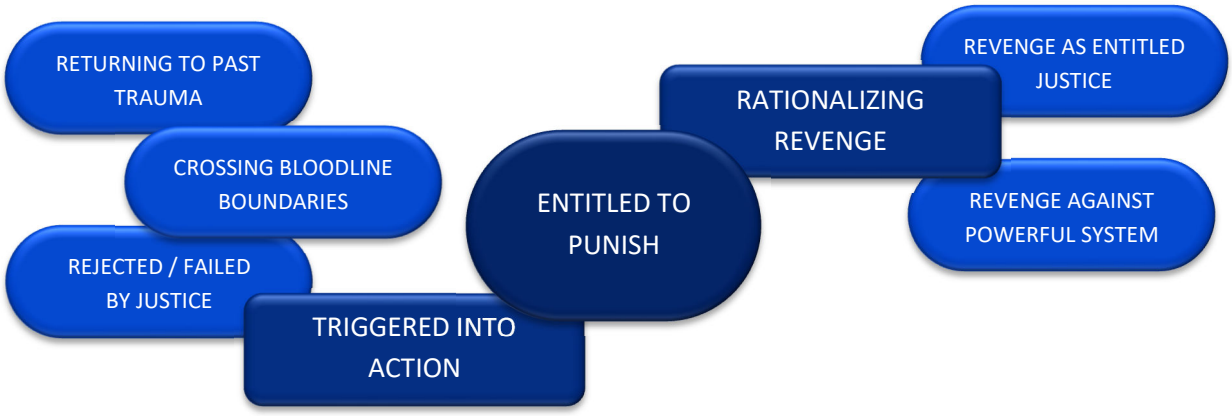


Figure 2.4: The Core Category of Entitled to Punish.

2.4.3.1 Major Category: Rationalizing Revenge

One aspect of revenge illustrated was the process of rationalizing revenge acts in relation to the individual experience of trauma and victimization, whether historic or current. The Minor Categories associated with this were 'Revenge against the Powerful System' and 'Revenge as Entitled Justice'.

Revenge against the Powerful System

The perception of being let down, unprotected and not valued by societal systems and organisations was emphasised by participants. The need to react against and push away from anything that represented the ability to control (e.g., authority or individuals in society who conform to it) was an important aspect of generating justifications.

> *"You know what I mean and I'd grown up with that and I was becoming very angry with society itself and so I went out and I was missing school because I was too scared about being at school because I was being bullied at school as well."* **(Mr. I; Lines 40-45)**

Being belittled by those in authority informed a perspective of not wanting to adhere to societal norms and pressures. This created justifications to get back at others who became a symbol of success or had status and control over others.

> *"I went for job interviews and I was just spoken to like a piece of shit because of my criminal background and I felt I'm not meant to be a part of normal society and it reinforced that view that I'm not meant to be. I gave up too quick instead of bouncing back and thinking 'I'm not going to let them put me down'. I didn't bounce back from that. I just went back and felt vengeful again and thinking that 'I'll show everyone, I'll show the world that I'm not meant to be a part of it'. That could be perceived as being vengeful toward people I don't even know just vengeful in general."* **(Mr. L; Lines 193-201)**

Revenge as Entitled Justice

Feeling entitled to engage in revenge was strongly expressed by participants. This mindset was reported as the only option for participants when formal criminal justice routes relied upon the decision-making of police, Crown Prosecution Service and jury members. In addition, there was an entitlement to respond to the level of harm experienced.

> *"No it didn't feel like enough. I still feel that if I crossed paths with them in prison that it would've been on again, do you know what I mean? That I would have sought revenge in prison. Prison doesn't seem enough."* **(Mr. L; Lines 240-245)**

The choice to destroy objects of meaning or value to the target appeared to parallel the destruction of life or childhood that participants felt they had experienced. Taking justice into their own hands was reported as a more empowering and satisfying option.

> *"I'm just satisfied by the fact that something they value is now in flames and will be pretty damaged or ashes by the time the fire is put out so that for me is pretty much straightforward revenge. They lose something they treasure. I gain satisfaction from the fact that revenge is justice."* **(Mr. F; Lines 65-68)**

2.4.3.2 Major Category: Triggered into Action

In parallel to the entitlement to engage in revenge, certain triggers occurred to fuel a response against others. Minor Categories associated with this were 'Rejected / Failed by Justice', 'Returning to Past Trauma' and 'Crossing Bloodline Boundaries'.

Rejected / Failed by Justice

For participants with limited capacity to take revenge, the reliance on the justice system was greater. Failed attempts to inform professionals about victimization, not being listened to, being perceived culpable for the harm suffered, or accusations of false allegations contributed to feeling failed by authorities. This resulted in challenges coping and a heightened need to express frustration and anger which was displaced toward those who should have protected them.

> *"I made a statement against a family member. Um, they didn't do anything because it wasn't in the public's interest… Well, being bottled up inside, I didn't know where to turn to and was getting angrier and angrier, and angrier and angrier because I was everything was at an impasse and I got very angry and I killed somebody. And it wasn't even the person who I'd been done over by."* **(Mr. C; Lines 99-107)**

Forms of abuse from those with perceived authority or trust resulted in further negative psychological impact and a broadening of those considered responsible for the lack of safeguarding.

> *"I opened up to a member of staff while I was in prison and he started abusing me as well and so I clammed up after that and started self-harming and getting these horrible flashbacks and things like that and then I got moved… I started opening up again and told them all about what was happening and what was going off in my head and how upset I was and that nobody had listened and everybody had pointed the finger at me and I just couldn't take no more of it."* **(Mr. I; Lines 144-154)**

The need to deal with difficulties individually was also a factor when police were considered to have failed in their responsibility.

> *"Well if it had come in the earlier stages when I was ringing the police and getting them involved in the first place after he shot me in the leg, that was the first, initial thing that he had done, so if the police had acted then, all the other stuff might not have happened.."* **(Mr. O; Lines 253-256)**

Returning to Past Trauma

The triggering of reactions stemming from prior victimization resulted in either a build-up of emotions, or a return to an intolerable psychological state from childhood or adolescence. This additionally focused on participants who had been targeted because others (e.g., prisoners) knew their weaknesses and that any attack would result in some form of violent reaction.

> *"What I used to do was I would lash out all the time you know even when I were in jail, fighting you know because I had suffered with voices really bad and people would be playing on it, know what I mean. I heard it when I were in the showers and I was fighting with lads when I were in the showers. I were always fighting I was basically for a long time you know what I mean because people knew what was going to happen and get me going to people. You just had to get me going in my head that people were talking about you, you know he's saying this about you or he's saying that about you and I wouldn't hesitate. I would just go up and punch them, you know so."* **(Mr. A; Lines 266-274)**

The residual feelings of embarrassment and humiliation from prior victimization were triggered by broader situations and would result in an immediate need to react against the threat.

> *"Embarrassment to me is worse thing ever. I don't know why, I don't know why it's such a problem to me but that's what sets off a lot of my humiliation and embarrassment. Humiliation and embarrassment is the same thing as far as I'm concerned and it's just a big no no and I don't do it. I've tried to figure out and I can't figure it out and I don't understand it. Being publicly humiliated it's that, 8 times out of 10 it resorts to violence whether its verbally or physical."* **(Mr. D; Lines 176-179)**

Crossing Bloodline Boundaries

Participants reported feeling strongly about protecting those with whom they had affective ties, for example family, and describing an invisible boundary of blood that could not be crossed. Hence any acts of harm to others were felt as strongly as though it had been toward them.

> *"I can rarely forgive. There needs to be some sort of commitment. So if someone did something that hurt my family, then I would want to see them do something. Whatever it is and show or get the trust back in some way."* **(Mr. G; Lines 310-312)**

The need to protect the self and others who were perceived as an extension of participant's own identity, increased the potential focus of revenge acts. This further resulted in a corresponding need for heightened vigilance and the proactive protection of others.

> *"I mean, someone comes up to you and hurts either you or a member of your family. You're not just going to leave it at fantasising about revenge. You're going to want the satisfaction of revenge. That for me would be a situation where I would probably use violence myself. It's about the only time I would use violence in revenge. Someone hurts my family, I will go out and hurt them."* **(Mr. F; Lines 308-318)**

The need to act as a protector for others highlighted that any targeting of family members was considered equal to an attack on themselves and required a substantial response.

> *"I've always believed that where I'm from and the way I've been brought up and the people that I'm with would all have the same kinds of attitudes and the same kinds of beliefs, you know. There are certain lines you don't cross of sort of our own laws, not society's laws… You don't hit women, you don't tamper with kids, you don't like, things like that and things like, you know, old people, you don't do that. Things like that, especially if it's your own blood and it's like, it's not tolerated is it. I know that's the same view as society as in the law, but I mean these are things what people will take into their own hands and that is something what people would want revenge for, you know."* ***(Mr. K; Lines 178-186)***

2.4.3.3 Extant literature

The rationalization of revenge provides the personal permission to act and is a powerful motivation to progress from thoughts or fantasy into action. Extreme forms of revenge can occur when a situation occurs which is difficult to comprehend, for example, Vitaly Kaloyev, whose wife and daughter died in a mid-air crash, murdered air traffic controller Peter Nielsen (Bott & Paterson, 2005). In another case, following the abduction and sexual homicide of 10-year-old Katie Collman, the perpetrator Anthony Stockelman was assigned to the same prison wing as the victim's cousin Jared Harris. In a revenge attack, Harris entered the cell of Stockelman threatening to stab or tattoo him – inking 'Katie's Revenge' on the perpetrator's forehead (Lagorio, 2006).

The residual effects of a lack of justice through legitimate means, can include feeling 'unheard' (Mathews, 1996), not believed or through lack of evidence (Lowe & Balfour, 2015), dismissed. Participants reported that formal processes would either not punish, or the punishment would be considered too lenient. Evidence suggests that the lower the personal control over justice and the more distanced the relationship between victim and perpetrator (e.g., stranger or acquaintance), the greater the likelihood of revenge (Zimmerman, Farrell & Posick, 2017).

The Appraisal Theory of Emotion (Orth, Montada & Maercker, 2006) attempts to explain the rationalisation of revenge focusing on (i) the initial perception of harm; (ii) identifying the responsibility for the victimization; (iii) acknowledging the immorality of the act; and (iv) feeling motivated to retaliate. However, these factors emphasis the moral nature of the act. Participants in the present study responded to a different set of morals, including the intolerance of crossing invisible boundaries (e.g., targeting a family member) and the unspoken expectation of retaliation. The Orth et al. (2006) model largely assumes a level of morality which may be less commonly displayed in forensic contexts. Feeling entitled to engage in revenge rather than opting for forgiveness distinguishes individuals significantly. Lucas, Young, Zhdanova and Alexander (2010) identified that justice beliefs for oneself and third parties differed in regard of the likelihood of forgiveness. Higher levels of ruminative thinking and impulsivity were associated with a reduced capacity to forgive and an increased likelihood of revenge acts.

The act of revenge was frequently fuelled by thoughts of past transgressions, events that resonated with intolerable emotional states could which could additionally result in acts of displaced revenge. Fromm (1973) described ''*a spontaneous form of aggression; an explosion of destructive impulses that are activated by special circumstances usually perceived as threatening to survival*'' (p. 363). According to Fromm, revenge focused aggression should be interpreted differently from normal defensive aggression. He cites revenge focused aggression as: (a) an act performed in cold blood, after the damage has been done, and is, therefore, not a defence against immediate danger; (b) an act of great intensity, often crude, vicious, and insatiable (p. 363). However, this distinction fails to consider any merging of feelings of past vulnerability and revenge with the constant need to defend against attack. Triggered Displaced Aggression

(TDA; Pedersen, Bushman, Vasquez & Miller, 2008; Pedersen, Gonzales & Miller, 2000) is distinguished from displaced aggression due to the response from the second perceived provocation (e.g., the act that resonates with the initial transgression).

Denson, Pedersen, Friese, Hahm and Roberts (2011) considered the impact of rumination emphasising four stages commencing with (i) anger-inducing provocation; (ii) angry rumination; (iii) reduced self-control; and (iv), aggression. This was developed into a multiple systems model of rumination (Denson, 2012) and when applied to revenge, considers anger as an emotional response, but this lacks a crucial consideration of the broader complexities of each individual stage, particularly the initial event and the outcome of aggression in terms of severity and impact (Bushman, 2002). The role of rumination appears to have different purposes in regard of the development of entitlement and justification for revenge that provides the permission to act (Berry, Worthington, O'Connor, Parrott & Wade, 2005).

2.4.4 The Core Category: Evolution of Revenge

The fourth Core Category focused on the evolution of revenge throughout the life course from an early exposure to vulnerability and harm. The core category comprised Major Categories of (i) Meeting Needs; (ii) Normality of Revenge and (iii) Challenges in Justice and illustrated in Figure 2.5.



Figure 2.5: The Core category of Evolution of Revenge.

2.4.4.1 Major Category: Meeting Needs

The residual psychological needs resulting from the perception and / or reality of being wronged (i.e., a sense of loss relating to childhood, safety, trust, status, loyalty and pride) were met through engagement in revenge. Minor Categories associated with this were 'Sensory Immersion in Revenge', 'Displacing and Broadening Targets' and 'Escalation in Revenge'.

Sensory Immersion in Revenge

The physiological experience of complete sensory immersion in the enactment of revenge paralleled participant descriptions of the visceral indulgence in fantasy. These acts of revenge created a psychological and physical sense of power, strength and invincibility.

> *"Again it comes back to feeling invincible, feeling immortal… I felt powerful like I was in control for once, not him…. At the time I was like a weight off my shoulder like the heaviness has gone off the shoulders and it's come out. Like I said before about my head feeling heavy, it was a rush of adrenaline. That's when your head feels heavy. A rush of adrenaline and it all came out but then afterward that whole weight of the head and the shoulders and everything. It's just gone. Physically. You know people say it's a mental thing, it's not. You can physically feel the weight go and yeah it was just the weight off the shoulders."* **(Mr. E; Lines 358-367)**

The description of rage and the immersive focus on the senses had the potential to enable revenge to escalate through the expression of power and control over others. Participants reported this as a full release of any negative emotional state while seeking increased gratification, for example, empowerment.

> *"It makes you feel very strong like um, what's it called? Immortal it makes me think I'm immortal and I'm walking home and I'm trying to get into a certain state into a rage yeah its anything goes and nobody can get near me, it's, that's when I become really bad and anything happens, anything…. It takes a lot for me to reach that so then it's just like, it's just like the Incredible Hulk and you get to a certain stage, a certain stage of rage that you don't go back from and you just have to act on it, just let it, ride it out. It's like coming off heroin, you just have to ride it out."* **(Mr. D; Lines 271-280)**

Displacing and Broadening Targets

Displacing revenge from the initial source of victimization to wider targets created additional victims. This reportedly occurred through a lack of emotional control, inability to access the original transgressor or the focus on sources representative of harm (e.g., older males). The inability to target the original source occurred when participants experienced residual fear in regard of earlier traumas or had a lack of access to the perpetrator (e.g., due to their prior death).

> *"I was looking for people who looked a little bit older than me, who were a little bit smaller and a sense that they were weak and that was how I perceived my revenge targeting. I was looking for people who were a bit similar to me, vulnerable, younger or a little bit older than me, probably I was a little bit taller than them so I was looking down at them like they did to me and all that sort of stuff."* **(Mr. I; Lines 97-101)**

The result of displacing revenge onto those symbolically linked or unrelated to the original source resulted in a reported dilution of the experience. Hence the outcome of revenge did not provide closure or a sense of psychological peace from prior experiences of adversity; rather it resulted in a need to engage in further acts.

> *"You always want that person to be punished. For me anyway I would want a focal point of my revenge, but if I can't get to that person then other people are acceptable game to get at and sometimes you can think like that. But its again, I pull back a lot with that and think I want that person, I don't want this person because this person has done nothing to me just because they are from a certain area or have a certain attachment to somebody I'm not going to attack him… There is less satisfaction there because you haven't got to the main prize, you might say of who your revenge is against and there is something niggling away at you still, the satisfaction or the um contentment of having the revenge is not there fully. You are not content to have it because you've not actually gone for that person and it leaves you wanting more."* **(Mr. L; Lines 268-281)**

Escalation of Revenge

Participants spoke of an increase in the nature and extent of revenge and a cycle of reactive acts which iteratively increased the severity of harm toward others. The need to equalize and then further heighten the punishment for the initial victimization enabled domination. However, this also increased the likelihood of being in receipt of targeting.

> *"Someone would sleep with someone else's woman from another estate and that would flair up into violence because of that and it would become tit for tat fight and then it would escalate and then having to watch each other's toes, you know what I mean, like a lot. Watching your back a lot for revenge from other people and not letting your guard down… Things escalated like for a period. It reached its peak when someone was killed when the police got in involved heavily and cracked down on people with weapons, guns and stuff like that and a lot of people got locked up and it seems to have died down a bit since then although it shouldn't take that for it to happen."* **(Mr. L; Lines 139-151)**

The need to respond to being targeted was also associated with an avoidance of being perceived externally as vulnerable and weak.

> *"It stays because you've not dispersed it, you've not got rid of it. You've not shown. If you don't do it, you're still vulnerable aren't you? They will come and do it again or another person will come and do it or they'll go round and talk about it and something and it can escalate in the opposite way from seeking retribution".* **(Mr. M; LInes 148-151)**

The level of escalation of revenge was additionally considered to relate to the mindset and circumstances of an individual at any given point. This acknowledged the potential for events to escalate, become out of control and result in serious consequences.

> *"I think that a lot of people that get bullied look for revenge and then people who was bullied but that's so people don't want to see revenge against other people are going to help others and that's a way of getting back at the bully without violence being used. But like I say, it can escalate from something silly to something major and like I say it depends on the person and it depends on the person's mentality at the time."* **(Mr. N; Lines 216-222)**

2.4.4.2 Major Category: Normality of Revenge

Within the evolution of revenge, such acts became normalized and supported a lifestyle where any perceived or actual transgreaaion by others was responded to in accordance with expected behaviour. Minor Categories associated with this were 'Expectations of Revenge' and 'Accepting a Cycle of Revenge'.

Expectations of Revenge

Environmental and familial influences supporting revenge further meant participants were socialised into a perspective where responding was anticipated and expected as part of a collective community mindset.

> *"I think because of where I grew up and how I grew up from an early age, from a kid I was brought up in a criminal world and all that sort of thing so I look at things totally different. I don't agree with societies rules, I don't agree with social norms and stuff like that. I believe I was born on this planet to be able to do what I want and I shouldn't be dictated to by anybody."* **(Mr. M; Lines 340-345)**

Any other options to respond indirectly to transgressions (e.g., by avoidance) were perceived as a sign of weakness, loss of status or reputation. This enhanced the potential for communities to engage in self-policing and refuse to involve external authorities, such as the police. Therefore, revenge reduced the likelihood that unwanted acts would occur in the future. This was especially emphasised following betrayal in relationships.

> *"What you are actually attempting to do is show to that person, 'Well you've done this to someone else and now someone has done it to you so therefore you need to recognise what you've done has hurt this person, or persons very, very badly and now you have had it done to you like other people' and you can now say, 'Now I've been in that person's shoes and I now know and now feel how that person felt when I did this to them."* **(Mr. H; Lines 300-305)**

Accepting a Cycle of Revenge

There was an acceptance by participants that revenge was part of the process of criminality and could be cyclical. Participants acknowledged they could be in receipt of revenge as much as engaging in such acts.

> *"It takes a lot of guts but it's stupid, you can only go around poking everyone in the arse for so long, sooner or later, they're going to get you and use your way against you."* **(Mr. R; Lines 210-212)**

The reality of revenge was further described in terms of thresholds of acceptable behaviour before revenge became an option.

> *"I'm more accepting of it if someone comes and gets me. If someone come and got me and I haven't done anything then I'd have to go and get them back. But if I've robbed them for example and they've caught me on the street and whacked me then I'm more accepting of it because it's exactly what I would have done in their position. I can be more accepting of it. Normally I let things lie with that cause I've done bad and they've done bad and its come back on me."* **(Mr. M; Lines 109-115)**

In addition to occurring as a proactive cycle of revenge, karma was perceived as an aspect of revenge-oriented acts that did not require action.

> *"I did fantasise a couple of times but usually I never planned it and I said to myself that if I meet him that means karma wants me, I'm a deep believer in karma so I didn't follow people, I didn't stalk people and stuff. When I met them, that was when it happened….. I always thought like that if I don't meet the person then I won't hurt them because they don't want me to hurt them but if I meet them at a party at a house then it means he [karma] wants me to get close to him so that I can get revenge at the party. "* **(Mr. P; Lines 33-35, 50-52)**

2.4.4.3 Major Category: Challenges in Justice

An integral part of the evolution or trajectory of revenge related to difficulties coping with missed opportunities. This was especially problematic when those individuals, especially perpetrators of different forms of abuse, had died and were prevented from engaging in acts of revenge. The Minor Categories were 'Regretting or Missing an Opportunity' and 'Personal Impact of Revenge'.

Regretting or Missing an Opportunity

The psychological impact of regret regarding the inability to engage in revenge was a critical factor for participants who struggled with a lack of closure. This could also mean continuing to experience a feeling of loss in regard of a missed opportunity.

> *"All the time I was reminiscing, and the voices used to be, you know, very intense very all and the person used to come into my mind and I would think 'I hate that person and I want to kill him', you know. Because of the situation he had put me under and when I think about it… but he's died before I've had the chance to get my revenge."* **(Mr. B; Lines 66-72)**

Rejecting conflict following a transgression resulted in perceived feelings of weakness. This was illustrated by participants whose mindset remained supportive of revenge and they continued to feel that revenge would always be the only choice.

> *"…At times I have felt really sorry for the victims and when I shouldn't have done what I did to them and I know it was wrong and I feel sorry for them but I think that if they read about me and knew about me and knew what had happened to me when I was young I think they might have understood as well, where all that anger came from and all that revenge of what people call it, knowing I was like targeting certain individuals and knowing about the gay community and elderly people as well. It has been hard for me as an individual and it has been hard for my victims to live with what I done to them."* **(Mr. I; Lines 232-240)**

Personal Impact of Revenge

Participants had different views about the impact of engaging in acts of revenge. The lack of closure experienced by some meant revenge remained an ever-present focus in their mind and they continued to consider future actions they might take. In contrast, other participants acknowledged the implications (e.g., being arrested and convicted) and interpreted this in terms of responding to their needs at the time. However, the justification for their actions in regard of revenge remained, whether directed toward the original transgressor, unrelated or innocent parties.

> *"All I want to say now to anybody out there, anybody at all, that ever thinks about it, don't do it, don't do it because it's got me into so much trouble in the past. It's made my mind um run wild with different thoughts about doing different things to different people you know wishing it would happen rather than acting it out that it does send you crazy and I would say just let God do his job. If God feels you've been hard done by, he will do something to that person. Like I said at the very start of this. Karma is a wonderful thing and that's what I've learnt now."* **(Mr. E; Lines 523-529)**

Part of the interpretation of the harm caused through acts of revenge was derived from participants' own experience of victimization and a need for others to understand the impact this had on them.

A further challenge in engaging in revenge was disinhibition in regard of thinking and behaviour that could occur when participants were intoxicated with alcohol or drugs. This had the potential to increase the severity of harm, for example, causing more harm than intended.

> *"I think it's a bad mixture. I think alcohol and drugs make someone even more, they make the situation even worser than it already is. It doesn't help you when you've got thoughts of doing stuff to someone when you are drunk and you've taken drugs which makes you think that what you're going to do is not really bad when actually it is. You might think it's not so bad hitting someone and you might hit them, and when you are drunk you might hit them and not know how hard you have hit them and then they could die and then you would just be the person on the drink and the drugs.."* **(Mr. Q; Lines 95-101)**

2.4.4.4 Extant literature

The breadth and complexity of revenge in the present study ranged from (i) direct, targeted responses toward the original source of the harm; (ii) responding to indirect targets who were linked to or involved with transgressor but identified as a source of importance and meaning; (iii) the displacement of revenge onto individuals symbolic of the original source of harm (e.g., personal characteristics and behaviour); (iv) the displacement of revenge after being triggered back to a past, residual emotional state (e.g., humiliation / embarrassment); (v) distancing of revenge via proxy; and (vi) the expressed need for revenge and dominance against 'others' who were threatening status or taking advantage and 'crossing a line'.

In regard of the way revenge can evolve, the invisible, often unspoken boundaries of behaviour that occur within tribal and other communites have been present over time and across culture in respect to 'blood feuds'. Although escalatory acts of revenge can be incremental, such as those seen in cases of reciprocal, cyclical revenge between rival gangs, this often remains focused on the initial transgression (e.g., a turf war). When

further acts occur, which are separate from but reminiscent of the original transgression (e.g., a gang member sleeping with a girlfriend of a rival gang), this has the potential to alter the course of revenge and result in more extreme responses (Vasquez, Lickel & Hennigan, 2010). This was illustrated in the present study where violence escalated to murder.

Cases of revenge within societies or cultures are often explored within the disciplines of sociology and anthropology. Otterbein and Otterbein (1965) studied feuding across cultures and in patrilocal, non-peaceful societies. They considered there to be "*frequent feuding if, after a homicide, the kin of the deceased were expected to take revenge through killing the offender or any member of his kin group*" (p. 1470). It is apparent that the perceived transgression can be psychologically felt across and within families and communities. There is evidence for this globally including the Waorani tribe in Ecuador (Beckerman, et al., 2009), and in Albania (Cannon, 2013), Montenegro (Boehm, 1986), New Guinea, Polynesia, Upper Congo and Bengal (Davie, 1929), East and West Greenland (Sonne, 1982), Greece and Siberia (Goldberg, 2004). This parallels revenge killings between rival organised crime groups and associated vendettas where punitive responses can occur *ad infinitum* (Fromm, 1973) – resulting in 'tit for tat' homicides (Axelrod, 1984).

Fromm (1973) argued blood revenge can become an "*endless chain which can sometimes lead to the extinction of families or larger groups"* (p. 363). The implicit assumption that reactive revenge will occur in cases of 'blood revenge' has further been illustrated by sub-sections of communities where families engage in long-standing feuds resulting in extreme acts of violence and murder (Channel 5, 2013). Feuds are perpetuated in some communities where 'call videos' (videos calling an opponent to

come and fight) are used, for example, in bare-knuckle fighting between rival families. Such acts of bare-knuckle fighting were historically a form of resolving conflict (Hourigan, 2011), however more recent manifestations are frequently exacerbated or fuelled by the presence of weapons and the use of social media. Such rivalry and feuding enable young men to gain 'bragging rights' when they are perceived to be the more dominant and powerful over their peers. This permeates generations and has been observed in prison gang culture where rival 'families' are incarcerated in the same establishment (Dillon, 2017).

In the present study, revenge acts occurred partly within defined 'moral code' of acceptability within the participants' communities. This was in response to certain transgressions necessitating retaliation to avoid further exploitation. Jacques, Wright and Allen (2014) interviewed drug dealers to identify their methods of retaliation to transgressions – this acted as revenge and as a form of deterrence to protect their 'business'. Although it is argued that retaliation serves a broader objective to reduce the extent of predation from other criminals and drug rivals (Topalli, Wright & Fornago, 2002). In addition to general deterrence, Jacques, et al. (2014) identified (i) specific-situational deterrence with the use of violence to scare an individual in the proximity; (ii) specific –permeating deterrence scaring an individual into compliance from a distance; and (iii), comprehensive deterrence which linked to specific, general, situational and permeating deterrence (p. 660). The different deterrents illustrated different predators of drug dealers whereas the present findings highlight the role of 'seller' and 'predator' can be the same person. Drug dealing necessitates retaliation and self-policing without intervention from third parties due to the criminality and avoidance of arrest (e.g., Hobbs, 2013; Jacobs, 1999, 2000; Jacobs & Wright, 2006). Gang members are considered more

vulnerable to targeting and revenge because they exist outside conventional society and their backgrounds are often neglectful and abusive (Vigil, 1998).

The lack of opportunity to engage in revenge directed at the original transgressor (e.g., due to their own incarceration or the death of the transgressor) was a cause for substantial regret in the present study. Such regret can be accompanied by counterfactual thinking[13] (Miller & Taylor, 1995) where revenge becomes perceived as a missed opportunity. When this occurs in everyday life, it can pertain to situations where individuals could have made different choices in their relationships, careers, parenting and finance (Landman, 1987). In criminal justice and forensic mental health systems, regret may relate to remorse for harm caused or conversely for being caught and convicted. In societies that value self-actualization and achievement, regret can occur for action and inaction; however, Gilovich and Medvec (1995) found that over time, it is inaction where the most regret lies. Gilovich, Wang, Regan and Nishina (2003) explored cross-cultural differences in the experience of regret. Two kinds of regret are identified: (i) the consequences of one's behaviour with an intent to undo a negative action; and (ii) the sorrow, disappointment, and sympathy, applied to the self or others but not always with the intent to undo the behaviour (Gilovich, et al., 2003). Regret can further broaden in severity from minor to extreme while being associated with emotional experience, for example: (i) regret with anger; (ii) regret with sorrow; and (iii) regret with guilt. Gilovich, et al. (2003) identified that between 69-79% of regrets identified in their research were related to self-interest rather than being other-oriented.

[13] Counterfactual thinking can occur once an event has happened and result in an individual thinking 'What if?' in an attempt to consider alternative courses of action (Miller & Taylor, 1995).

An individual's concept of justice forms a further aspect of engagement in revenge. In offences where an identified 'perpetrator' dies at the scene, e.g., in the case of homicide-suicide in domestic abuse (Milroy, 1998) or terrorist attacks, the immediate opportunity for direct revenge is removed, enabling grief and loss to occur (Boelen, van Denderen & de Keijser, 2016; van Denderen, Keijser, Gerlsma, Huisman & Boelen, 2014). When revenge has not been possible or is diluted, the challenge of gaining closure is greater and can develop into an all-pervading rumination.

Revenge is often considered an act equal to the original transgression (Bone & Raihani, 2015). However, it is unclear whether it is the act of revenge or the need for the act to be acknowledged as revenge (Gollwitzer & Denzler, 2009), that is important. The vicarious gratification of observing revenge occurring from a distance, i.e., vicarious retribution (Lickel, Miller, Stenstrom, Denson & Schmader, 2006), has not been associated with positive emotional responses, however, personally enacting revenge and receiving an acknowledgement enhanced reported gratification (Funk, McGeer & Gollwitzer, 2014). Sjöström and Gollwitzer (2014) investigated the extent to which the displacement of revenge can result in feelings of justice, especially in cases where the target belongs to a highly entitative group, that is, they belong to a perceived 'group' which symbolizes something meaningful. Entitativity based on superficial similarities can fuel hate crimes which emanate from events such as terrorist attacks (Morgan, Wisneski & Skitka, 2011) or indeed any event where a group of individuals are perceived to be responsible (c.f.: the individual characteristics of the transgressor).

In the present study, the identification of targets that represented the original transgressor resulted in acts of revenge occurring, however, Konecni and Doob (1972) argued that this option was variously satisfying in providing a cathartic release but lacked

closure because it failed to respond in full to the underlying emotional impact of the original victimization. Sjöström and Gollwitzer (2014) describe displaced revenge as *'retributive reactions toward a prior transgression that are not directed against the original transgressor(s), but rather against uninvolved targets'* (p. 192). However, the extension of the visceral indulgence identified in revenge fantasy into the act of revenge can also be considered. This may manifest through extreme gratuitous harm toward others including torture and other sadistic acts (e.g., Kuzendorf, et al. 2005). Much of the interpretation of criminal sadism has been in the context of sexually sadistic acts including homicide (e.g., Baumeister & Campbell, 1999; Hazelwood, Dietz & Warren, 1992; Hill, Habermann, Berner & Briken, 2006), despite there being a broader range of non-sexual acts within the remit of torture and absolute control (Kenrick & Sheets, 1993; Kerr, Beech & Murphy, 2013; Knoll & Hazelwood, 2009). The needs met through engaging in torture and humiliation in the act of revenge ultimately appears to mirror closely the perception of the personal experience: *'The intense rage… may be a mirror of the horror suffered in childhood. This rage reflects an intense hatred bred in childhood and which can now be targeted on victims'* (Egger, 1998, p. 29). Hence there is a need to exert control, power and domination over others using methods which extend into torture, humiliation and degradation – this can commence in childhood and result in a range of harmful behaviours (Miller, 2014a; 2014b). One of the most insightful views of extreme sadism was gained directly from perpetrator accounts of violent men, where 6% of the sample reported deriving pleasure from harming or bullying others and actively engaging in unfair, unmerciful, and violent acts (Toch, 1993). The knowledge in regard of 'victims' who subsequently develop sadistic and torturous revenge-oriented thoughts, fantasies or behaviour is largely neglected and remains an area for further investigation.

2.4.5 Validation of the Model

The grounded theory model was developed primarily from the firsthand experiences of the research participants (e.g., as Experts by Experience). The emphasis was to create a model which would be readily accessible to a range of applied forensic practitioners, including but not limited to, psychologists. The preliminary model followed the analysis of the interview data (n=18) and file reviews, and further discussions with participants (n=15) to enable feedback. Participants were contacted and asked whether they still consented to discuss the outcome of the research. Participants were all provided with a copy of the model presented in Figure 2.1 and the detail was explained to them from the 'Creation and Experience of Vulnerability' to 'Regaining Control' and Entitled to Punish' and then finally, the 'Evolution of Revenge'.

Participant discussions of the model were informal and non-attributable anonymous notes were made from comments they provided. It was apparent the model resonated with the experiences of participants and the interviews had enabled the sharing of past fears, vulnerability, pain, loss and humiliation. Although difficult, participants appreciated the opportunity to speak about challenges they had experienced. In validating the model, the impact of traumatic events and the subsequent development of PTSD symptomology was discussed by participants in regard of their use of revenge fantasy to stop / prevent flashbacks. This provided participants with some level of control over their mindset and environment and it was additionally apparent that such use of fantasy, when combined with diagnoses of severe personality disorders, resulted in a capacity to act out. This was especially relevant for those whose histories included severe and multiple sources of abuse over time by multiple perpetrators. This had resulted in more intrusive thoughts about revenge and greater use of fantasy.

During the discussions, the model was altered for clarity of content, for example, fantasy was initially interpreted as reducing the frequency of flashbacks and rather than being perceived as beneficial in stopping or reducing flashbacks. In speaking about the relevance of the model and its capacity to explain revenge, one participant stated *"This is my life on a piece of paper. I don't know whether to cry or to be angry."* The responses across the cohort were that the model was characteristic of personal experiences of victimization, the corresponding psychological processes and their own engagement in acts of revenge. Participants expressed a greater level of insight in regard of their own acts of revenge, for example, one participant commented, *'Looking at the model, I can see how much harm I have caused to others and how I badly I coped with my own experience of being a victim'.* Another participant stated, *'I always thought revenge was about getting directly back at others but now I can see there is much more to it and how much devastation I have caused'.* Participants observed that acts of harm constituting revenge were not always directed at the original transgressor and instead resulted in a wider ripple effect than a one-off event. Therefore, the model appeared to act as a mechanism or tool that could enable a bigger picture to be visualised and had the potential to support and validate client past experienced when completing offending behaviour work.

The content of participant file information further informed the development of the model to ensure a user-friendly approach that related to victimization and revenge but also the psychological processes involved. The model was also designed to be accessible to future clients, across practitioner disciplines, and for use within multi-agency and multi-disciplinary working and that the content was salient to collaborative

working with forensic clients in secure and community settings – this is discussed further in Chapter Six.

2.5 Discussion

This study adopted a person-centred perspective to develop a meaningful and clinically relevant model for practitioners working with clients across clinical and forensic settings. The research interviews identified several areas for discussion in regard of the role of childhood adversity, victimization and the ongoing experience of residual trauma symptoms. Further, the use of fantasy and the impact of enhanced masculine beliefs and behaviours as applied to thoughts, feelings and actions of revenge were considered. This was in line with the extant literature and theory.

2.5.1 Implications

The importance of enabling the voices of males, who have committed revenge-oriented acts, to be heard in an uncontaminated manner was core to the methodology of this study. As such, the implications of these findings and the resulting model outline the requirement for greater awareness and an acknowledgement of the vulnerability in males. This is especially in regard of the emotional and psychological damage of long-term invasive victimization (e.g., sexual abuse, bullying and authoritarian parenting through physical aggression) and broader adverse childhood events. It is apparent from the findings that revenge does not exist solely as a response to a one-off transgression. The myriad precursor events that inform the development of a revenge orientation appear to create in an individual a seed that grows over time into a justified and entitled world view to respond to earlier and current powerlessness and vulnerability. The time

between adverse events and action was dependent on the development of psychological and / or physical resilience (from childhood to adulthood) and the creation of a revenge-oriented mindset.

The ongoing need for individuals to disguise powerless and vulnerability through hypermasculinity and invincibility remains a challenge in the context of secure forensic and community settings. The context of group therapeutic interventions creates a clash between the need for psychological protection and the importance of developing a meaningful understanding of problematic schemas and behaviour. Appropriately validating the legitimate grievances of men in regard of the psychological impact of their past experiences is critical to their healing and risk reduction.

The challenge of capturing the content of revenge fantasy in forensic clients remains significant. Although fantasy has been identified as a coping mechanism within the constraints of managing traumatic memories and trigger events, this ultimately has the potential to fuel rumination and grievance thinking, especially when combined with risk enhancing factors including emotional instability and low resilience to stress. Implications for risk assessment remain present, particularly when considering the progression of individuals from secure settings into the community and corresponding public protection.

Knowledge of the trajectory of revenge from childhood and adolescence was illustrated in this study and it is apparent that the capacity for harm toward others develops in parallel with problematic personality characteristics – notably in relation to maladaptive attachment, inconsistency in relationships (the inability to predict behaviour in others), trust, emotional coping and regulation. This highlights the need for early interventions which encompass knowledge of child and adolescent mental health in

addition to the responses to trauma and implications for future harm. In the criminal justice system, the model has potential relevance for serious offending (e.g., arson, sexual offending and violent offending) and for offences underpinned by extremist or deviant belief systems (e.g., hate / terrorism offences and extreme sadism and torture).

2.5.2 Limitations

The choice of methodology was core to the approach taken. Although a time consuming and immersive experience, the process of engaging directly with males who have committed multiple extreme acts of harm was paramount for informing the theoretical model. It is acknowledged that such an approach negated consideration of the higher end of the spectrum of 'Levels of Scientific Evidence' for medical and healthcare research (Harbour & Miller, 2001) and therefore fits into Grade IV evidence most appropriately. It is suggested that the lived experiences of participants would meet the criteria 'Experts by Experience' (e.g., Care Quality Commission, 2016), that is, individuals who have first-hand knowledge of the phenomenon under investigation.

In forensic mental health and prison settings, psychological approaches to research need to consider an array of complexities that inhibit the capacity to place participants into conveniently controlled conditions for comparison. This can ignore critical individual differences, requiring an awareness of realist versus empiricist approaches. Although the potential contribution of this work to the related scientific field might be perceived in regard of 'evidence' as negligible, the richness of the findings and the involvement of participants to the understanding of revenge is significant. Using a collaborative approach for the development of models for use in practice further assists the likely 'buy in' from future clients. The research in this chapter highlights the

importance of scientific investigations into the realities of individuals' lives that have been long neglected, rejected, abandoned and unheard – voices imparting genuine and sometimes visceral memories and actions which have defined their life.

A potential limitation of the present study was whether the confining nature of discussions of offending behaviour in the context of a secure forensic mental health setting impacted on the value of discussions. Although the boundaries of confidentiality were discussed prior to commencing interviews, it was possible that participants were partially inhibited in their discussions and may have elaborated further were there not implications for disclosing acts of revenge that were not 'officially' known. Within those limitations, the content was considered an accurate and realistic reflection of experiences, however, diagnoses of personality disorders / psychopathy and extensive criminal histories may create concerns about the veracity of content. There was no identified, overt instrumental gain that would warrant participants altering the truth aside from possible exaggeration the experiences shared. The concept of truth was considered in terms of the representativeness to wider populations within secure and community forensic settings.

The interviews focused on individuals with personality disorders who had committed revenge-oriented acts highlighted the likely prevalence of similar accounts from a comparable prison sample. However, as much as it is assumed that there may be overlap between forensic mental health and prison samples, the present sample was recruited from one site, which may also limit the generalisation to other samples of forensic mental health clients. It is argued that the common denominator for the present study was personality disorder and therefore it is possible to say with increased

confidence that a similar sample would yield such findings. This does, however, remain a consideration for future research.

The present sample was identified in regard of the personal experience of the commission of revenge-oriented acts. Individual discussions took place between the researcher and each of the five RCs who had received the research definition of revenge and asked to identify potential participants from their caseload. It is acknowledged that were the baseline perspective of revenge held by the RCs to differ from the definition provided, this might influence the generalisability of the results. In the discussions held with RCs, all potential participants discussed met the definition of revenge, therefore this is considered to have mitigated the influence of personal views on the identification of potential participants.

The interviewer in this study was an experienced female researcher who was of the peer age group of most participants. This assisted the understanding of the temporal nature of events described (e.g., relating to the context of decades in time). It is thought possible that the participants' chosen discussion and the interviewer's subsequent interpretation may have been different from a male perspective. Although it is not possible to identify whether this could have occurred, it was noted that participants were seemingly comfortable disclosing their historic and current vulnerabilities and identifying the impact on their emotional regulation. Interestingly, all discussed content of revenge-oriented acts focused on physical violence rather than sexual violence (despite a range of sexual offences reported in file contents of some participants). It is possible that revenge was not the identified motive for sexual violence, that participants had not identified revenge and considered their offending as sexually motivated, or that they considered this too sensitive as a discussion area. A further influence of interviewer gender on data

collection was the risk of sexual harm some participants posed meaning they could not engage in a confidential 1 to 1 interview with a female. This highlighted a loss of potentially relevant data which may have enabled a more direct link to the use of sexual violence in revenge but is a factor to be considered in the design of future research with this population.

The presence or absence of a therapeutic alliance and the role of researcher independence was also considered. Participants had no prior interactions with the researcher which enabled an impartial perspective but equally meant rapport had not been built with participants in advance of the interviews. Despite this lack of prior contact, participants engaged well in the discussions and did not appear to feel impeded by the lack of any therapeutic relationship.

The current research focused solely on male experiences of revenge – this was not to negate any female perspective – but due to an acknowledgement of the gender ratio of level of harm and recidivism rates within the criminal justice system. Instead, a case study of a female revenge-oriented arsonist is presented in Chapter Three to explore in more detail the process by which a vengeful perspective can develop. In the present interview research, the inclusion of female participants was not suitable due to the potential sample size which was limited. Initial consultation with practitioners at the research site further identified that the mixed diagnoses of clients with mental illness and / or personality disorder. This reduced the number of potential participants to approach and many did not meet the criteria for revenge. It was therefore decided that it would be difficult to involve enough participants to provide an adequate consideration of gender and how this impacts revenge. This is therefore an area identified for further research

and it is anticipated that a female prison would be a more appropriate establishment for such research to occur.

2.5.3 Future Research

The model of revenge as applicable to male personality disordered offenders, was validated by participants and considered an appropriate representation of their experiences and mindsets. The broader implications illustrate the breadth of considerations in regard of understanding revenge-oriented serious crime. This further impacts the content and focus of treatment intervention and risk assessment in community and secure settings, in addition to the relevance for criminal investigations and identifying considerations for public protection arrangements.

It was not the remit of this research to ascertain the potential characteristics of revenge-oriented offending based on the diagnostic presentations of different personality disorders. However, one area for future research would be to better understand the nature of revenge fantasy and associated acts in individuals experiencing paranoia (via personality disorder or mental illness) and with individuals with diagnoses of Post-Traumatic Stress Disorder (PTSD) emanating from direct victimization and exposure to traumatic events. This would involve the consideration of prisoners and patients who have histories of victimization and trauma. Furthermore, the prevalence of veterans within the prison system and in forensic mental health services further evidences a need to understand fully the impact of trauma and additional factors on any criminal acts.

A challenge that occurs routinely in secure forensic settings is identifying the likely risk of an individual acting on revenge / violent fantasies and the corresponding impact on risk assessments and public protection arrangements. The present research has

generated several areas for further investigation in regard of the role of fantasy and the combination of angry rumination in conjunction with trauma symptomology. Predicting recidivism when fantasy is a component of an offence can result in difficulties in assessing risk, for example, whether a client's use of fantasy mitigates their risk of harm to others or increases it. The role of fantasy within the context of revenge is therefore a critical element of future research.

Gender differences in approaches to revenge across offence types and psychopathology would suggest an extension of the current study to incorporate female perspectives. This would identify the similarities and differences of trajectories into revenge and implications for psychological interventions and assessments.

The focus on revenge in the present study meant the sample was formed of individuals who had engaged in criminal acts as a response to their own perceived or actual victimization. It is hypothesised that the likely differences between personality disordered offenders who are motivated by revenge and those who are not can be understood can assist in risk assessments. This would relate to the core motive for an offence, any alternative options available, the severity of personality disorder, and the nature, severity and extent of past and ongoing victimization. However, this is a future area for consideration in regard of identifying differences in those who engage in acts of revenge and those who do not.

Finally, the present study did not consider the role of the internet in the commission of revenge-oriented acts – all offending behaviour reported by participants occurred in the physical domain. However, the choice to engage in revenge online (overtly or covertly) can parallel physical acts committed. The ever-growing focus on computer mediated methods of accessing and targeting victims emphasises the need to

develop a more robust understanding of such acts. This is especially relevant for individuals with a need for justice or revenge who may align themselves with ideologies that generate a narrative of revenge or hatred against other groups, for example, radicalisation of far right or religious fundamentalism.

2.5.4 Chapter Conclusion

The present chapter has outlined the challenges for males, commencing in early childhood, in regard of a range of adversity and the influence on their perspectives of revenge. A lack of support and safety in childhood, difficult developmental environments in family and community settings, and missed opportunities for safeguarding illustrates significant areas for practitioner intervention when considering revenge. The provision of safety, consistency and appropriate nurturance for children and young people indicates the requirement to protect children from harm. It is apparent from the present findings that practitioner and community child safeguarding is key to such interventions. One of the apparent trajectories of revenge illustrated in this chapter has been in regard of adversity or exposure to traumatic events from early childhood and a wider difficulty in relationships with others. It is apparent that the trajectory of revenge appears to develop over time and can become all encompassing in adolescence and adulthood.

In Chapter Three a case study of a female revenge-oriented arsonist is considered. This presents an intervention involving a schema therapy informed approach to consider difficulties in interpersonal relationships, outlines the importance of developing an individualised formulation while considering the broader evidence base.

Chapter Three

Revenge-Oriented Arson: A Case Study of a Female Mentally Disordered Offender.

3.1 Abstract

This case study considers Ms. A, a 33-year-old female client residing in a secure forensic mental health setting with a complex and enduring set of difficulties relating to interpersonal relationships (familial, intimate, peer and authority). She had attracted a definite diagnosis of emotionally unstable, dissocial and paranoid personality disorders, a probable diagnosis of histrionic personality disorder, a diagnosis of paranoid schizophrenia / drug-induced psychosis, and presented with a history of substance abuse, and criminal convictions including arson (revenge-motivated). The referral related to interpersonal challenges in the development, maintenance, management and endings of personal / intimate relationships. An initial case review outlined dysfunctional and inconsistent family dynamics (parents and younger siblings), adverse childhood experiences, and problems in extra-familial relationships manifesting from late adolescence. In addition, consideration was given to attachment; birth order, dethronement and sibling rivalry; dual-cultural influences and clashes (British Indian); honour, shame, gender and ostracization; and broader childhood adversity and trauma.

The objective of the intervention was to increase Ms. A's insight into the origins of her difficulties, including the function of her offending. This used a Schema Therapy informed approach (Young, Klosko & Weishaar, 2003) to explore Early Maladaptive Schemas (EMSs), schema modes and the development of alternative interpersonal

behavioural options. The Young Schema Questionnaire (YSQ – L3; Young & Brown, 2003), the Young Parenting Inventory (Young, 2003), the Vengeance Scale (Stuckless & Goranson, 1992), and the Transgression-Related Interpersonal Motivation scale (McCullough, Root & Cohen, 2006) were administered. The case review and psychometric assessment informed the formulation of Ms. A's difficulties (Weerakeseera, 1993; 1996). The intervention was conducted in four phases: (i) Initial exploration (e.g., early difficulties, EMSs and schema modes); (ii) Family dynamics and ongoing difficulties; (iii) Relational dynamics and schema modes; and (iv) Integration and ending. Treatment efficacy was monitored via patient engagement, incident reports, and changes in relationship dynamics over time including use of the relational security model (Department of Health, 2010). Clinical observations of maladaptive schemas and the development of a therapeutic alliance are discussed as part of the evaluation of the intervention prior to follow-up practitioner recommendations being suggested.

3.2 Referral

3.2.1 Service Context

The model for women in secure care employed a gender-based service delivery which ensures the provision of care for female service users is responsive to their needs (Travers, 2006). Covington and Bloom (2008) in their 'Gender-Responsive Program Assessment Tool', identified service characteristics that enabled gender responsivity for females, responded to their strengths and challenges, influenced the development of programmes, content and materials, and reflected a tailored understanding of this group. In regard of females with diagnoses of personality disorder, tailoring service delivery for service users supports the management of strong feelings and beliefs about themselves

(e.g., reducing incidents of self-injury, suicide) and others (e.g. harm to others) while acknowledging the ongoing influence of trauma (Logan & Taylor, 2017).

The service used an integrated treatment approach which was tailored primarily for clients diagnosed with personality disorder (Livesley, 2003; 2007; 2012) and treatment stages were tailored and completed in a sequential manner. This enhanced the management and integration of multi-disciplinary professions, considered the potential for 'lapses' during the process of change and the degree of client responsivity (Shaw & Lawday, 2016). The five phases of change were designed and evaluated within a medium and enhanced medium secure service (Shaw & Lawday, 2016). The treatment model incorporated three core elements tailored to the needs of female clients at any specific phase – these were (i) the provision of structured day / therapy services; (ii) individual therapeutic work; and (iii) group intervention programmes. These phases were:

(i) **Safety** (pre-treatment orientation, commitment to treatment, emphasis on safety of self and others) – this incorporated self-harm care plans, personal statements and the use of ICU during crisis periods;

(ii) **Containment** (containing and settling unstable emotions and impulses, relief from distress and laying foundation for further treatment – primarily offered through an enabling environment, consistent approach to ward culture and structured day) – this included a focus on mindfulness, sensory and wellbeing sessions;

(iii) **Control and Regulation** (reducing post-traumatic stress, crisis resolution and increasing stability, increased rapport and therapeutic alliances, reduction of symptoms by increasing emotion and impulse control and promoting reflection);

(iv) **Exploration and Change** (Increasing self-respect and post-traumatic growth, exploring and changing cognitive-emotional structured underlying symptoms and

problems, progression following distress tolerance to manage emotional impact of exploration and change) – incorporates index offence work, ongoing trauma work and established group intervention programmes including substance misuse and arson;

(v) **Integration and Synthesis** (achieving individual goals, establishing a sense of identity and more coherent sense of self, embedding new processes and structures, increasing capacity for self-directedness).

On commencing the intervention, Ms. A was in the Exploration and Change stage and it was anticipated by her clinical team that a planned move to a low secure environment would allow the final stage to occur. Livesley's principles of therapeutic change were additionally considered: (i) delineate the frame of therapy by defining the therapeutic stance and establish an explicit treatment contract; (ii) establish and maintain a collaborative treatment alliance; (iii) maintain a consistent treatment process; (iv) build motivation to change; and (v) promote self-observation and self-reflection (Livesley, 2012, p. 28). A therapeutic contract was developed collaboratively with Ms. A prior to the assessment and intervention sessions commencing. This involved discussion (and the provision of a written contract) about the frequency and duration of sessions, an explanation of the treatment approach and a focus on the psychologist's contributions and boundaries of the work (Critchfield & Benjamin, 2006).

3.2.2 Request for psychological intervention

The request for an individual psychological intervention was received from the multi-disciplinary clinical team in regard of Ms. A who had recently completed an arson

prevention intervention programme. One key aspect of Ms. A's offending history related to her challenges in developing, maintaining and ending personal / intimate relationships and her need to punish those perceived as competing against or bullying her. In hospital, further difficulties had been observed in her interactions with staff, conforming to rules in the ward environment and managing her behaviour (aggression and dominance) with peers. Ms. A had become increasingly fixated on a male member of ward staff and was verbally hostile and threatening to peers when they legitimately spent time with him (e.g., a named nurse session). She was additionally observed to be developing a heightened focus on an older male treatment group facilitator and had reduced her contact with female staff. These difficulties had impacted on relational security and ward climate and paralleled the antecedents to her index offence of arson and a previous incident where she assaulted a female peer at a previous secure placement.

3.2.3 Review and Initial Hypotheses

The case file review comprised recent and previous psychiatric, nursing, social work and psychology reports, criminal history and institutional incident reports during the previous four years (since admission). It was observed that a considerable proportion of Ms. A's childhood and early adolescence (prior to her formal involvement with services) had not been captured in any significant detail in reports. Instead, there was an emphasis placed on her having had an 'uneventful childhood' despite her diagnoses and interpersonal presentation. A fuller exploration of Ms. A's family history and interpersonal dynamics formed part of the initial assessment, focusing on the relevance of early experiences in childhood / adolescence on Ms. A's subsequent intimate relationships. Early experiences had relevance in regard of her difficulties in historic and

current personal relationships, her history of substance abuse and revenge-oriented acts resulting in violence and fire-setting. Ms. A's early and ongoing relationships with her parents and siblings were identified as core to difficulties with others, ultimately providing the focus for tailored therapeutic intervention.

3.3 Client History

3.3.1 Childhood (including parental and sibling relationships)

Ms. A described as her first toy as a painting her father commissioned of her as a baby when she turned one year old. At 3-4 years, Ms. A recalled living with her parents and visiting extended family nearby to play with her cousins. Ms. A described an incident where she had gone against her father's wishes – on collecting her from the cousin's home, she recalled him being 'enraged' and hitting her face which cut open her mouth. On starting primary school at 6 years, Ms. A struggled the separation from her mother and this also coincided with the birth of the first of her three siblings.

Between the ages of 8 and 12 years, Ms. A described her father being made redundant, discord between her parents and extended family who were 'at war', and her father ostracized other families resulting in their greater insularity. Around that time, Ms. A became aware her father was diagnosed with paranoid schizophrenia, describing him as unpredictable in the home with increased expressions of anger and violence. Between the age of 6 and 12 years, Ms. A's three siblings were born with two years separating them. Ms. A was increasingly expected to care for her sublings, including her baby sister and described being frequently blamed for anything that 'went wrong', including occasions when her siblings 'misbehaved'.

3.3.2 Schooling

Ms. A reported significant difficulties at school because her progress was routinely interrupted by time 'off sick' supporting her mother in parenting duties. Other problems related to her relationships with peers, experiencing bullying for being 'different', and struggling with the culture clash between the strict rules and expectations at home and her observations of White-British children whom she felt had more freedom. As a teenager, Ms. A would take different clothes and make-up to school in a bag and change when she arrived. She reported this helped her to fit in and she felt self-conscious about her culture and ethnicity. Ms. A reversed the process after school to look appropriate on her arrival home. She subsequently started to truant and spent time with peers drinking alcohol and taking drugs. Ms. A reported uncertainty as to her father's mood an when returning from school, she would wait in her bedroom until she had determined whether he was angry or aggressive.

3.3.3 Intimate Relationships

Ms. A reported her first romantic encounter occurring at 15 years which lasted a day. She described feelings of uncertainty and anxiousness around boys but when intoxicated, she had the courage to speak to them. However, Ms. A reported alopecia which hugely impacted her self-confidence and compared with her peers, she had much less sexual experience. From her late teens onwards, Ms. A had multiple one-night stands when she was out in pubs and clubs drinking. She described being attracted to older males and enjoying the attention. However, she further reported that the following day, having 'gone to bed' with a male, she would feel unloved, empty and low. On one occasion, she described commencing a casual relationship of 'friends with benefits' with a

male, however, he moved on and met someone else. Ms. A struggled with the ending of this 'relationship' and reported following the male without his knowledge. On one occasion reported she climbed through the window of his house in the night to go to bed with him. On arriving at his flat, she recalled being asked to leave although the police were not informed. Ms. A stated she felt angry he was no longer interested in her and felt she wanted to get back at him in some way.

During her time in hospital, Ms. A commenced a relationship with a male patient with whom she exchanged letters, however, this became exploitative when she was routinely being asked for money. Ms. A described the relationship as intimate and the content of the letters as being the most she had ever been able to express of herself to another male. The relationship ended following intervention from the clinical team and the male stopped any further contact.

Within the secure environment, Ms. A was reported by male staff to be sexually provocative toward them while hostile to her female peers if they received more attention than her. In a previous secure environment, perceived competition for the attention of older male staff had resulted in Ms. A assaulting a peer.

3.3.4 Substance Misuse

At the age of 8 years, Ms. A reported starting to 'meddle' in her parents' prescription medications and alcohol – this involved taking painkillers and consuming alcohol that was in the home. Initially, Ms. A described her use of substances as minimal because she did not want to be caught. However, as her difficulties increased in the home and at school, she drank alcohol routinely while also sourcing this from older peers at school. Ms. A described her substance misuse as being caused by her 'addictive

personality' and throughout her mid-teens until her arrest at 25 years for the index offence, she described substances 'taking the edge off'. She reported routinely being 'out of it' and using this to cope with overwhelming thoughts and emotional states. In the secure forensic mental health environment, Ms. A would engage in substance paralleling behaviours when she had difficulty coping, consuming increased levels of caffeine and sugar, and requesting PRN medication (*'pro re nata'* – as required).

3.3.5 Psychiatric History

At 14-15 years, Ms. A reportedly took her first overdose with paracetamol tablets, started to harm herself by cutting (self-injury) and ran away from the family home. She was briefly placed in foster care, but this was unsuccessful because she struggled to fit into the unfamiliar environment with peers (other foster children), engaged in boundary pushing and continued to overdose on medication, some requiring intervention at Accident and Emergency. Ms. A was seen by a Consultant Child and Adolescent Psychiatrist and when aged 16 years, was admitted to a residential Child and Adolescent Mental Health Services (CAMHS) unit and investigated for substance misuse problems. At this time, there was no evidence of mental illness, but it was recorded that Ms. A had problem drinking and associated malnutrition difficulties. At the age of 17 years, Ms. A was admitted to a psychiatric hospital with paranoid ideation and treated with an antipsychotic and mood stabiliser. At this time, no definite diagnosis was made but she was assessed as suffering from either drug-induced psychosis or schizophrenia.

During her late teens and twenties, Ms. A's behaviour and mental health deteriorated further. She was heavily involved in substance misuse, involved in petty crime and frequently stayed out out overnight with no explanation which resulted in her

father throwing her out of the family home and ostracizing her entirely, refusing any further contact. Ms. A struggled to come to terms with the enforced separation from her family and especially her father. Following the conviction for her index offence, Ms. A attracted a definite diagnosis of emotionally unstable, dissocial and paranoid personality disorders, a probable diagnosis of histrionic personality disorder, and a diagnosis of paranoid schizophrenia / drug-induced psychosis.

3.3.6 Forensic History

Ms. A had received convictions for fraud, theft and possession of cannabis during her late teen years. In addition, she had a pattern of behaviour resulting in verbal or physical altercations when intoxicated in bars and public houses which had sometimes resulted in the police attending. Although these incidents had not resulted in formal charges, Ms. A reported her difficulty with authority, particularly the police, feeling controlled by them. At 20 years, she was convicted of arson (being reckless as to whether life would be endangered) and received a thirty-month prison sentence. The offence occurred in the context of difficulties with neighbours whom she considered were 'ganging up and harassing her'. Angered by how she was treated, Ms. A set fire on the landing between her flat and her neighbours with the intention of destruction and wanting to "make people notice and consider me".

At 25 years, Ms. A was convicted of her index offence, attempted arson (being reckless as to whether life would be endangered). In the time prior to the index offence, Ms. A was routinely shoplifting, drinking heavily and frequenting pubs. She recalled routine use of amphetamine and sporadic use of marijuana, cocaine, heroin and ecstasy. On the day of the index offence, Ms. A had an argument with a friend; both she and her

friend were under the influence of amphetamines at the time. They parted and Ms. A continued to drink and ruminate on the argument – while in a public house, she further perceived customers to be making racist remarks and staring at her. She then had an altercation with the landlady over a male and on leaving, Ms. A took an aerosol can and lit the spray to form what she described as a "flame thrower". She sprayed the door of the pub with the can and tried to fashion a Molotov cocktail from a bottle of surgical spirit. These events were witnessed by customers in the public house, police were called, and she was arrested.

The nature of the two fire-setting offences were revenge-oriented, stemming from the interpersonal difficulties Ms. A was having and associated feelings of anger. Ms. A reported setting the fires she couldn't get people to listen to her any other way, wanted to feel more in control, and because it was the only way to get back at those who had angered or victimized her. Immediately prior to setting the fire(s) Ms. A had consumed alcohol and used illicit substances (cannabis), and although both fires were unplanned, she had been ruminating about the targets of the arson and how to get back at them. In terms of the feelings and thoughts prior to these offences, Ms. A described feeling angry, depressed, frightened, paranoid, desperate, confused and ignored, and hoped setting the fires would make her feel better. After setting the fires, Ms. A reported a mixture of feelings including disappointment, excitement, anger, depression, feeling scared, paranoid, desperate, lonely and confused. She reported her frustration that the *"flames weren't big enough"* and that the fire it *"didn't take hold"* as much as she had hoped. Ms. A reported that the best thing about the fire was that it made *"me feel powerful and in control"*, and that she set the fires because she was *"provoked / harassed"*.

3.3.7 Prior Treatment Interventions

Prior to the present intervention, Ms. A had completed interventions focusing on self-injury, substance misuse, self-esteem and paranoia, arson treatment, and mental health awareness. She struggled with the presence of peers in group work, engaging in several Therapy-Interfering Behaviours (TIBs; Chapman & Rosenthal, 2016). These were observed during the arson treatment programme where Ms. A requested to complete the content on an individual basis so that sessions could be tailored to her needs. Ms. A additionally reported greater intelligent than her peers and did not want to have to work at a slower pace. When this was refused, Ms. A became resentful toward facilitators and attempted to challenge the rules of the group. It was further reported that Ms. A struggled to take direction, negotiate or compromise with facilitators, presenting as verbally challenging and disruptive. Ultimately, following difficulties on the ward with peers from the arson group, the clinical team allowed Ms. A to complete the sessions on a 1 to 1 basis.

3.4 Relevant Client Considerations

The review of Ms. A's history illustrated several difficulties relevant to interpersonal relationships. In particular, Ms. A's forensic and psychiatric history appeared to be influenced by a number of factors commencing in childhood and continuing into adolescence. These were: (i) attachment; (ii) birth order, dethronement and sibling rivalry; (iii) dual-cultural influences and clashes (British Indian); (iv) honour, shame, gender and ostracization; and (vi) broader childhood adversity and trauma.

3.4.1 Attachment

As a child, Ms. A appeared to have developed an insecure-avoidant attachment style[14] (see Ainsworth & Bell, 1969; 1970) where she became independent and did not seek out the presence of either parent for comfort and support. It was apparent that from an early age, she had to become emotionally and physically independent from primary attachment figures. This was influenced by the authoritarian paternal parenting style and the correspondingly avoidant, emotionally neglectful maternal relationship (Benoit, 2004). Ms. A recalled little expressed affection in the form of open lovingness at home. Ms. A's mother, who reportedly had minimal influence on matters in the home, struggled to speak English. It was hypothesised the lack of affection and parental warmth resulted in an increased need for Ms. A to seek intimacy, comfort and love through methods of 'self-soothing' via substance misuse and impersonal sexual interactions during adolescence and into adulthood. It was additionally apparent that Ms. A frequently perceived a rejection of her needs and a lack of support during times of emotional distress (Ainsworth & Bell, 1970; Behrens, Hesse & Martin, 2007).

Ms. A's adult attachment style appeared to alter between Fearful and Pre-occupied according to the Bartholomew four-category model of adult attachment (Bartholomew & Howowitz, 1991). When fearful, Ms. A was afraid of intimacy and rejection, experienced low self-worth, and high emotional reactivity, whereas in the Pre-occupied mode she was highly focused on relationships but remained emotionally reactive (Ma, 2006, p. 443). Adult attachment patterns are relevant to the process of

[14] Insecure-avoidant attachment was identified by Ainsworth and Bell (1969; 1970) in the Strange Situation Experiment. This attachment style describes children who are observed to avoid seeking proximity to the caregiver and appear to exhibit reduced separation anxiety and difficulties around strangers (i.e., those who are not their caregivers).

psychotherapy (Daniel, 2011) and Ms. A's interpersonal dynamics were considered during this intervention (e.g., ward staff, other clinical practitioners, peers and with psychology).

3.4.2 Birth Order, Dethronement and Sibling Rivalry

The influence of birth order on personality development and sibling rivalry can explain different outcomes for first-born children and the subsequent influence of siblings (Lawson & Mace, 2010). Adler (1928) argued the first-born child follows one of two pathways – one leading to dethronement or the other leading them to be a single child.

The term 'dethronement' describes the experience and perspective of a first-born child when their 'throne' is effectively removed following the birth of a sibling. Until then, they are largely central to family events and unaware of any future need to share or compete for the attention of their parents. Hence the eldest child can feel a draught when they experience reduced parental attention. Dethronement can be especially prominent in the months post-birth when the new sibling/s naturally requires increased levels of care. The greater the age of the first-born at the time of the 'dethronement', the greater the likely impact the birth and ongoing presence of a sibling is. The extent to which a first-born continues to remain central to their parents' attention, and if not, whether they can cope with the transition in family dynamics is important to identify. This can result in difficulties manifesting elsewhere (e.g., with peers).

Following the birth of her brother, Ms. A reported he became the primary focus of her parents' attention. It was apparent from Ms. A's behaviour that she had experienced 'dethronement' – two instances highlighted cause for concern. First, Ms. A recalled dropping her brother head first onto the floor when he was a baby and although she had claimed this was accidental, she reported her father had 'gone mad'. Secondly, Ms. A

recalled an occasion when her 2-year-old brother was asleep, where she had placed bedding over her brother's mouth and nose, her parents concluding she had done this purposely to harm him. Ms. A described her behaviour as an attempt to gain attention from her father, albeit via negative means.

The advantage of being a later-born child was highlighted for mental health outcomes (Lawson & Mace, 2010), with the presence of younger siblings negatively influencing the emotional and conduct difficulties of the elder child. However, it has also been argued that later born children are the more disadvantaged due to lower parental investment (Price, 2008) and poorer educational achievement and physical health (Kristensen & Bjerkedal, 2007). In regard of Ms. A, she reported that any parental focus was on her siblings while she performed the function of caregiver. The challenges Ms. A experienced following her brother's birth indicated a deep loss of her centrality within the family which was exacerbated still further with the addition of two more siblings. Ms. A's strong need to regain her own position of status and dominance was critical for her own mental health and influenced her interpersonal interactions.

The difficulties Ms. A experienced with her siblings were primarily focused toward her brother with whom she perceived the most competition to succeed. Her early childhood altered permanently following the birth of her siblings, and as discussed previously, Ms. A did not welcome the presence of other children in the home. Although sibling rivalry is common, it is helpful to consider the developmental, familial and sociocultural conditions, in which it can emerge (Carter & Volkmar, 1992). The individual experiences of siblings are shaped by interacting, dynamic influences (Brody, Stoneman & Burke, 1987) which involve the mutual relationships between parents and children, the developmental capabilities of children and their individual characteristics, such as their

temperament. The quality of the parental relationship a child is further considered to influence the way in which siblings interact (Brody, 1998) and further associated with attachment and social learning theory (Buhrmester & Furman, 1990). These ongoing sibling difficulties were explored with Ms. A to consider influences on her broader interpersonal interactions.

3.4.3 Dual-Cultural Influences (British-Indian)

Ms. A was British Indian, her parents having moved from India a few years prior to her birth and were traditional Gudjarati family. At home she followed strict traditions while at school she was surrounded by White British majority peers. This resulted in a substantial clash between the generational traditional values (i.e., Ms. A's parent's expectations for their eldest daughter to have an arranged marriage) conflicting with Ms. A's progressive and individualistic goals for achievement and status within her family (e.g., a traditionally masculine role). In addition, following the birth of her brother, the cultural importance to her parents of having a son resulted in a greater vacuum of perceived attention and love felt by Ms. A. The experience of dethronement was enhanced due to her lower perceived status and the prioritization of the new baby.

Despite the parental and cultural influences on preparing Ms. A for an arranged marriage and becoming a 'good wife and mother', this was not role-modelled in the home. Ms. A's mother struggled in a British culture, spoke minimal English and communicated to her daughter solely in Gujarat. This can be indicative of a dependency on family (especially males) that women experience when they are unable to integrate effectively in British society, may not understand their rights, and feel disempowered and unheard (Muslim Women's Network UK, 2017).

Ms. A's mother required additional support within the home due to her social isolation, language barriers preventing her accessing services, a lack of support network, her husband's employment difficulties and untreated paranoid schizophrenia, and victimization through domestic abuse perpetrated by Ms. A's husband. Ms. A's ostracization from her own family was because she was thought a 'bad daughter' who had brought shame on the family. Despite this, her father was held in high regard from afar and received Ms. A's respect and adulation.

3.4.4 Honour, Shame, Gender and Ostracization

The ostracization of Ms. A occurred in multiple ways, starting with her own and extended family creating an insularity and decreasing any potential for external support. The mechanisms supporting shunning and isolation appear bound within the wider culture and values influencing such decisions. The gender role expectations in Ms. A's family supported a patriarchal perspective that any male children should be celebrated, supported and be successful, whereas females were destined for marriage and motherhood.

One aspect that contributes to difficulties young Asian women can experience are their multiple identities as Female, British, Asian, and in the case of Ms. A, Hindu. Although such identities are interlinked, they can also clash with the wish to fit into multiple groups and avoiding restrictions on embracing British culture (Nesbitt, 1998). Bhardwaj (2001) highlighted that suicide and self-injury rates of Asian women aged 15-35 years growing up in the UK are two to three times higher than their white, African or Caribbean peers. It is argued that the reduced power and control young Asian women perceive they have can be closely connected with self-injury to regain some semblance of

personal control. The oppression of females can manifest in the actions of parents, family and the community and has been expressed through violence and abuse and ensuring a lack of autonomy (Nesbitt, 1998). The emphasis on parental control of daughters is especially considered to pre-empt potential disgrace and to curb independence.

It has been argued that the *'key dynamics embedded in Asian culture preclude female activity in criminal or deviant spheres'* (Toor, 2009, p. 241). This is inextricably linked to concepts of *'izzat'*[15] (family honour, respect and pride), *'sharam'* (bringing shame upon one's self or family), and *'bizati'* (dishonour) which puts the obligation on females to behave in a manner that will avoid undermining family honour. It is beholden on the females of communities to uphold *izzat* (Johal, 2003) while remaining the property of any males within the family. Certain conduct by females can be damaging to *izzat*, including defiance of parental authority in sight of the community and becoming too 'Western' as illustrated by clothing, behaviour or inappropriate activities. Further, engagement in any sexual behaviour or relationship prior to marriage, using alcohol or drugs, and becoming the object of gossip is also forbidden (Brandon & Hafez, 2008). The emphasis on shame and dishonour when acts of females become more widely known within the community / public domain are to be avoided at all cost. Hiding difficulties 'behind closed doors' becomes emphasised to a greater extent due to the potential damage or disrepute brought on the social standing and male head of the family (Toor, 2009).

The broader impact of any female indiscretions considered criminality is seen as 'doubly deviant' (Heidensohn, 1996). The solutions to manage the negative implications

[15] *Izzat* has its origins in Urdu language and for Hindi and Gujurati speakers, the equivalent term would be *'Iajjaa'* or *'Iaaj'* (Soni, 2010).

of female behaviour can be to control the situation through the increased use of honour-based outcomes including forced marriage, domestic abuse, honour killing or complete ostracism from the family and community (Williams & Nida, 2011). Such actions can result in female destitution and accompanying mental health difficulties resulting from the perpetual burden of shame (Gilbert, Gilbert & Sanghera, 2004; Sanghera, 2007).

The familial and community ostracism of Ms. A was especially prominent for her paternal relationship and core to her identity as a British-Asian woman. There is evidence to suggest that once ostracised, individuals attempt to restore control and create a meaningful existence – this can result in antisocial behaviour to force others to acknowledge their presence (Williams & Nida, 2011). In proposing a temporal need-threat model of ostracism, Nen, Wesselmann and Williams (2017) identified links to aggressive behaviour and the negative impact for individuals when shunned from communities or families. One of the more dominant needs identified was power / provocation and to respond in a stronger, more extreme manner to cause a greater impact on those who have caused pain (Wesselmann, Butler, Williams & Pickett, 2010; Wesselmann, Ren & Williams, 2015).

3.4.5 Broader Childhood Adversity

Ms. A's childhood was characterised by adversity, especially in regard of the birth of her siblings, her father's unemployment and ongoing mental health difficulties, witnessing and experiencing domestic abuse and violence in the home, difficulties in the parental relationship, social isolation, and emotional and financial deprivation. There is evidence to support the role of adversity contributing to broader health and social

challenges during adolescence and adulthood (Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014).

The impact of Ms. A's exposure to domestic abuse had implications for her mental wellbeing and future relationships (Brandon & Lewis, 1996; Holt, Buckley & Wheelan, 2008). The effects of exposure to violence can be exacerbated when children are no protected and cannot leave or escape exposure to such violent relationships (Margolin, Gordis, Medina & Oliver, 2003). The inconsistency and unpredictability of domestic abuse can further influence the capacity to trust and feelings of security when living in fear of abuse (Levendosky et al., 2000; Levendosky & Graham-Bermann, 2001). When fathers have reduced involvement in parental duties, use hostile child rearing practices, have greater needs for control over their environment and family members, and are less consistent (Bancroft & Silverman, 2002; Mullender, et al., 2002; Peled, 2000), the impact of abuse is magnified. Domestically abusive fathers generally express more anger toward their children, prevent freedom of expression, and are poor role models in relation to intimate relationships and resolving interpersonal conflict (Bancroft & Silverman, 2002; Holden, Stein, Richie, Harris & Jouriles, 1998; Holden, 2003; Margolin, et al., 2003).

Overall there were a range of factors pertinent to any consideration of Ms. A's experience of childhood and adolescence. This had influence on her mental health, interpersonal interactions and responses to perceived transgressions, such as those displayed through her revenge-oriented offending behaviour.

3.5 Assessing Early Maladaptive Schemas

3.5.1 Rationale

The file review and consideration of the evidence base highlighted the impact of adverse childhood events and residual relational difficulties which caused distress and enhanced the need for Ms. A to self-soothe through dysfunctional means (e.g., drugs, sexual liaisons, alcohol). This further influenced Ms. A's perspective toward others, especially how she coped with rejection, understood intimacy and managed real or perceived threats from peers.

The Schema Therapy (ST) model (Rafaeli, Bernstein & Young, 2011; Young, et al., 2003) was chosen as an approach because it integrates elements of cognitive, behavioural, psychodynamic and humanistic / experiential forms of psychotherapy (Chakhssi, Kersten, de Ruiter & Bernstein, 2014). ST focuses on identifying and treating emotional and cognitive maladaptive behavioural patterns which are called Early Maladaptive Schemas (EMSs: Young, et al., 2003). An EMS has six identified features (Young et al., 2003) and is (i) a broad, pervasive theme or pattern; (ii) comprised of memories, emotions, cognitions and bodily sensations; (iii) a regard of oneself and one's relationship with others; (iv) developed during childhood or adolescence; (v) elaborated throughout one's lifetime; and (iv) dysfunctional to a significant degree (p. 7). EMSs can therefore develop and result in behaviour that is self-defeating or self-destructive (Young et al., 2003).

ST seeks to increase the clients' understanding of problematic patterns while focusing on their use of 'Schema Modes' which are ways of coping (See Appendix 3B for descriptions of individual schemas and individual interpretations). Schema modes are clusters of schemas, outline how the client is presenting and further emphasise to a

practitioner the difficulties the client is experiencing. They can be activated or triggered, for example, when a person is reminded of a previous difficult memory. The ST model was originally developed for clients presenting with personality problems, for example, Borderline and Narcissistic Personality Disorders (Bamelis, Evers, Spinhoven & Arntz, 2014; Farrell, Shaw & Webber, 2009) and is heavily influenced by attachment and developmental theory and research. In regard of its application in forensic settings, it is accepted as a more complex approach due to the multiple difficulties' clients have and the accompanying challenges when supporting individuals with severe personality disorder (Young, et al., 2003). An awareness of the forensic schema modes for clients (e.g., Conning and Manipulative mode) which may be less frequently observed in general psychiatric settings (Bernstein, Arntz & de Vos, 2007) can therefore be helpful for practitioners. These additional schema modes were developed to account for the broader range of client presentations observed in forensic settings and provide one additional 'Dysfunctional Coping' mode of 'Angry Protector' and three additional 'Over-Compensatory' modes of 'Conning and Manipulative', 'Predator' and 'Over-Controller' (Bernstein, Arntz & de Vos, 2007).

Psychometric assessment measures – the Young Schema Questionnaire (YSQ – L3; Young & Brown, 2003)[16] and the Young Parenting Inventory (YPI; Young, 2003) – were administered to identify the EMSs relevant to Ms. A (See 3.5.2 below) and whether these originated from either parent. The ST approach (Young, et al., 2003) further informed the resultant formulation and intervention.

[16] The description of the schema in italics across the 18 schemas is taken from that used by Young and Brown (2003) to ensure the accuracy and meaning of the description is maintained.

3.5.2 Psychometric Measures and Outcome

The YSQ – L3 is a 232 item questionnaire comprising 18 schemas across five domains and rated on a Likert scale from 1 (Completed untrue of me) to 6 (Describes me perfectly) comprising: (i) ***Disconnection and Rejection*** (Emotional Deprivation (ed); Abandonment (ab); Mistrust/Abuse (ma); Social isolation / Alienation (si); Defectiveness/Shame (ds)); (ii) ***Impaired Autonomy and Performance*** (Failure to Achieve (fa); Functional Dependence / Incompetence (di); Vulnerability to Harm and Illness (vu); Enmeshment / Undeveloped Self) (eu); (iii) ***Impaired Limits*** (Entitlement / Grandiosity (et); Insufficient Self-Control / Self-Discipline (is)); (iv) ***Other-Directedness*** (Subjugation (sb); Self-Sacrifice (ss); Approval-Seeking / Recognition-Seeking (as)); and (v) ***Over-Vigilance and Inhibition*** (Emotional Inhibition (ei); Unrelenting Standards / Hyper-criticalness (us); Negativity / Pessimism (np); and Punitiveness (pu)).

The YSQ-L3 has been found to have good psychometric properties and the suite of ST measures are considered to *'complement a comprehensive clinical assessment, indicating utility in the assessment of outcome'* (Beckley, 2015, p92). The psychometric properties of the YSQ-L3 are considered comparable to the short form version (Young, 2012) although the reliability and validity of the long form (L3) has received less attention from researchers. In a comparison of the long and short versions of the YSQ, Waller, Meyer and Ohanian (2001) concluded the measures have similar reliability, discriminant validity and internal consistency. The psychometric properties were explored by Calvete, Orue and González-Diez (2013) who found support for the existence of the 18 EMSs. In research on the interpreted versions of the YSQ, for example, Italian (Balsamo, Carlucci, Cavalletti & Sergi, 2018), the measure was found to have internal reliability and the capacity to discriminate between clinical and non-clinical groups. The established

limitations of self-report measures may result in difficulties relying on the outcome of ST measures as a baseline for measuring change. It is though suggested this could instead generate material for discussion during therapy (Beckley, 2007).

In contrast to the YSQ-L3, the YPI explores the origins of the client's schemas and an additional benefit of considering this measure was that it provided a separation between parents and the establishment of influences on Ms. A which were relevant to her ongoing presentation. The YPI has been shown to be a good indirect measure and can help to identify strong endorsements on schemas which become relevant for further intervention. This can then be compared with the scores on the YSQ to identify high scoring schemas and their relevance or origin.

The YPI is a 72-item questionnaire is completed for the 18 schemas (identical to the YSQ – L3). The client considers each item as it relates to their mother and again as it relates to their father which enables the scoring and interpretation of schema origins for both parents. The YPI is rated on a 6-point Likert type scale from 'Completely untrue' (1) to 'Describes me / her / him perfectly' (6) and is considered to have good test-retest reliability and adequate internal consistency (Sheffield, Waller, Emanuelli, Murray & Meyer, 2005).

The following is an overview of the scores and interpretation of the eighteen schemas as measured by the YSQ – L3 (Young & Brown, 2003) as they relate to Ms. A and the associated parental origins of these from the YPI assessment (Young, 2003). Only those EMSs that were rated as being either HIGH or VERY HIGH are discussed due to their relevance.

3.5.2.1 Disconnection and Rejection Schema Domain

This domain illustrates the client's expectation that their needs for security, safety, stability, nurturance, empathy, sharing of feelings, acceptance, and respect will not be met in a predictable manner. The origins for the related EMSs are the client's detached, cold, rejecting, withholding, lonely, explosive, unpredictable, or abusive family (Young & Brown, 2003). Table 3.1 presents the scores for Ms. A for th schema domain and further indicates whether there are parental origins for each individual EMS.

Table 3.1: Disconnection and Rejection Schema Domain

Early Maladaptive Schema	Score	Low	Medium	High	Very High	Mother	Father
Abandonment / Instability (ab) (17 items)	53/102	0-12	13-25	26-39	40-102	✗	✗
Mistrust / Abuse (ma) (17 items)	52/102	0-12	13-25	26-39	40-102	✗	✗
Emotional Deprivation (ed) (9 items)	40/54	0-8	9-18	19-30	31-54	✓	✓
Defectiveness / Shame (ds) (15 items)	26/90	0-12	13-25	26-39	40-90	✗	✓
Social Isolation / Alienation (si) (10 items)	9/60	0-8	9-18	19-30	31-60	N/A	N/A

Abandonment and Instability (ab)

A **VERY HIGH** presence of 'ab' indicates support and protection from others is unstable and unreliable. This illustrated that Ms. A perceived the lack of a stable base of emotional support, an expectation that important relationships would end, feeling 'addicted' to partners who could not commit, and feeling alone and desperate when someone important pulls away. Ms. A felt she drove people away when she thought they

would leave her, that she was unable to count on the regular support of others, could not become close to others in case they were unreliable, and perceived important people in her life coming and going. The overwhelming emphasis was on Ms. A's fear that those she loved would find someone else and leave her. This schema was not present for either parent indicating a different origin.

Mistrust and Abuse (ma)

A **VERY HIGH** presence was indicated for 'ma' which relates to the perspective that others will hurt, abuse, humiliate, cheat, lie, manipulate or take advantage. This highlighted Ms. A held an expectation that people would take advantage of her, that she needed to protect herself from threats, had an inability to let her guard down, difficulties in trusting others, and felt suspicious of other people's motives. In addition, Ms. A reported hurting other people proactively as a form of protection and defence, a need for others to prove themselves, subscribing to the belief 'control or be controlled', and feeling angry when she thought about her own mistreatment and exploitation. This schema was not present for either parent indicating no parental influence in the origin of this schema.

Emotional Deprivation (ed)

There was a **VERY HIGH** presence of 'ed' relating to the deprivation of nurturance, empathy and protection. This outlined Ms. A perceived her emotional needs were not being met, that there was a lack of emotional support or nurturance and the absence of someone getting close or receiving warmth and affection. Furthermore, Ms. A indicated she did not feel special to anyone, had nobody to listen to or understand her, or provide advice or direction. This schema was present for both parents indicating the origin of this EMS.

Defectiveness and Shame (ds)

A **HIGH** presence was indicated for 'ds' illustrating a pattern of being drawn to critical or rejecting people, an inability to face those who know her basic defects, a concern that others will identify her inner secrets, and feeling to blame for her parents' inability to love. This schema was not present for Ms. A's mother but was present for her father indicating he was likely the origin of this schema.

3.5.2.2 Impaired Autonomy and Performance Schema Domain

This schema domain focused on the expectations Ms. A held and the environment that interfered with her perceived ability to separate from parental figures, survive and function independently or to perform successfully (Young & Brown, 2003). There were no HIGH or VERY HIGH scores for this EMS and therefore this was not considered as relevant to Ms. A's problematic presentation and the origins of these schemas were not identified as coming from either parent.

Table 3.2: Impaired Autonomy and Performance Schema Domain

Early Maladaptive Schema	Score	Low	Medium	High	Very High	Mother	Father
Dependence / Incompetence (di) (15 items)	0/90	0-12	13-25	26-39	40-90	✕	✕
Vulnerability to Harm (vu) (12 items)	8/72	0-8	9-18	19-30	31-72	✕	✕
Enmeshment / Undeveloped Self (eu) (11 items)	13/66	0-8	9-18	19-30	31-66	✕	✕
Failure (fa) (9 items)	0/54	0-8	9-18	19-30	31-54	✕	✕

3.5.2.3 Impaired Limits Schema Domain

This domain relates to a deficiency in internal limits, responsibility to others, and in long-term goal-orientation (Young & Brown, 2003). The family origin is one of permissiveness, lack of direction or characterised by excessive competitiveness and an inappropriate sense of superiority, and a difficulty or refusal to exercise enough self-control (Young & Brown, 2003).

Table 3.3: Impaired Limits Schema Domain

Early Maladaptive Schema	Score	Low	Medium	High	Very High	Mother	Father
Entitlement / Grandiosity (et) (11 items)	29/66	0-8	9-18	19-30	31-66	✗	✓
Insufficient Self-Control/Discipline (is) (15 items)	30/90	0-12	13-25	26-39	40-90	✗	✗

Entitlement / Grandiosity (et)

A **HIGH** presence was indicated for 'et' which relates to the belief that one is superior to others and entitled to special rights and privileges. This EMS illustrated Ms. A had trouble accepting 'no' for an answer, became angry or irritable when she did not get her needs met, disliked being constrained or kept from doing what she wanted, was controlling over the way things are done, felt irritated when people did not do as she asked, and had an intolerance of being told what to do. There was a presence of this schema for Ms. A's father indicating that this EMS likely originated from him.

Insufficient Self-Control / Self-Discipline (is)

A **HIGH** presence was indicated for 'is' which relates to difficulties with or a refusal to exercise self-control or delay gratification when wanting to meet emotional needs. This EMS illustrated Ms. A's difficulty in reducing or stopping problematic behaviours,

including substance misuse. This was not identified as present for either parent indicating they were not the origin of this EMS.

3.5.2.4 Other-Directedness Schema Domain

This domain relates to an excessive focus on the desires, feelings, and responses of others at the expense of one's own needs – to gain love and approval, maintain one's sense of connection, or avoid retaliation (Young & Brown, 2003). Although Ms. A's scores for Subjugation were LOW, this EMS was identified as originating from her father.

Table 3.4: Other-Directedness Schema Domain

Early Maladaptive Schema	Score	Low	Medium	High	Very High	Mother	Father
Subjugation (sb) (10 items)	8/60	0-8	9-18	19-30	31-60	✗	✓
Self-Sacrifice (ss) (17 items)	13/102	0-12	13-25	26-39	31-54	✗	✗
Approval / Recognition Seeking (as) (14 items)	27/84	0-12	13-25	26-39	40-84	✗	✓

Approval-Seeking / Recognition Seeking (as)

A **HIGH** presence was indicated for 'as' which relates to a heightened need to gain approval, recognition and attention from other people. This related to Ms. A's self-esteem being based on others' views, her increasing sense of self-worth when receiving praise and compliments, spending a lot of time on her physical appearance to increase validation from others, and making life decisions with the approval of others in mind. There was a presence of this schema for Ms. A's father indicating that this EMS originated from him.

3.5.2.5 Overvigilance and Inhibition Schema Domain

This domain relates to excessive emphasis on suppressing one's spontaneous feelings, impulses, and choices OR on meeting rigid, internalized rules and expectations about performance and ethical behaviour – often at the expense of more positive outcomes (Young & Brown, 2003). Although Ms. A's scores for Negativity and Pessimism were LOW, this EMS was identified as originating from both parents.

Table 3.5: Overvigilance and Inhibition Schema Domain

Early Maladaptive Schema	Score	Low	Medium	High	Very High	Mother	Father
Negativity / Pessimism (np) (11 items)	8/66	0-8	9-18	19-30	31-66	✓	✓
Emotional Inhibition (ei) (9 items)	26/54	0-8	9-18	19-30	31-54	✗	✓
Unrelating Standards / Hypercriticalness (us) (16 items)	46/96	0-12	13-25	26-39	40-96	✗	✓
Punitiveness (pu) (14 items)	51/84	0-12	13-25	26-39	40-90	✗	✓

Emotional Inhibition (ei)

A **HIGH** presence was indicated for 'ei' relating to Ms. A's concern about losing control of her actions, worry that she might seriously harm someone physically or emotionally, a need to control her impulses and emotions to avoid something bad happening, and containing anger and resentment built up inside her. In addition, Ms. A reported finding it hard to express warmth, be spontaneous and being perceived by others as emotionally uptight. There was a presence of this schema for Ms. A's father indicating that this EMS originated from him.

Unrelenting Standards / Hypercriticalness (us)

A **VERY HIGH** presence was indicated for 'us' illustrating Ms. A's unwillingness to accept second best, striving to keep everything in "her order", a requirement to look her best and do her best. She was also unwilling for things to be only 'good enough', had a need to meet all responsibilities, felt a constant pressure to achieve, placed emphasis on money, status and being competitive, and always having to be 'number one'.

Punitiveness (pu)

A **VERY HIGH** presence was indicated for 'pu' emphasising the perspective held by Ms. A that she was deserving of punishment when making mistakes, the expectation of losing out if not trying her hardest, there being no excuse were she to make mistakes, the need to punish people who don't 'pull their own weight', and a feeling that others don't accept responsibility and pay the consequences. In addition, Ms. A had difficulty applying the phrase 'forgive and forget' when someone did something bad, held grudges even after receiving an apology, felt upset when people are let off the hook too easily, and experienced anger when people make excuses for themselves or blame others.

3.5.2.6 Summary of EMSs

In relation to the HIGH or VERY HIGH presence of EMSs, Ms. A was found to have difficulties across four of the five schema domains. This is common in forensic clients with severe personality disorder (Bernstein, Arntz & de Vos, 2007; Young, et al., 2003) and indicated the complexity of Ms. A's presentation. In the 'Disconnection and Rejection Domain', EMSs were identified as clinically elevated for Abandonment / Instability (VH), Mistrust / Abuse (VH), Emotional Deprivation (VH), and Defectiveness and Shame (H). A likely parental origin was identified from both parents for Emotional Deprivation and from father for Defectiveness and Shame. For the 'Impaired Limits Domain', EMSs were

elevated for Entitlement / Grandiosity (H) and Insufficient Self-Control / Discipline – (H). A likely parental origin was identified from father for Entitlement / Grandiosity. For the 'Otherdirectedness Domain', the EMS of Approval / Recognition Seeking was elevated with a likely parental origin from father. Finally, in the 'Overvigilance and Inhibition Domain', EMSs were elevated for Emotional Inhibition (H), Unrelenting Standards / Hypercriticalness (VH), and Punitiveness (VH) with the likely parental origin for all three being from father. These EMSs are discussed further in the context of the formulation (See 3.7 Formulation).

3.6 Revenge-Oriented Assessments

3.6.1 Rationale

In addition to the Early Maladaptive Schemas, the assessment of Ms. A considered revenge, her interpersonal relationships, offending history and broader risk of harm. The most established self-report psychometric measures relevant to revenge considered vengeance via the Vengeance Scale (VS; Stuckless & Goranson, 1992), and revenge, avoidance and benevolence via the Transgression Related Interpersonal Motivation scale (TRIM-18; McCullough, Root & Cohen, 2006). Although no established norms existed for use of the Vengeance Scale with female clinical or forensic clients, Stuckless, Ford and Vitelli (1995) found in a sample of 51 male inmates that the mean score was 60.47 (SD=27.88). Similarly, the TRIM-18 was administered as part of a pre- and post- battery of measures for a forgiveness intervention for male mentally disordered offenders (Mela, et al., 2017). Therefore, item responses were used as the focus of discussion during individual client sessions. This provided further structure for Ms. A to explore her disposition toward individuals she perceived to have transgressed her in some way,

whether through her offending, in the context of offence paralleling relationship difficulties in the secure environment, or potential future difficulties in the community.

3.6.2 The Vengeance Scale (VS; Stuckless & Goranson, 1997)

The Vengeance Scale measured level of vengefulness, comprising 20 items scored on a Likert scale from 'Disagree strongly' (1) to 'Agree strongly' (7). The scale is reported to have good internal consistency ($\alpha = 0.93$; Caraher & Michael, 1999) and high test-retest reliability over five weeks (Coelho, et al., 2018). Stuckless and Goranson (1992) demonstrated convergent validity across measures of perspective-taking and empathy sub-scales of the Interpersonal Reactivity Index (Davis, 1980; $r = -0.33$, $p < 0.001$) and anger from the Trait Anger Scale (Spielberger, Jacobs, Russell & Crane, 1983; $r = 0.42$, $p < 0.001$). The Vengeance Scale has been tested with forensic client groups in regard of reappraisal and aggression (Bartlett, 2012; Bartlett & Anderson, 2011), anger and irrational beliefs in an inmate population (Stuckless, Ford & Vitelli, 1995) and dating violence after a sexual or non-sexual betrayal of trust (Forbes, Jobe, White, Bloesch, & Adams-Curtis, 2005). To assess external validity, the scale was administered to students, police officers and prison inmates (Holbrook, White & Hutt, 1995) and yielded increased scores for an inmate population; however, Ford, Stuckless and Vitelli (1995) emphasise the importance of measuring social desirability with forensic populations on finding deflated scores.

Ms. A's pre-intervention score for the Vengeance Scale was 89/140[17] and it was helpful to consider the qualitative responses and the relevance they had for

[17] The norm for females on the Vengeance Scale in a non-clinical / forensic population is M = 62.1 SD=19.9 (Hutt, Iverson, Bass & Gayton, 1997)

understanding Ms. A's perspective toward revenge. In total, 50% of Ms. A's responses were recorded as 'Neither disagree nor agree': (i) *It is not worth my time or effort to pay back someone who has wronged me* (1); (ii) *I try to even the score with anyone who has hurt me* (3); (iii) *It is always better not to seek vengeance* (4); (iv) *There is nothing wrong in getting back at someone who has hurt you* (6); (v) *I don't just get mad, I get even* (7); (vi) *I am not a vengeful person* (9); (vii) *Revenge is morally wrong* (11); (viii) *If someone causes me trouble, I'll find a way to make them regret it* (12); (ix) *If I am wronged, I can't live with myself unless I get revenge* (14); (x) *It is usually better to show mercy than to take revenge* (16). The response pattern for the items where Ms. A did not indicate a strong view, illustrated that her perspective had the potential to be flexible and that revenge might be a future option.

The remaining scores are presented in Table 3.6 emphasising themes supportive of a vengeful perspective including honour, provocation, the equality of revenge (e.g., retaliation in the form of an eye for an eye) and that 'revenge is sweet'. Further focus on vengefulness indicated Ms. A would not forget about harm experienced (the transgression), would not pursue forgiveness, would not feel ashamed of vengeful feelings and did not support the belief that people who get revenge are disgusting. Ms. A did though disagree with the importance of getting back at people who have caused hurt.

Table 3.6: Vengeance Scale (Response scores for items not receiving a '4').

Vengeance scale (item number)	**Disagree strongly (1)**	**Disagree (2)**	**Disagree slightly (3)**	**Neither disagree nor agree (4)**	**Agree slightly (5)**	**Agree (6)**	**Agree strongly (7)**
It is important for me to get back at people who have hurt me (2)							
I live by the motto "Let bygones be bygones" (5)							
I find it easy to forgive those who have hurt me (8)							
I believe in the motto "An eye for an eye, a tooth for a tooth" (10)							
People who insist on getting revenge are disgusting (13)							
Honour requires that you get back at someone who has hurt you (15)							
Anyone who provokes me deserves the punishment that I give them (17)							
It is always better to "Turn the other cheek" (18)							
To have a desire for vengeance would make me feel ashamed (19)							
Revenge is sweet (20)							

3.6.3 *The Transgression-Related Interpersonal Motivation* (TRIM-18; McCullough, Root & Cohen, 2006)

The TRIM-18 comprises three sub-scales of Avoidance (7 items), Revenge (5 items), and Benevolence (6 items) related to current thoughts and feelings about an identified transgressor and scored on a 5-point Likert type scale from 'Strongly disagree' (1) to 'Agree' (5). The initial TRIM-12 (McCullough, et al., 1998), a brief measure, focused on 'unforgiveness' with subscales of Revenge and Avoidance, later incorporating forgiveness as a 6-item Benevolence subscale (TRIM-18; McCullough, Root & Cohen, 2006). High internal consistency for Revenge (TRIM-R5; α = .90) and Avoidance (TRIM-A7; α = .86), and the test-retest for the TRIM-12 over three weeks (α = .86 (R); α = .79 (A)) has been confirmed across studies (McCullough & Hoyt, 2002). The extension of the measure to 18 items incorporated Benevolence (TRIM-B6; α = .85) and the subscales have construct validity with negative correlations with forgiveness for the TRIM-R (*r* = -.67) and TRIM-A (*r* = .41) and good psychometric properties more broadly, potentially with clinical samples.

Ms. A was instructed to think of a person whom she perceived had wronged her in some way and then complete the measure with this person held in mind (See Appendix 3C for raw scores). To enable Ms. A to have the freedom to respond to the items, no suggestion was made to her as to whom the 'third party' should be. Following the completion of items, Ms. A disclosed that the individual she had been thinking about as the transgressor was the victim of her first arson offence when she was 19 years.

3.6.3.1 Avoidance

These TRIM items focused on the residual relationship between Ms. A and the perceived transgressor outlining a disinterest in any further interaction with the victim of

her initial arson offence, avoidance of her perceived transgressor and the ending of any contact or relationship. The distance between Ms. A and the 'transgressor' was achieved through the criminal justice intervention (i.e., detainment in hospital). The residual emotional response highlighted the potential for Ms. A to hold grudges for a long period (the events had occurred when she was 19 years old).

3.6.3.2 Revenge

The responses to the **Revenge** items of the TRIM indicated a trend toward vengeful fantasy rather than considering actions against the perceived 'transgressor'. This illustrated that that although Ms. A maintained a negative disposition toward her victim, she displayed no potential to act further on her feelings. The items with increased scores referred to Ms. A's wish for negative events or experiences to happen to the victim rather than a proactive response.

3.6.3.3 Benevolence

For items on this sub-scale, Ms. A did not provide a view in either direction – feelings of goodwill, putting hurt aside to resume a relationship, and the release of her anger to move forward with a positive relationship with her perceived transgressor. Such responses indicated an unwillingness to disclose her feelings toward her victim.

3.7 Formulation

3.7.1 The 5 P's Model

The 5 P's formulation (Weerasekera, 1993; 1996) is *'a comprehensive framework for collecting and integrating clinical data using a multi-perspective grid'* (McGee, 2016, p. 259). This was used because it considers factors along a biopsychosocial spectrum which are individual (e.g., biological, behavioural, cognitive and psychodynamic factors) and

systemic (family, occupational, social / environmental, and cultural). The British Psychological Society (2011) recommend the identification of a range of elements as potentially contributing to a problematic client presentation. The 5 P's are: Presenting Problems (*Risk of what?*), Predisposing (*Vulnerability*), Precipitating (*Triggers to harm*), Perpetuating (*Maintenance*) and Protective (*Strengths / Resources*) factors (Johnstone & Dallos, 2014; Weerasekera, 1993; 1996). One advantage of the 5 P's formulation is that it enables consideration of protective factors, supports a recovery approach and can also be relevant to the assessment of risk (Challoner & Papayianni, 2017; Logan, 2014). The emphasis on protective factors *'encourages practitioners to see the development of more potent and abundant safeguards against harmful activity to be as much their responsibility as the weakening or removal of risk factors'* (Logan, 2014, p. 175).

Although the 5 P's formulation was familiar and routinely used within Ms. A's clinical team, the process can result in a reduction of the coherence of the client's narrative and miss the personal meaning of factors and life events (BPS, 2011). Johnstone and Dallos (2014) further discuss the disadvantages of using the formulation model including its failure to consider the therapeutic relationship and the avoidance of any capacity for reflection between the therapist and client. Finally, practicalities are outlined in relation to the amount of detail that may be helpful.

The approach taken was to incorporate the 5 P's model alongside ST informed concepts. Table 3.7 presents the integrative formulation (Weerasekera, 1996; In Johnstone & Dallos, 2014) while the description of the formulation includes the presence and relevance of EMSs and schema modes (Beckley, 2016; Young, 2003).

Table 3.7: An Integrative Formulation

PREDISPOSING (PAST)	
INDIVIDUAL FACTORS	**SYSTEMIC FACTORS**
Loss of 'only child' status at 6 years Sibling rivalry Care-giver responsibility for younger siblings (8 yrs. →) Confidante to mother and father independently Father as model for life Mental illness Cultural and Religious demands for conformity Gender role expectations – arranged marriage Authoritarian parenting – punitive punishment Foster care (stability and instability) from 14 years Poor coping / soothing strategies – reliance on substances and self-injury	Acrimony / domestic abuse / violence within family Father's mental illness (paranoid schizophrenia) Ostracised by extended family within community Insularity and no support systems Mother's difficulties coping in British culture and limited language Financial challenges – redundancy Family loss of employment status moving to UK Instability living in foster care Chaotic involvement with schooling Bullying experience in school
PRECIPITATING (TRIGGERS)	
INDIVIDUAL FACTORS	**SYSTEMIC FACTORS**
Peer rivalry (threats to securing male attention) Psychological response to perceived abandonment (ostracization) Low self-esteem and self-worth Feeling isolated and rejected by family Shame at being disloyal to family Overwhelming need for intimacy and love Increased engagement in dysfunctional and destructive 'self-soothing' methods – substance misuse	Lack of a peer or family support system Lack of employment routine and financial independency Daily reminders of ostracization from community Inability to gain acceptance from father Not fitting in to either Indian or British culture
PERPETUATING FACTORS (MAINTAINING)	
INDIVIDUAL FACTORS	**SYSTEMIC FACTORS**
Low self-worth and self-esteem Rejection re-enactments Loneliness and isolation No stable identity (gender, culture, familial) Ongoing need for approval and attention from father figures / those with status Self-soothing / coping through alcohol and drugs Random sexual liaisons to seek love / intimacy Paranoid ideation and hypervigilance to threats Ruminating over past wrongs and feeling a need for revenge and / or justice	Inability to regain father's support or recognition Continued family and community ostracization No positive peer support or friendships Unstable housing Influences of punishment, honour and retaliation
PROTECTIVE FACTORS (STRENGTHS)	
INDIVIDUAL FACTORS	**SYSTEMIC FACTORS**
Willingness to engage in activities A focus on future and plans for the community Engagement in therapeutic interventions (mainly 1:1) Interest in future employment / volunteering Determination to succeed through acceptable means (University)	Institutional support through therapeutic interventions Undertaking education in a stable environment Responsibility gained through increasing roles (patients' forum) Psychiatric system forming a nurturing, parental role The development and maintenance of a few strong, trusting friendships

3.7.2 Presenting Problems

Ms. A's history in the community and in secure settings illustrated difficulties in her interpersonal interactions across multiple relationship domains: family, peers, intimate and with authority. This related to the development, maintenance and endings of personal / intimate relationships. In the community, Ms. A approached intimate relationships in the context of impersonal sexual liaisons with men with whom she had no prior involvement. She presented with a strong need to attach to older males, struggled with a fear of abandonment and was fixated on maintaining contact with males following one-night stands – this included harassment. She did not exhibit the skills required to develop and maintain a relationship. Her approach was to identify someone she was attracted to, irrespective of whether they were 'available', and this usually occurred when she was intoxicated in bars and nightclubs. She appeared to thrive on the challenge of gaining the attention from males who were already in relationships. This created difficulties with other females because of the threat she posed. She had numerous one-night stands which validating her self-worth and acted as an additional form of self-soothing. The cycle of rejection continued when Ms. A realised that males were not interested in seeing her again. Her ideal fantasy of a relationship appeared far removed from the reality and further perpetuated the distress she experienced. On one occasion, when a male had seen her on a few occasions and stopped contact, she broke into his flat at night. This illustrated the overwhelming need she had to maintain attachments, no matter how tenuous they were.

Parallel difficulties to those in the community were identified in Ms. A's relationships with peers or females she perceived as a threat while incarcerated. Although there was no opportunity to form a relationship with male staff, she would clash

with peers she perceived to receive increased attention. Her focus on older males for romantic relationships and clashes with other females resulted in increased psychological distress. Ms. A's self-perception directly influenced her thoughts, feelings and behaviours and while she presented a façade of invincibility and dominance, underneath she described feelings inadequacy, worthlessness and vulnerability. This was considered relevant to understanding expressions of harm toward herself and others.

3.7.3 Predisposing Factors (Past)

Until the birth of her brother when she was 6 years old, Ms. A's early experience of childhood was reportedly happy - while she was central to her parent's world and perceived her importance (Entitlement / Grandiosity). This altered suddenly and her loss of being an 'only child', which afforded her status and importance, created a stark contrast in her place in the family and personal self-worth (Abandonment / Instability). The familial importance placed on Ms. A's brother and the rejection of her own identity (Defectiveness / Shame) influenced her feelings of invalid and inferior. The parental expectation that Ms. A should care for her three younger siblings (Self-Sacrifice) was further compounded when she was blamed for their unacceptable behaviour (Punitiveness).

Ms. A reported experiencing an overall lack of emotional warmth and nurturance within the family home (Emotional Deprivation) while feeling separated and isolated from the family unit. Additionally, a lack of predictability in the behaviour of Ms. A's father (untreated paranoid schizophrenia) and the verbal and physical abuse she witnessed and experienced from him toward her and her mother resulted in a broader perspective of

isolation and a lack of external support (Social Isolation / Alienation). This was exacerbated by her mother's inability to protect her or seek external support.

As a child, Ms. A was expected to mediate the conflict between her parents and this resulted in her feeling forced to choose an allegiance to one. The reduced centrality of Ms. A's relevance in the family home and the strict, authoritarian enforcement of behavioural and cultural norms (Unrelenting Standards / Hypercriticalness) appeared to push her further toward a clash of core identity (British or Indian) and toward a need to self-soothe by consuming her parents' prescription drugs and alcohol. This push into British culture resulted in a rejection of cultural gender norms and values (preparing for an arranged marriage), a need to regain the higher status from her brother, and ultimate community and familial ostracization (Defectiveness / Shame). Ms. A's inability to fit into an Indian culture and her difficulties with the British culture, resulted in bullying and rejection from peers, running away from home and taking multiple overdoses.

3.7.4 Precipitating Factors (Triggers)

The isolation and perception of alienation by her family, community and culture resulted in Ms. A perceiving her own needs did not matter. Ms. A felt her siblings were considered as more worthy because they conformed to Hindu culture, her father's expectations and did not dishonour the family (Failure). She continued to perceive her brother was the favoured child and resented him for taking what she had previously deserved and enjoyed – her status, importance, and experience of love and worth (Defectiveness / Shame). This increased Ms. A's need for external acknowledgement, approval and status (Approval-Seeking / Recognition Seeking) which was validated by older males, who appeared to take the form of pseudo-father figures. Ms. A further

believed she could gain nurturance, intimacy and love (to fulfil her overwhelming need for the loss of attention and centrality) through impersonal sexual liaisons. The lack of commitment, safety or security (Mistrust / Abuse) derived from such interactions further perpetuated feelings of abandonment and rejection (Lonely / Vulnerable Child). Ms. A further found alternative strategies to regain her original status and importance (mirroring her familial difficulties with siblings) by identifying older males who were unattainable (due to their current relationships) and trying to compete with females.

Ms. A envied females in stable relationships, perceived them as a threat and as rivals, and attempted to destroy their happiness by acting in a competitive and dominant manner (e.g., by consciously dressing in a sexually provocative manner, offering males sexual acts, and perceiving her own youth as an advantage to secure older male interest). This resulted in interpersonal difficulties from female partners which Ms. A responded to with aggression, seeing herself as entitled to win. This appeared to illustrate her transition from Bully / Attack to a form of Predator mode. When successful, Ms. A gained temporary relief from her difficulties but the loss of the initial euphoria from the chase and conquest (much like the pattern of her substance abuse) resulting in her mood state plummeting and a further reduction of her worth and esteem. This additionally increased her reliance on substances to manage (Insufficient Self-Control) and her Detached Self-Soother mode. This cycle of vain attempts for long term male attention, safety and certainty illustrated Ms. A's inability to claim back her original childhood status. Her frustrations resulted in increased aggression toward those peers she envied or saw as competition and paralleled the difficulties she had with her siblings.

3.7.5 Perpetuating Factors (Maintaining)

Ms. A's experience of rejection by males following an initial few hours of interest resulted in a reduction of her self-esteem and self-worth. She engaged in a pattern of behaviour searching for intimacy and nurturance via sexual encounters while maintaining her need for approval and attention from surrogate father figures (Approval-seeking). This increased her feelings of loneliness and isolation while her ongoing need for a relationship resulted in inadvertently re-enacting the rejections she had experienced from her family, especially her father. Her coping mechanisms continued to be self-soothing through the consumption of alcohol and drugs and sporadic periods of self-injury which became progressively worse requiring hospital intervention. Her lifestyle was chaotic and unstable resulting in her being thrown out of accommodation and struggling to maintain an income. Ms. A spoke about having to steal at times to support herself while becoming more paranoid and hypervigilant to threats from others.

The lack of family contact exacerbated her difficulties because of their refusal to support her and their continued perspective that she had brought shame and dishonour to them. Ms. A's identity remained divided between her Indian familial past, which she had partially rejected (refusing to conform to the gender role) and been rejected from (ostracization), and her British-Indian present and future which she struggled to accept or fully embrace. While in secure care, Ms. A reported paranoia when staff from her own culture or hometown worked at the hospital – concerned that they would perpetuate her ostracisation. This exacerbated her feelings of shame and a focus on 'keeping up appearances' by trying to present herself outwardly as a good Indian daughter. As illustrated in her revenge psychometric measures, Ms. A further maintained an intolerance of any perceived dishonour against her in relation to her perceptions of

vengefulness. Her own low capacity for forgiveness appeared to mirror early experience of being treated differently from her siblings (see revenge psychometric measures).

Ms. A's peer relationships in the community were short-lived due to her emotionally demanding and controlling manner. She reported few people to rely on and that friendships would soon end because of her difficulties with reciprocity and supporting others. Overall, Ms. A had few skills to cope and live day to day independently in the community and instead appeared (prior to prison and her index offence) to be on a trajectory that would either result in her arrest or her death (victimization or suicide). Her primary aim was family acceptance with little broader consideration for her future.

3.7.6 Protective Factors (Strengths / Resources)

In the community, Ms. A had limited strengths in regard of relationships, whether with family, peers or intimate partners. Her social circle was small, comprising an older female friend she met in hospital. The time she spent in prison had been equally challenging, resulting in more self-injury and altercations with peers, including violence. In the secure forensic mental health environment, Ms. A coped with the structure and was willing to engage in a range of activities, including a university course. Her strengths were focused on self-improvement, on an individual basis and on her terms. Her most positive engagement in therapeutic interventions was 1 to 1 because she could not tolerate the paralleling sibling dynamics of group interventions. Ms. A had difficulty being treated equally to her peers and felt superior. In regard of positions of responsibility, Ms. A was involved in different groups, including patient's forum, which required her to represent her peers and raise issues. It was apparent that her involvement in such groups enabled her to achieve a level of status and importance which acted as a positive boost to

her self-esteem. Ms. A was future focused in her planning for the community and had identified potential future employment and volunteering opportunities.

While in secure care, the system provided a surrogate parental role through security, consistency, compassion, empathy, safety and relational security. This was identified as a strength to support her progression although had the potential to alter once Ms. A was transferred to a less and secure containing environment.

3.8 Therapeutic Approach

3.8.1 Therapeutic Objectives

The purpose of the individual sessions was to further explore and understand Ms. A's different emotional states and problematic patterns of behaviour within relationships (See also 3.8.2 Model of Change). This was to help diminish the intensity of the emotional memories and associated bodily sensations, change the cognitive patterns associated with the EMSs, replace maladaptive coping styles and responses with adaptive patterns of behaviour (Beckley, 2016). In discussion, Ms. A identified her own areas of improvement in relationships that she wanted to focus on: (i) her relationship with family and her father; (ii) her intimate relationships; (iii) peer relationships; and (iv), interactions with authority figures. The objective of the intervention was to develop Ms. A's own understanding of her early difficulties and the impact of this on different relationships, offending behaviour and future risk of harm.

3.8.2 Model of Change

The model of change used for this intervention was based on the emphasis placed on relational interactions and how these can become *'a major vehicle for changing core*

interpersonal schemata involving distrust, rejection, abandonment, self-derogation and shame' (Livesley, 2012, p. 35). The biopsychosocial Transtheoretical Stages of Change model (TTM; DiClemente, 1994; Prochaska, DiClemente & Norcross, 1992; Prochaska & Norcross, 2011; Prochaska, Norcross & DiClemente, 1994;) can be helpful in identifying and assessing patient change over time, and has been used across a range of health related interventions, including health promotion, and 'addictive' behaviour. There are though some difficulties in considering the stages when focusing on complexities in behaviour, the requirement for a client to have insight into their own perception of change, whether change is linear or cyclical (or both), and whether stage progression is the same as behaviour change (Adams & White, 2003; Brug, et al., 2005). This presents challenges when working with clients with complex behaviours and needs. In the case of Ms. A, the TTM was considered to dovetail with the Livesley (2012) focus on working with personality disordered clients. This considers a four-stage approach for clients comprising: (i) problem recognition; (ii) problem exploration; (iii) identification of alternative behaviours; and (iv), consolidation and generalization (Livesley, 2012, p. 36).

The identified focus of change for the current intervention was to move from problem recognition to consolidation and generalization, although it was acknowledged that this might not occur during the predicted timeframe of the work (leading to Ms. A's transfer to a low secure hospital). Ms. A identified difficulties in intimate relationships although in her peer interactions, she continued to attribute problems to those around her. Hence the focus of change was multi-layered due to Ms. A's relationship dynamics. In addition to the consideration of change over time, the role of relational security was considered (Chester, Alexander & Morgan, 2017) which focused on the 'Relational Security Explorer' (Department for Health, 2010) relating to therapy, boundaries, patient

mix, patient dynamic, personal world, physical world, physical environment, visitor and outward connections. These were assessed routinely as part of ongoing clinical team discussions throughout the course of the intervention.

3.9 The Intervention Phases

3.9.1 Overview of Process

The delivery of the sessions was divided into four phases over 32 weeks lasting up to 60 minutes. Following the preparation work and the scoring of the YSQ-L3 and the YPI measures, the focus of subsequent sessions was to initially explore emotions, schemas and modes (Phase 1). The focus of the next phase was to consider the influence of the EMSs and how they related to situations in the past, especially the relational interactions within Ms. A's family dynamics (Phase 2). In the next stage, the identification and impact of the schema modes were considered in relation to the ways they impacted on relational dynamics (Phase 3). Finally, a review and integration of the content was considered with a view to looking ahead to the ending of the work and the new beginning commencing with a hospital transfer (Phase 4). The timescale of the intervention resulted in recommendations for future work for Ms. A to complete.

3.9.2 Phase 1: Exploration

Following the assessment and development of the formulation (7 sessions), the focus was primarily on the development of a therapeutic relationship to provide safety and containment, while commencing the process of 'limited re-parenting'. This approach is most suited for patients who have clinically elevated EMSs in the Disconnection and Rejection domain and have experienced abandonment, rejection and emotional deprivation (Young, et al., 2003). The more severe the levels of adversity experienced by

the patient, the greater the benefit of re-parenting. This is achieved by developing stability and consistency through the provision of a safe therapeutic alliance to explore challenging and complex emotional states and thoughts.

The relationship was developed slowly to enable Ms. A to develop trust and respect for the process of therapy (See Therapeutic Relationship). In addition, early sessions focused on the explanation of schemas and the identification of core unmet needs through discussion of Ms. A's EMSs. Sessions considered the high and very high rated schemas within the context of the domains and they were discussed in general terms in the context of Ms. A's attachments to family and others and her identified needs for love, nurturance and attention. She was initially resistant in acknowledging the links between schemas and her own relational difficulties, perceiving this to be focusing on her as the problem. By creating a safe environment whereby her developmental experiences could be explored in a non-judgemental and empathic manner, it became possible for her to start to make sense of the role of schemas from childhood. In addition, the discussion of schema modes, which included ones developed for forensic clients, was met with similar resistance. The terminology was difficult for Ms. A to apply to herself although at this stage the focus was general rather than specific.

3.9.3 Phase 2: Family Dynamics and Ongoing Difficulties

3.9.3.1 Family Dynamics

During the sessions exploring critical elements of childhood, Ms. A's needs to make her father proud and meet his expectations of being the 'perfect Hindu daughter' remained core to her feelings of rejection and abandonment in adulthood. Ms. A was able to reflect on the additional mental health challenges (diagnosis of schizophrenia) her

father had in maintaining positive, functional relationships although was unable to attribute any 'blame' toward him. Instead, she preserved his high status and importance on a pedestal, and this appeared intimately linked to her own identity and perception of self. Although Ms. A was aware of the negative perceptions of her family toward her, since being in secure care, she had worked positively to undo her past 'mis-deeds' by completing a university degree. She felt her father's presence at her graduation would serve as the necessary mechanism to win over his love, for him to be proud of her, and to reinstate her as the dominant 'child' in the family – this was especially important to her because her siblings had not achieved such qualifications. This was her attempt to portray the Healthy Adult mode, although its success was dependent on external validation rather than her own internal feeling of achievement and worth.

As part of her individual work[18], Ms. A completed an overview of her familial relationships which is illustrated in Fig. 3.1 and written in her own words. This links to the schema domains where Ms. A had a greater elevation of certain EMSs. The factors Ms. A identified as characteristic of her relationship with and position in her family outlined the extreme pressure to conform and her lack of independence as a female. In contrast to Ms. A's perspective of aligning her own identity with that of her father, the significant absence of her mother's influence was also relevant. In sessions, Ms. A placed a strong emphasis on maintaining contact with her siblings – although this was a wish rather than a reality – to maintain her rightful position of seniority despite their stated lack of interest in her. The conformity of her siblings to Hindu society enhanced Ms. A's own negative perceptions toward herself in relation to offending behaviour and the broader stigma of mental health and substance misuse.

[18] All work completed by Ms. A was handwritten and has been altered to maintain anonymity.

During this phase of the intervention, Ms. A received a visit from a paternal uncle and aunt from India, and although her father attended, this was only because his brother requested this. Ms. A's experience of the visit formed part of the intervention because it was relevant to her family dynamics. Meeting relatives for the first time was challenging due to the levels of shame and embarrassment she felt and the unspoken issues with her father meant the dynamics were awkward (he not wishing to see her). To increase her confidence for the visit, Ms. A wore a wig to cover her alopecia. However, during the visit her aunt had asked her to remove it. Ms. A was able to discuss this experience as part of the therapeutic process and how ashamed she had felt. Ms. A also described the high levels of secrecy within her family and need to keep any problems 'behind closed doors', even from extended family.

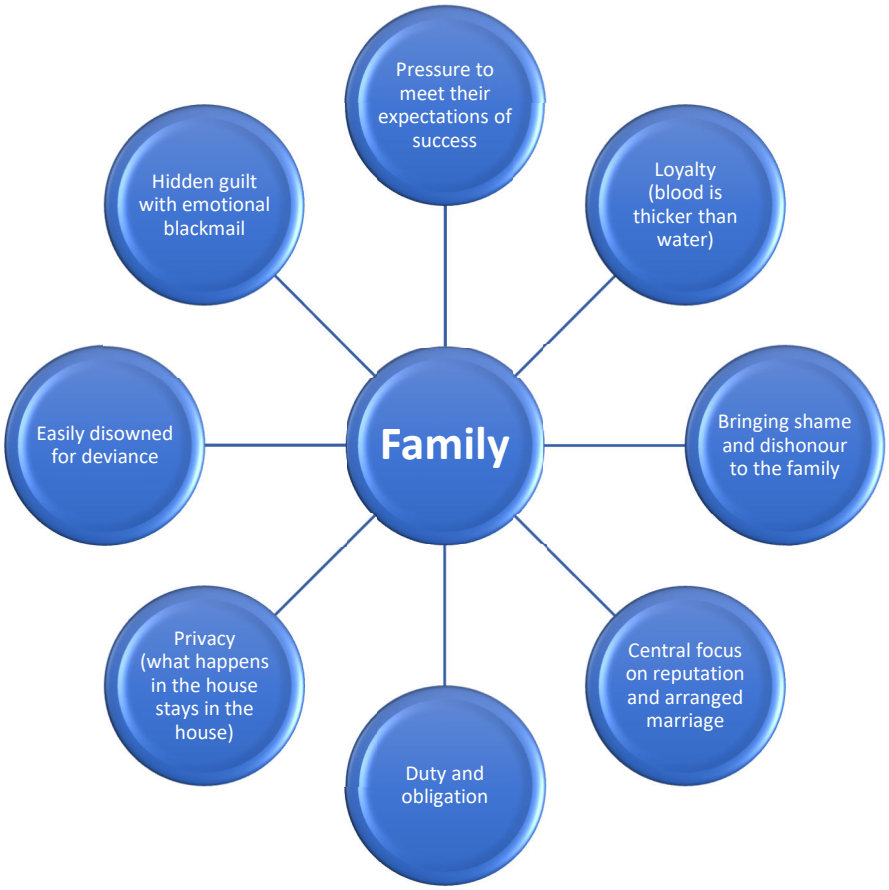


Figure 3.1: Ms. A's Illustration of Pertinent Family Dynamics and Themes

3.9.3.2 Intimate Relationships

The inability to develop and maintain functional intimate relationships was distressing for Ms. A. Although she had not conformed to the paternal expectations of an arranged marriage, Ms. A maintained a focus on finding a partner she wanted. In reflecting on her quest for a romantic relationship (See Fig. 3.2), Ms. A identified that she lacked confidence and felt insecure around males. She acknowledged she had been 'used and abused' by males who took advantage of her vulnerability. She further struggled to only be friends with males because she wanted any interaction to be sexual.

In psychology sessions, Ms. A acknowledged her difficulties with rejection and her need for attention and validation from males. She saw some parallels with her focus on trying to be a good daughter to her father but was resistant to pursuing this in discussions. Instead she could see how there was instead some resonance with her seeking love, guidance and protection from older males being in response to her lack of nurturance and care from within the family. Ms. A perceived she was 'thanking' men by sleeping with them because they had spent time with her and reduced her feelings of loneliness and isolation. The levels of insight Ms. A showed in this independent work was helpful to set the scene for linking the schema modes and illustrated that she was able to identify difficulties which started her process toward developing increased awareness.

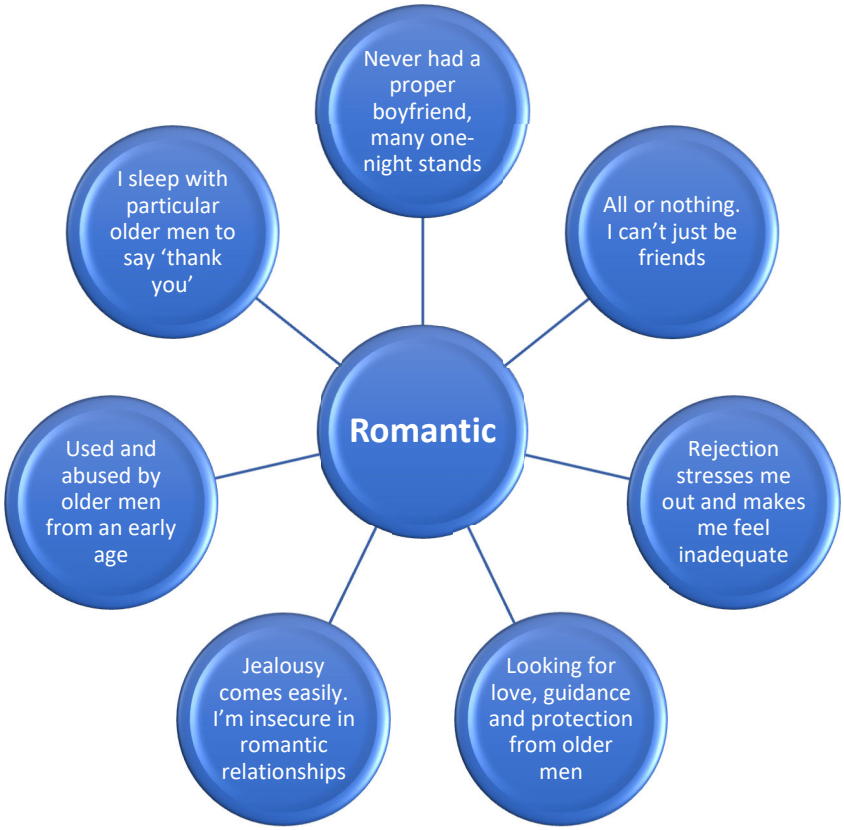


Figure 3.2: Ms. A's Perspective of Intimate Relationships.

3.9.3.3 Peers

Ms. A's support system in the community was limited, especially because she perceived 'friends' or 'enemies' as dichotomous entities. She felt extreme jealousy toward other women, especially in their interactions with men. In the secure setting, she highlighted interpersonal issues with her position in the ward 'hierarchy' and her need to maintain control and dominance over others. This was relevant for her need for status and appeared to parallel her sibling relationships. Her interactions with peers had historically resulted in threats to assault and physical aggression. The challenges Ms. A had with her peers were threefold: (i) perceiving them to be intellectually inferior; (ii) her creation of (often unnecessary) competition; and (iii) experiencing parallels with sibling rivalry. In linking to Ms. A's perspective toward revenge, she identified distrust in the

motives of others, proactively attacking as a form of defence, and bearing grudges toward peers. Her preference for the company of males further focused on her identification of worth through the male role.



Figure 3.3: Ms. A's Perspective of Relationships with Peers.

3.9.3.4 Authority

Ms. A reported difficulty with authority to related to police and staff in prison and hospital settings. She routinely challenged decisions affecting her with relationships with staff characterised by: (i) a need for dominance and control; (ii) having her needs met immediately; and (ii) sexually provocative behaviour toward males. This had historically

resulted in incidents where she had barricaded staff into the nursing office, barricaded herself into the bathroom, and engaged in excessive, injurious head-banging behaviour.

In regard of problematic interactions with male staff, Ms. A became jealous she was not the only recipient of attention from her named nurse, perceiving other female patients as rivals. She dressed in provocative / low cut clothing, refused to play games of pool unless with male staff, discussed the likely sexual performance of male staff with her peers, and asked male staff whether they watched pornography.



Figure 3.4: Ms. A's View of Authority, Status and Hierarchy.

Following the focus on considering the family dynamics and EMSs, the schema modes were introduced to assist Ms. A in creating links and interpreting her own

problematic behaviour. A collaborative, visual diagram was initially developed (See Fig. 3.5) to draw the elements together and enabled Ms. A to develop greater insight into the interactions across and between different relationships. She responded increasingly well to this structure, the investment in her from a therapeutic perspective, and the supportive and non-judgemental approach taken.

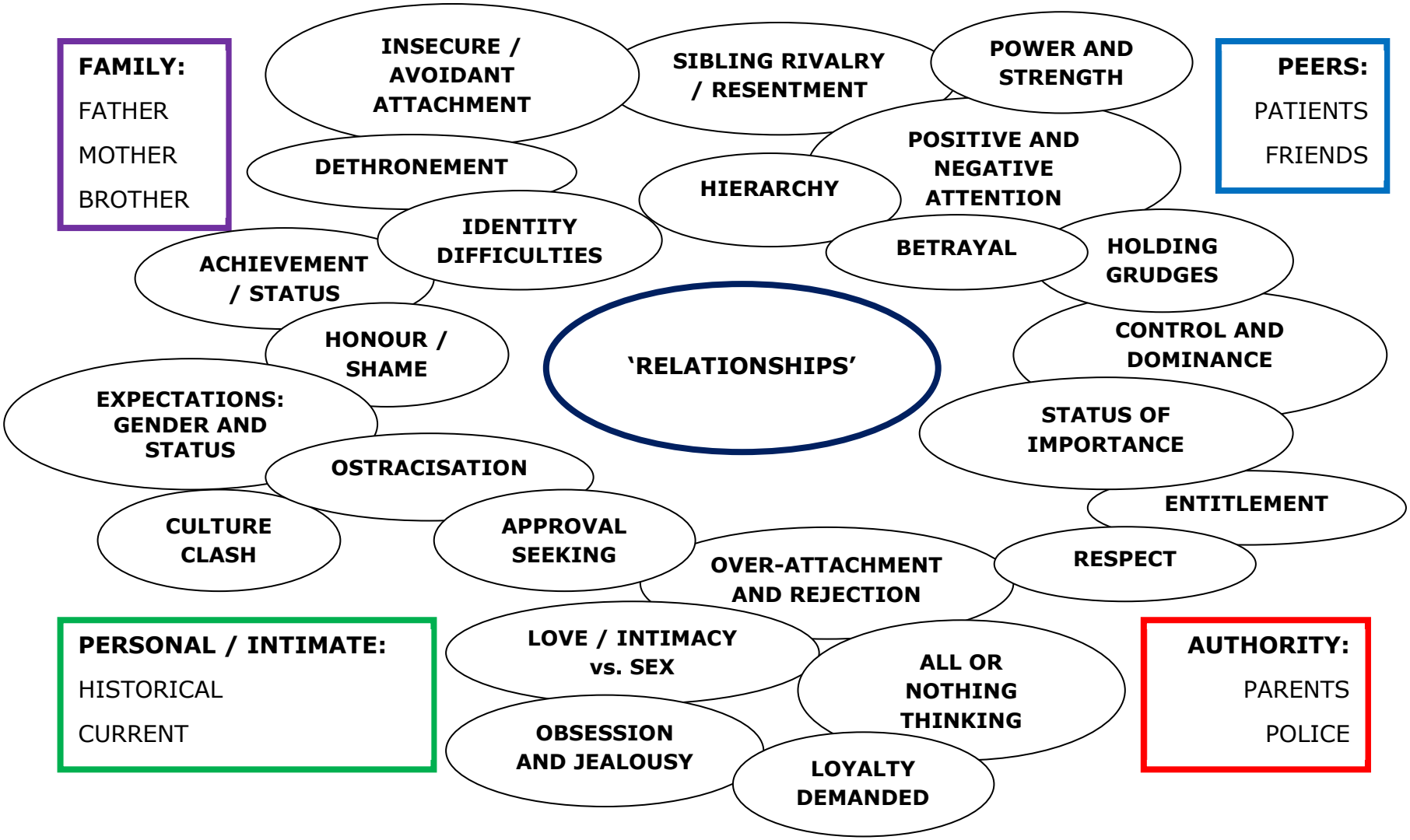


Figure 3.5: Themes Within and Across Multiple Relationship Domains.

3.9.4 Phase 3: Relational Dynamics and Schema Modes

The identification and application of schema modes following the preceding phases and enabled Ms. A to understand her responses more fully to situations where her EMSs were triggered. The modes relevant to Ms. A are highlighted in yellow in Table 3.8. Modes 1-7 and 9-12 were created by Young, et al., (2003) and forensic relevant modes 8 and 13-15 by Bernstein, Arntz and de Vos (2007). The advice of Kellogg and Young (2006) was followed for working with Borderline Personality Disorder (BPD). Although five central modes are often identified as a 'borderline constellation' – the abandoned and abused child, the angry and impulsive child, the detached protector, the punitive parent and the healthy adult modes (Kellogg & Young, 2006) – it is argued that BPD patients may be observed to move rapidly between modes. In the case of Ms. A, it was possible to identify a broader range of modes which were considered in line with her personality disorder diagnosis – particularly the emphasis on the four child modes – vulnerable, angry, impulsive and lonely. In addition, two of the forensic modes were identified in regard of her difficulties in the community – the 'angry protector' and 'predator' modes.

Ms. A was resistant to accepting the child modes, perceiving them as 'infantilizing', preferring instead to maintain a 'self-aggrandizer' mode as an over-compensatory response. However, she did recognise the potential movement between all four child modes – Vulnerable (abandoned, abused, humiliated), Angry, Impulsive / Undisciplined and Lonely – but only when presented in a more palatable way. One of the difficulties Ms. A had was any acceptance that her own experience of being ousted from her first-born status within the family had created an ongoing need to be central to events and important to others. In discussing the parallels between Ms. A's behaviour and whether she was seeking to relive the attention she had as a young child, she was

wholly resistant to being considered 'attention seeking'. However, this was not the focus of the discussion because her need for centrality was reframed from what is often perceived as negative behaviour (craving attention) which can be dismissed as such by practitioners. When the focus was on dethronement and the problematic behaviours Ms. A engaged in to regain her father's attention (e.g., attempting to smother her brother and dropping him as a baby), she began to identify the parallels of feeling threatened and unimportant in adulthood.

When in 'punitive parent' mode, Ms. A appeared to be at greatest risk of engaging in serious self-injury (e.g., head-banging, swallowing) or attempting suicide by ligating. Although her previous behaviours were perceived historically as suicidal gestures, it was apparent Ms. A had the potential to behave impulsively and was therefore at high risk of suicide in the future. Ms. A recognised her own vulnerability in regard of suicide although this perspective was fleeting.

The 'impulsive / undisciplined' → 'angry child' mode appeared to be more easily recognised in the secure setting when Ms. A's needs were not met, and the over-compensatory modes of the 'self-aggrandizer / bully – attack' modes were used to maintain her status over peers when feeling vulnerable and needing to exert dominance. This was also observed when considering her index offence and wider problematic behaviours (altercations and assaults). Ms. A was able to identify that it was during these modes that her perspective toward revenge and the punishment of others became prominent. This was additionally identified in the context of Ms. A's responses to the revenge relevant psychometric measures and enabled greater discussion about her perspective toward individuals she had previously perceived to have wronged her. It was noted that Ms. A's response style on the Vengeance Scale indicated she did not hold

especially strong views (neither agree or disagree) but this appeared to at stark contrast with her otherwise forthright position. It was observed in sessions that Ms. A exhibited strong views about revenge and she was able to speak about long-standing feelings of hurt toward males who had taken advantage of her and toward people who had not been loyal or had let her down.

In regard of the relationship with her father and wanting to be fully integrated into her family, Ms. A presented with internalized, dysfunctional parental voices of 'punitive / critical parent' mode. This related to her need to be the perfect child and achieve what her father wanted. She minimised her difficulty achieving the status she once had and struggled to contemplate permanent rejection from her family. The importance of her father attending graduation was considered using a therapeutic letter (not to send) to help Ms. A more readily process her thoughts and feelings and think about how she might want to communicate her needs to him. There were many unsaid things that were too painful for Ms. A to verbalise in the sessions and the focus on writing to her father enabled her to consider and process her feelings and how she wanted to progress a future relationship with him. Prasko, Diveky, Mozny and Sigmundova (2009) outlined the importance of writing to significant caregivers as a method to alter emotional schemas in therapeutic interventions. Ms. A engaged in letter writing at a time when the trust within the therapeutic alliance was established and she was in a safe space to manage the unresolved issues with her father. In the content of sessions, her letter was discussed, and revisions were considered – this related to the noticeable formal style of writing she used – to include a greater emphasis on emotion and her wish for him to accept her. The letter[19] illustrated how embedded Ms. A's own identity was with that of her fathers and

[19] The letter is not presented here due to client anonymity and privacy.

her inability to separate from this to become a healthily independent adult. Although the letter was not sent, it had a positive impact and increased her level of confidence when looking ahead to the community and how she might interact with her father in the future.

Table 3.8: Schema Modes – General and Forensic[20]

Child Modes: Involves feeling, thinking, and acting in a 'child-like' manner.	
1. Vulnerable Child (Abandoned, Abused, or Humiliated Child)	Feels vulnerable, overwhelmed with painful feelings such as anxiety, depression, grief, or shame / humiliation.
2. Angry Child	Feels and expressed uncontrolled anger or rage in response to perceived or real mistreatment, abandonment, humiliation, or frustration; often feels a sense of being treated unjustly; acts like a child throwing a temper tantrum.
3. Impulsive, Undisciplined Child	Acts like a child who 'wants what she wants when she wants it' and cannot tolerate the frustration of limits.
4. Lonely Child	Feels lonely and empty, as if no one can understand her, soothe or comfort her, or make contact with her.
Dysfunctional Coping Modes: Involves attempts to protect the self from pain through maladaptive forms of coping.	
5. Detached Protector	Uses emotional detachment to protect one from painful feelings; is unaware of her feelings, feels 'nothing', appears emotionally distant, flat or robotic; avoids getting close to other people.
6. Detached Self-Soother / Self-Stimulator	Uses repetitive, 'addictive', or compulsive behaviours, or self-stimulating behaviours to calm and soothe oneself from painful feelings.
7. Compliant Surrenderer	Gives in to the real or perceived demands or expectations of other people in an anxious attempt to avoid pain or to get one's needs met; anxiously surrenders to the demands of others who are perceived as more powerful to oneself.
8. Angry Protector (Forensic)	Uses a 'wall of anger' to protect oneself from others who are perceived as threatening; keeps others at a safe distance through displays of anger; anger is more controlled than when in the Angry Child mode.

[20] General modes adapted from Young, Klosko, & Weishaar (2003) and forensic modes adapted from Bernstein, Arntz & de Vos (2007).

Maladaptive Parent Modes: Involves internalized dysfunctional 'parent' voices.	
9. Punitive, Critical Parent	Internalized, critical or punishing parent voice; directs harsh criticism towards the self; indulges feelings of shame or guilt.
10. Demanding Parent	Directs impossibly high demands toward the self; pushes the self to do more, achieve more, never be satisfied with oneself.
Over-compensatory Modes: Involves extreme attempts to compensate for feelings of shame, loneliness, or vulnerability.	
11. Self-Aggrandizer Mode	Feels superior, special, or powerful; looks down on others; sees the world in terms of 'top dog' and 'bottom dog', shows off or acts in a self-important, self-aggrandizing manner; concerned about appearance rather than real feelings or real contact with others.
12. Bully and Attack Mode	Uses threats, intimidation, aggression, or coercion to get what she wants, including retaliating against others, or asserting one's dominant position; feels a sense of sadistic pleasure in attacking others.
13. Conning and Manipulative Mode (Forensic)	Cons, lies, or manipulates in a manner designed to achieve a specific goal, which either involves victimizing others or escaping punishment.
14. Predator Mode (Forensic)	Focuses on eliminating a threat, rival, obstacles, or enemy in a cold, ruthless, and calculating manner.
15. Over-Controller Mode (paranoid and obsessive-compulsive types) (Forensic)	Attempts to protect oneself from a perceived or real threat by focusing attention, ruminating, and exercising extreme control. The Obsessive type uses order, repetition and ritual. The Paranoid type attempts to locate and uncover a hidden (perceived) threat.

3.9.5 Phase 4: Integration and Ending

The ability to integrate early experiences, maladaptive schemas and the presence of schema modes to cope was the primary objective of this intervention. The focus was for Ms. A to build her awareness of how childhood experiences had impacted on her current relationships and offending behaviour. It was apparent that toward the end of the intervention that Ms. A was increasingly looking ahead to her transition to a low secure placement. She expressed anxiety about the move and how this would affect her, especially due to historic difficulties she had living with peers and how a new peer group might cause her feelings of uncertainty, powerlessness and possible risk to others and vulnerability.

The concerns Ms. A reported in later sessions were genuine and illustrated a greater level of insight into her difficulties including a wish to identify coping strategies rather than respond to real or perceived threats in the moment, for example, her peers. The concern about moving on further increased Ms. A's reliance on the attachment she had within the sessions and she increasingly extended session times, commencing conversation to maintain the interaction. This illustrated the importance of the relationship within the context of the intervention and the greater need for her to attach prior to the therapeutic ending.

To extend the attachment and support for Ms. A further, it was suggested she consider developing a playlist of music which she thought were empowering. As part of her independent work, she chose tracks she felt would support a positive mental state, were she to struggle in the new placement. This was to act as a 'transitional object' (Winnicott, 1953) to extend, via a physical and audio representation of her previous therapeutic relationship, the support Ms. A would have in her new environment. The

emphasis here was additionally to respond to her difficulties with abandonment and separation with relationship endings (see Kellogg & Young, 2006). The tracks Ms. A chose for her playlist were listened to prior to one of the ending sessions to enable informed discussion of the meanings associated with the music and that her future mattered. The visceral experience that objects can bring in helping individuals access positive memories and associations can be powerful in providing additional support and comfort – much like in childhood (Wilson & Robinson, 2002). This concept works well in the context of engaging in limited re-parenting with clients. Hence the purpose of the playlist was to enable Ms. A to have a reminder of her growth and support from within the therapeutic relationship and her strength moving forward.

3.10 Evaluation of Treatment Efficacy

3.10.1 Risk

The underlying focus of this intervention work was a reduction in risk of harm across several domains. However, the primary goal for Ms. A was to support the development of her understanding of the origins and nature of difficulties she had in relationships while focusing on fostering a greater 'healthy adult' perspective.

3.10.1.1 Risk to Self

Ms. A had a history of engaging in self-injurious and suicidal behaviours, and over time, had used a range of modalities such as cutting, head-banging, tying ligatures and swallowing / inserting foreign objects. Such acts of self-injury were reportedly triggered by her feeling unfairly treated, let down, abandoned and / or controlled. During the intervention, Ms. A acknowledged different functions of her self-injurious behaviour. One was to avoid and self-soothe (detached self-soother mode); another function was to

communicate her distress and frustration / anger (angry child mode); Ms. A additionally recognised that her engagement in self-destructive behaviours was an attempt to take back some control and seek care from others, particularly when feeling abandoned or let down. During the intervention, Ms. A managed to engage in healthier behaviours, such as distraction, mindfulness and positive self-soothing activities such as sleeping, listening to music and seeking respite from others.

3.10.1.2 Risk to Others

The administration of the revenge measures identified an increase in Ms. A's score on the Vengeance Scale from 89 (pre) to 97/140 (post). In discussion, it was possible to identify Ms. A's response pattern had been more conservative at the commencement of sessions when she was less certain about the intervention and the therapeutic relationship had not fully developed. This became a better reflection of her true perspective once she was more comfortable openly acknowledging vengeful thoughts toward those she perceived had wronged her.

Ms. A's history of engaging in altercations including threats and violence in different contexts (e.g. in the community and hospital) and towards different victims (peers, police, staff) highlighted her potential for further harm. During the sessions, she became increasingly able to explore her relevant coping modes and considered her offending and institutional risk.

3.10.1.3 Risk of Vulnerability

Ms. A had been previously targeted and bullied by peers at school, in the community and in hospital. The fragility she displayed in the context of forming, maintainance and ending of relationships further increased her vulnerability to bullying, assault or the potential for collusion with peers. Although Ms. A had explored peer

relationships within therapy, it was clear she continued to hold a range of difficult, traumatic memories linked to past negative experiences of bullying and victimization by her peers. She was able to recognise that memories could still upset her, and that she might benefit from trauma focused work in the future to support her in more fully processes such memories. This was linked to her avoidance of seeking out support from others due to a fear she may be laughed at or humiliated.

3.10.1.4 Incident reports

During the 10 months of the intervention, Ms. A made significant progress in reducing the number and severity of risk related incidents. In reviewing the previous two years prior to the start of the current intervention, she had received incident reports for being confrontational and aggressive (x 17) which included verbal aggression and hostility. These were primarily linked to access to caffeine and PRN medication and were identified as substance misuse paralleling behaviour. There were also incidents of self-harm (x 9; head-banging and swallowing objects) and suicide attempts (x 5; ligating and occluding her airway). She further struggled when a peer, with whom she was competitive on the ward for dominance, was assigned the same named nurse. She also made threats toward her peers and staff when her needs were not met (x 7). Her intimidation toward staff varied and it was apparent that this was sometimes formally documented as an incident (x 12), but during handovers, it was clear such behaviour was also de-escalated and not formally recorded. Furthermore, Ms. A responded with aggression during another incident when her PRN medication was not facilitated and was moved into the intensive care part of the ward. Here, she barricaded herself in with staff, made threats toward staff and peers, and was verbally aggressive. This was the most significant risk situation in regard of potential harm toward others.

Most noticeably, the frequency of verbal altercations with staff and peers reduced over the course of the intervention and she developed an increased focus on maintaining positive interactions. Her self-harm reduced and although she continued to push boundaries and rules on the ward (x4) (e.g., attending the ward community meeting in her pajamas), her behaviour was less threatening and hostile. The extent to which any changes in behaviour were directly related to the psychological work she was completing was unclear (Please see 3.10.2) because this work was completed in parallel to other therapeutic endeavours.

Ms. A reflected that engaging in one-to-one psychological work provided her with space to discuss early childhood experiences, especially her relationship with her father, which was beneficial and created a better understanding of the relational dynamics. Although she was unable to develop the relationship she hoped for (i.e., a close father-daughter relationship), she continued to hope that in the future she would be considered 'worthy' of returning to the family – she attributed this to her positive progression toward the community. This potential future relationship was motivating for Ms. A, especially because she was unable to entertain the thought that her father might never accept her and that she might not see her family again. This was a potential risk area in regard of suicide in the future were she to remain ostracised and lose all hope.

3.10.1.5 Relational Security

Throughout the course of the intervention, there were fortnightly considerations of the eight domains in the Relational Security Explorer (See 3.7.2) which formed one aspect of clinical team meetings. This created an opportunity to routinely discuss Ms. A's progress and identify any ongoing difficulties she was experiencing. The relational security explorer placed the individual intervention work within a broader set of

interactions. This was considered qualitatively, and any information of note communicated within the team – however, this process did not provide quantitative 'scores' that can measure change over time.

3.10.2 Therapeutic Relationship and Engagement

Core to the beneficial delivery of ST is the relationship between the therapist and client and is identified as a significant factor in determining change (Beckley, 2016; Kellogg & Young, 2006; Young, et al., 2003). In the present intervention, this was monitored across sessions to identify changes and any potential difficulties. The therapeutic alliance with Ms. A was considered during clinical supervision and openly discussed with Ms. A in regard of commenting positively on her increasing ability to tolerate more 'intrusive' content in sessions. Openness and transparency were beneficial to the therapeutic relationship and enhanced her willingness to trust the process. No pre- and post- formal measures were administered because it was valuable to consider the characteristics of a positive therapeutic alliance as the basis for reflection on an ongoing basis. The therapeutic contract identified the mutually agreed goals of the intervention, and the primary focus was then on the development of trust and increasing receptivity to the new methods of looking at her problems (e.g., relational difficulties through a ST informed approach). This was based on the 'Working Alliance Inventory' which had been considered helpful for use in forensic mental health (Donnelly, et al., 2011).

A supportive base and attachment were necessary to provide Ms. A with consistency and trust (Crafford, 2005) and the potential dynamics of the relationship were identified in advance. This was in regard of Ms. A's attachment style and her

increased need to self-soothe when feeling distressed (Ekamparam, 2008). Her initial interpersonal engagement prior to, within, and following sessions indicated her need to test therapist commitment. This was illustrated by her initial boundary testing which included seemingly innocuous behaviours such as her not being prepared for sessions (remaining in her room, making drinks, engaging in conversation with other peers and staff) and indirectly controlling when the session would end (repeatedly yawning, requesting the toilet, and changing conversation topic). This was accepted as part of the need for Ms. A to feel in control due to the psychological exposure of such a therapeutic intervention.

During the assessment phase, Ms. A continued to engage in self-soothing behaviours in the therapeutic space through the provision of caffeine and chocolate. Such behaviour is supported by research focusing on adolescent use of substances and levels of anxiety (Douglas, et al., 2010) and coincided with the completion of the schema questionnaires. This illustrated the extent to which items on the parental origins of EMSs resonated with Ms. A. To support this, her observed psychological difficulties were empathically acknowledged during sessions and the completion of the ST measures were paced to maintain a stable mood state and avoid overwhelming her.

Following the ST assessment period, Ms. A became more settled into the routine, consistency and content of sessions and presented with a more considered focus. When discussing the EMSs, she displayed some initial resistance to the content of the work around early childhood, particularly difficulties exploring dethronement following the birth of her brother. She became increasingly more committed and when individual work was suggested to support the sessions, she engaged. Ms. A requested from ward staff to have time allocated to spend on her individual work – she appeared to increasingly

prioritise this and was noticeably eager to please and impress. In sessions, it was observed that praise and validation appeared to parallel the parental relationship she had with her father. She became more trusting and open in sessions, managing very challenging and difficult feelings, especially around familial ostracization and the ongoing difficulties with her father.

During the intervention, Ms. A recognised her ability to develop and maintain trusting therapeutic relationships with staff and peers had developed positively and she had developed an awareness of why she so often felt left out. Although she recognised continued sensitivity to feelings of rejection and abandonment, she was able to manage the 'ending' of therapeutic work appropriately.

The therapeutic ending was planned carefully, in advance, around Ms. A's transfer to another forensic mental health facility and therefore provided a natural break for the therapeutic work. This was beneficial for the approach to work with Ms. A because it enabled appropriate preparation to occur and transition sessions were factored in accordingly. This related to her hopes and fears for the future and the identification of possible obstacles or challenges. Ms. A acknowledged she would be the new person within a different ward dynamic and the importance of settling in and getting to know her new peers. She noted her need to feel a centrality and status in her new environment which might result in her focus on dominance over others (e.g., becoming 'top dog') to avoid feeling vulnerable. Ms. A identified coping strategies she could use to remind herself of her progression and to distract herself toward more positive activities such as her own transition toward the community and further educational attainment.

Overall the experience of working with Ms. A was positive but required the need to consider complex difficulties which developed from childhood. She became

increasingly warm in her interactions and as the sessions progressed, there was a mutual respect that developed which she appreciated. The main difficulties occurred in relation to the potential difficulties for Ms. A moving forward and the compressed time for the present intervention.

3.11 Client Recommendations

The areas for further development to support Ms. A were identified in collaboration during ending sessions. This approach to her future intervention work enabled involvement and control over her destiny, especially when she had expressed anxieties about moving on. The recommended future work was designed to deliver outstanding treatment needs. This related to Ms. A's development of confidence and esteem, increasing her focus toward positive methods of seeking support and validation through functional relationships, and her involvement in activities to harness her skills and knowledge, e.g., patient relevant committees, future academic endeavours and volunteering.

It was apparent Dialectical Behaviour Therapy (DBT, Linehan, 2015; Linehan, et al., 2015) would benefit Ms. A as she progressed nearer to the community so she could further develop skills in emotion regulation, distress tolerance and interpersonal effectiveness. In regard of prior adverse experiences, the one consistent factor was Ms. A's community and familial ostracization and her father's apparent refusal to acknowledge her. The importance of a transcultural intervention focusing on Ms. A's attachment style and her experience of rejection through ostracization was considered beneficial to support her moving forward. Finally, Ms. A was encouraged to further

consolidate the ST work and focus on the situational triggers that might result in difficulties in the community.

3.12 Chapter Conclusions

This case study has provided further insight into the complexities and challenges when interpreting the behaviour of individuals who engage in revenge-oriented acts and the importance of residual childhood adversity in shaping the trajectories of individuals. The focus on a female client has identified a broader aspect of gender and illustrates the importance in identifying the residual, cumulative experiences that can result in revenge-oriented behaviour in adolescence and adulthood.

The content of this chapter has built on the research study presented in Chapter Two by contributing considerations of gender, culture and child development / adversity. Exploring the client's perception of real or perceived transgressions is important and showed in this case that relationship dynamics in childhood and adolescence, in addition to cultural influences, can be as influential as the response to direct victimization in the moment when considering acts of revenge.

Exposure to childhood adversity, including traumatic events appears to result (in some clients) in any residual impact being transposed into future events and provides potential evidence to support a trauma-fuelled trajectory into revenge, whether responding to real or perceived transgressions. Chapter Four extends the focus on human-induced trauma exposure, the development of psychopathology and acts of harm, including revenge, and presents a scoping review of the relevant literature. The scoping review presented has considered human-induced trauma in the context of symptom severity in PTSD and PTED and the influence on thoughts, feelings and acts of harm,

including revenge. The purpose of the review is to identify the wider evidence base in regard of how individuals exposed to extreme traumatic events (e.g., severity, amount / dose) may be at risk of engaging in harmful acts toward others.

Chapter Four

A Scoping Review of the Impact of Human-Induced Trauma Exposure, PTSD and / or PTED on Thoughts, Fantasies and Overt Acts of Harm

4.1 Abstract

Background: The lived offending experiences of clients in forensic mental health settings outlined the potential for a trauma-fuelled trajectory toward revenge-oriented acts of harm. The impact of trauma exposure on psychopathology and on thoughts, feeling and acts of harm, including revenge, was the focus of this review. The objective was to identify the broader evidence base to inform practitioner work with offending populations. **Methods:** A systematic search was conducted of PubMed (including MEDLINE), CINAHL Plus (EBSCO), the Applied Social Sciences Index and Abstracts (ASSIA), PsychARTICLES (Including PsycINFO – EBSCO), and the Published International Literature On Traumatic Stress (PILOTS – ProQuest) database. **Results:** The data extraction identified 42 studies involving 16,762 participants originating from 45 countries. Support was found for an association between traumatic exposure and severity of PTSD symptoms with feelings of / desire for revenge, hatred, vengeful rumination, embitterment, sense of injustice, a willingness to act, reductions in reconciliation and forgiveness across populations. Anger, reactive and appetitive aggression were further relevant to the impact of prior exposure of trauma and related psychopathology, however the relationship remains worthy of further exploration within and between populations. Under-investigated areas and limitations in design contribute to difficulties in concluding more fully. **Conclusions:** The review has consolidated the research in this area and

importantly across a diverse set of samples but for whom traumatic exposure has been impactful. Implications for the provision of tailored support and clinical interventions to military veterans, civilians in post-war communities, refugees and asylum seekers, offenders and victims, are discussed.

4.2 Introduction

The established link between trauma, stressors and mental health outcomes (e.g., Traumatic and Stressor Related Disorders: Post-Traumatic Stress Disorder (PTSD), Post-Traumatic Embitterment Disorder; Persistent Complex Bereavement Disorder (PCBD); American Psychiatric Association, 2013) highlights the importance of understanding the potential impact of events, whether one-off, prolonged, or cumulative. Adverse events can occur across the life course, and when experienced in childhood and adolescence, are commonly referred to as Adverse Childhood Experiences (ACEs; Hughes, et al., 2017). ACEs comprise (i) Abuse (physical, sexual, verbal); (ii) Neglect (emotional and physical); and (iii) Family Conflict, for example, exposure to a household where adults have substance misuse problems, mental health problems, engage in domestic violence, have spent time in prison, or whose parents have separated. The outcomes associated with multiple ACEs are violence, mental illness and substance misuse (Hughes, et al., 2017). The extent to which events are considered traumatic or stressors depends on the nature of the experience. Trauma occurs following a distressing event, one which overwhelms an individual's capacity to cope and make sense of the situation, for example, a life-threatening situation or sexual violence (Storr, Ialongo, Anthony & Breslau, 2007). The subjective experience of trauma therefore required an understanding of individual

differences because reactions to similar traumatic events will differ – hence there will be variations in psychological response (Storr, et al., 2007).

Kilpatrick, et al. (2013) reported lifetime prevalence rates for the diagnostic criteria of PTSD using DSM-V of 8.3% – illustrating the extent to which exposure to different traumatic events can result in ongoing and longer-term mental health diagnoses. Further, the extent to which a traumatic event is experienced in the first person or vicariously, the level of severity or invasiveness, and the potential for support or intervention can influence any capacity to cope and / or resilience to future harm (Cénat, Derivois, Hébert, Amédéé & Karray, 2018; Joseph, 2013).

Evidence of psychological coping following traumatic events considers the temporality, nature and type of exposure, and separates this in the context of natural disasters, technological disasters and human-induced events (Marsella, 2010; Neria, Nandi & Galea, 2007; Rubonis & Bickman, 1991). Traumatic events can be considered in the context of hurricanes, earthquakes, tsunamis, and floods – events largely impossible to prevent – through to events where there is an identifiable 'perpetrator' and individual/s or entities who are deemed 'responsible' or 'culpable'. Human-induced trauma relates to events where it is possible to establish blame or consider individuals, groups, communities or society (e.g., humans) responsible for the harm caused. When there is the potential to attribute blame following a traumatic event, it increases the potential for any corresponding response to harm, for example, via an act of revenge. This is relevant whether considering one-off events (van Denderen, de Keijser, Kleen & Boelen, 2015), cumulative trauma over time (Kunst & Winkel, 2015; Steel, et al., 2009), and the role of collective trauma experienced in populations (Cardozo, Kaiser, Gotway &

Agani, 2003; Field & Chhim, 2008; Schwarz & Kowalski, 1991), for example, being a victim of crime, sexually abused over years, or a survivor of genocide.

Irrespective of the type and level of exposure, the importance of individual differences in the subjective experience of trauma appears one of the defining elements of resilience and corresponding implications for mental health. Individual responses occur on a continuum from post-traumatic growth (Darvill & Johnson, 1991; Kasdan & Kane, 2011) – with reports of a renewed sense of life and focus – to ongoing, debilitating psychological distress including manifest harm to the self and others (Moeller, Gondan & Novaco, 2017). The type and extent of trauma further influences any sense of injustice and potential responses – whether through forgiveness or acts of harm (Crostley, 2009).

The relevance of C-PTSD, PTSD and PTED in forensic populations is somewhat clouded by any broader focus on offending behaviour or the context of personality disorder (e.g., Cattane, Rossi, Lanfredi & Cattaneo, 2017) rather than routinely identified as comorbid with stress or embitterment responses. The PTSD symptoms in DSM-V (APA, 2013) listed under Criterion B (Intrusion symptoms), D (Negative alterations in cognition and mood) and E (Alterations in arousal and reactivity), illustrate the potential to engage in acts of harm (e.g., revenge) in response to traumatic transgressions or victimization. As such, any separation of victim and offender trajectories can create a perspective that accounts for adversity but does not fully consider the implications for engaging in harm in adulthood, especially when motivated by a need for revenge.

Post-Traumatic Embitterment Disorder (PTED; Linden, Baumann, Lieberei & Rotter, 2009; Linden, Baumann, Rotter & Schippan, 2007; Linden & Rotter, 2007; 2009; 2018) is a disorder of adjustment and a response to a critical event that presents in a manner distinct from PTSD, the primary difference being that rather than a stress /

anxiety response, an individual develops a '*mixture of despair, dysphoria, aggression, accusation, feeling of injustice, disturbed sleep and appetite, and intrusive memory*' (Patra & Sarkar, 2013, p.8) following a difficult life event. PTED therefore has the potential to fuel maladaptive coping strategies in response to life events considered to be exceptional, but normal (Linden & Rotter, 2009). The link between embitterment and thoughts or acts of revenge is identified in the conceptualization of embitterment within the self-report measure and diagnostic interview (Linden, Baumann, Lieberei & Rotter, 2009; Linden & Rotter, 2009). The relevance of embitterment will be discussed within the context of the present scoping review.

The increased awareness of the need to address the adverse childhood histories (where relevant) in clinical and forensic populations (Goff, Rose, Rose & Purves, 2007; Spitzer, et al., 2001) has contributed to trauma-informed interventions in healthcare. Although trauma and revenge have been linked (e.g., Orth, 2003), evidence of the influence of traumatic stress and embitterment on individuals who engage in acts of revenge requires further exploration. Developing an understanding of the ways in which post-traumatic stress and embitterment may influence revenge fantasy / rumination, grievance-thinking and revenge motivated acts can assist in identifying risk of harm. This scoping review maps the current evidence base and considers implications for treatment interventions and assessment efficacy with populations who have been exposed to traumatic events. The primary focus of this review was therefore to consider the forensic and clinical implications of harm stemming from human-induced traumatic or other critical events. Further, it was important to consider the subsequent development of any trauma response (e.g., PTSD, Complex-PTSD or PTED) and expression of revenge-oriented perspectives or acts of interpersonal harm.

4.2.1 Research Questions

1. What is the role of anger rumination, grievance thinking and fantasy in those with a diagnosis of post-traumatic stress or embitterment and how does this link to acts of harm?

2. What is the relationship between formally diagnosed or measured trauma symptom severity (e.g., post-traumatic stress or embitterment) and acts of revenge or broader harm (or alternative courses of action) in individuals who have experienced human-induced critical or traumatic events in childhood or adulthood?

A preliminary search on the topic using the JBI Database of Systematic Reviews and Implementation Reports (JBISRIR), Campbell Collaboration, Cochrane Library, PROSPERO (University of York) was conducted (27-29 June 2018) to identify similar scoping or systematic reviews. The databases were searched using 'PTSD' (including broader search terms, e.g., post-traumatic stress), or 'Trauma' or 'Embitterment' AND either 'Revenge', 'Retaliation', 'Violence', 'Aggression', or 'Crime' to identify relevant, completed reviews.

Ten systematic reviews and four scoping reviews were identified as relevant to the general field; however, they did not fulfil the objectives of the present scoping review. Systematic reviews identified were: (i) Cerci and Colucci's (2018) review of PTSD and forgiveness after human-induced traumatic events; (ii) Bowen's (2017) review of childhood maltreatment and psychopathology in adult offenders; (iii) Walker and Sleath's (2017) review of revenge pornography and sexually explicit media; (iv) Szabo, Warnecke, Newton and Valentine's (2017) review of rumination and PTSD in trauma exposed adults; (v) Willis, Chou and Hunt's (2015) review of the effect of political imprisonment on mental

health; (vi) Watson's (2013) review of combat related PTSD and violence in military personnel; (vii) Johnson and Thompson's (2008) review of the development and maintenance of PTSD in adult survivors of war trauma and torture; (viii) Gil-González, Vives-Cases, Ruiz, Carrasco-Portiño and Álvarez-Dardet's (2007) review of childhood experiences of violence as a risk factor for intimate partner violence; (ix) Neria, Nandi and Galea's (2007) review of post-traumatic stress following natural, technological and man-made disasters; and (x) Brewin, Andrews and Valentine's (2000) review of risk factors for PTSD in trauma exposed adults. Scoping reviews identified were: (i) Collins' (2018) review of military parents' PTSD and children's mental health; (ii) Guruge and Butt's (2015) review of mental health issues in immigrant and refugee youth; (iii) Rose, Aiken and McColl's (2014) review of psychological interventions for PTSD in military personnel and veterans; and (iv) Saraiya and Lopez-Castro's (2016) review of the role of shame in Post-Traumatic Stress Disorder. References contained in these reviews were screened for consideration in the present scoping review.

4.3 Methods

The present study followed the guidance for a scoping review (e.g., Arksey & O'Malley, 2005; Joanna Briggs Institute, 2015; Pham, et al., 2014; Tricco, et al., 2016) and considered primarily quantitative evidence – qualitative evidence was included where it met the research objectives and findings could be interpreted with clarity. The process formed three main stages as identified by Peters, et al. (2015): (i) an initial limited search of identified databases; (ii) analysis of text words contained in title and abstract and index terms; and (iii) search of the reference lists of all identified reports and articles for full studies meeting the inclusion criteria (p. 144).

4.3.1 Search Strategy

The following medical, healthcare and psychological online full-text databases and other electronic sources was searched: PubMed (including MEDLINE), CINAHL Plus (EBSCO), the Applied Social Sciences Index and Abstracts (ASSIA), PsychARTICLES (Including PsycINFO – EBSCO), and the Published International Literature On Traumatic Stress (PILOTS – ProQuest) database. Grey literature was searched (e.g., e-theses and dissertations, conference proceedings and policy reports) using PsychEXTRA, DART (Digital Access to Research Theses), OpenGrey, BASE (Bielefeld Academic Search Engine) and the Grey Literature Report.

The *'Journal of Traumatic Stress'*, *'Traumatology'*, *'Journal of Loss and Trauma'*, *'European Journal of Psychotraumatology'*, the *'Journal of Emotional Abuse'* and *'Psychological Trauma: Theory, Research and Practice'* in addition to *'Psychology of Violence'* and the *'Journal of Interpersonal Violence'* were further searched for relevant studies meeting the inclusion criteria. There was no language restriction applied to the identification of primary research studies. Experts in the fields of PTSD, PTED and revenge / forgiveness were additionally approached – these were initially identified as Prof. Noreen Stuckless (York University, Canada), Prof. Michael McCullough (University of Miami, USA), Prof. Everett Worthington (Virginia Commonwealth University), Prof. Dr. Dr. Andreas Maercker (University of Zurich, Switzerland) and Prof. Dr. Michael Linden (Charité University Medicine Berlin, Germany) and Professor Lopes-Cardozo (Emory University, USA), King's Centre for Military Health Research (KCMHR, UK). Five of the seven experts identified responded to the request for publications.

Search terms were initially identified from the available relevant literature and systematic reviews (See Appendix 4A) and consolidated to ensure pertinent elements of

the search were incorporated into the strategy. This used the Boolean search operators (AND, OR, and NOT). The terms identified for initial searching were PTSD (or post-traumatic[21] stress disorder) OR emotional trauma OR embitterment AND revenge OR retaliation OR vengeance OR revenge fantas* OR grievance thinking OR anger rumination OR aggression. A subject librarian was consulted to ensure the search terms and process was adhering to the most effective and comprehensive approach.

[21] This included appropriate spelling according to the database searched.

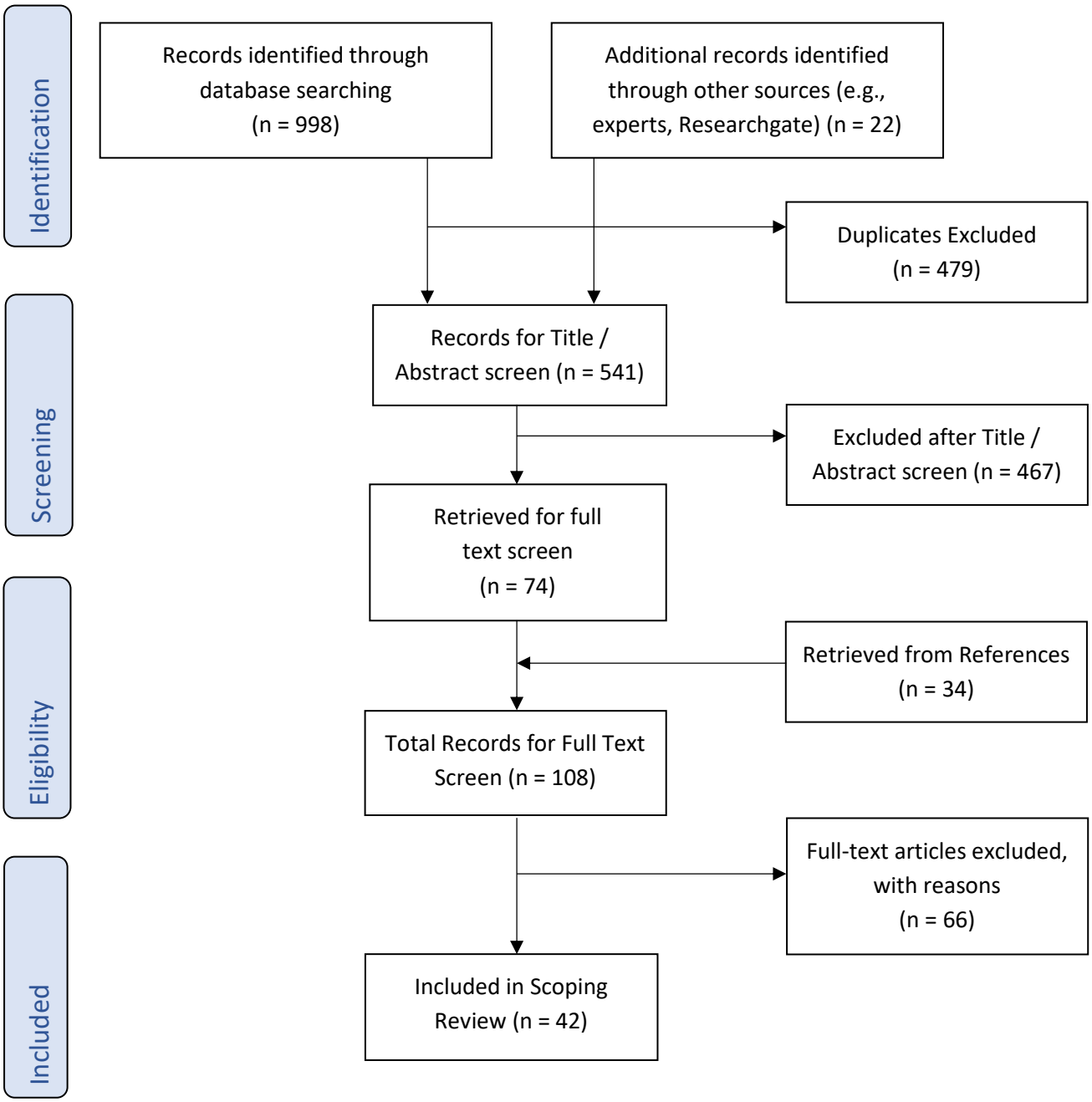


Figure 4.1: Flow Diagram of Scoping Review Article Selection (from Moher, et a., 2015).

4.3.2 Inclusion / Exclusion Criteria

Table 4.1 illustrates the criteria used for this scoping review and the basis on which papers were selected.

Table 4.1: Inclusion / Exclusion Criteria for Scoping Review

	Inclusion	Exclusion
Participants	Children and adults of any gender.	No exclusions.
Exposure	Exposure to a human-induced traumatic or critical event and / or events occurring in childhood or adulthood via direct or indirect experience where there was an intention to cause harm. Includes experiencing, witnessing and perpetrating in regard of traumatic or critical life events. Combination of exposure including intended human-induced trauma. Formal measurement of a trauma response via psychometrics or qualified clinician interview of PTSD[22], C-PTSD or PTED[23].	Natural disasters (e.g., flood, earthquake, tsunami, hurricane). Human-induced trauma where no malign or deliberate harm was intended (e.g., negligent medical procedures, physical illness, childbirth, and accidents).
Comparator	Different levels of exposure to human-induced trauma. Different levels of PTSD /PTED symptom severity. Different levels of subsequent feelings of revenge or acts of harm. Control groups.	N/A
Outcome	Thoughts, feelings or acts of harm including anger rumination, grievance thinking, revenge fantasy (or similar harmful ideation), and acts of intentional harm, including revenge.	Inwardly directed acts (e.g., self-injury or suicide)
Evidence	Primary, peer-reviewed research (cohort, case control, cross-sectional)	Editorials, book chapters with no empirical study content.

[22] The requirement to meet Criterion A (direct exposure to a traumatic event) for PTSD was excluded to include cumulative trauma across multiple events and sources, and secondary traumatic stress. This further allowed for difficulties in memory for individuals who have experienced substantial, prolonged, multiple traumatic events.

[23] PTED was additionally considered in regard of critical events and identified when measured using formal tools designed for this purpose within the research, e.g., the Posttraumatic Embitterment Disorder Self-Rating Scale (See Table 4.2).

4.3.3 Data Extraction

The process of charting the results (e.g., Arksey & O'Malley, 2005; Joanna Briggs Institute, 2015; Kastner, et al., 2012; Levac, Colquhoun, & O'Brien, 2010; Peters, et al., 2015; Peterson, et al., 2017; Pham, et al., 2014; Tricco, et al., 2016) used an extraction form as the basis for collating pertinent information (See Appendix 4B). The data abstraction form was initially trialled independently by two reviewers using 10 randomly identified articles. Differences (n=1) in the abstraction of content were discussed and no third reviewer was required – this related to the consideration of PTED developing following a critical event and any relevance to acts of harm and revenge. One article was written in German with an English abstract and was translated by a native speaker to ensure accuracy of the extraction of information. No formal appraisal of the quality of identified studies occurred due to the objective of a scoping review to map available evidence and identify gaps to inform recommendations for future research and practice.

4.4 Results

4.4.1 Overview of Results

Forty-two studies were included in this scoping review and are presented in Table 4.2 followed by a qualitative consolidation of the evidence.

Table 4.2: Overview of Included Studies

Author (Year) Country of Research	Sample (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
1. **Abe et al. (1994)** **United States**	South-East Asian Refugees (n=154) 52.9% male 19-76 years Cambodian, Vietnamese, and Chinese Vietnamese 100% PTSD Diagnosis	Retrospective Cross-sectional Matched sample 154 (Trauma – Non-PTSD Control Group)	Various – direct victimization (e.g., torture) and indirect victimization (e.g., witness to killing or torture, forced to perpetrate trauma)	DSM-III-R & Health Opinion Survey (HOS)	Anger Reaction Index (ARI)	Greatest difference between PTSD and Non-PTSD group was for levels of reported anger toward those responsible for the trauma on the ARI (M=0.95, SD=0.83) compared with trauma control group (M=0.47, SD=0.75) ($t(306) = -5.42$, $p < .001$).
2. **Adam & Klasen (2011)** **Germany**	215 Child refugees (n=215) 9-20 years 58.6% male Afghanistan, Bosnia and Kosovo 14% PTSD	Cross-sectional Within-group Symptom severity and trauma exposure	War trauma, Displacement, and broader traumatic events	Child War Trauma Questionnaire (CWTQ), Trauma Symptom Inventory (TSI), Posttraumatic Stress Symptom (PTSS) and UCLA PTSD Reaction Index	Openness to Reconciliation Questionnaire (RECQ); Transgression Related Interpersonal Motivations Inventory (TRIM-18); Psychological Profile of Forgiveness Scale (PPFS)	Higher amounts of trauma exposure were associated with higher levels of PTSD symptom severity ($r = .58$, $p < .01$) and with increased feelings of revenge ($r = .20$, $p < .01$) and avoidance ($r = .21$, $p < .01$) but no association was found for benevolence. Greater trauma symptom severity was associated with increased feelings of revenge ($r = .25$, $p < .01$) and avoidance ($r = .18$, $p < .01$) but no association was identified for benevolence. Multiple regression predictors of increased traumatic symptom severity were trauma exposure levels ($\beta = .48$, $p < .001$) and revenge ($\beta = .22$, $p < .01$). The overall model fit was $R^2 = 0.41$.

Author (Year) Country of Research	Sample (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
3. **Ausburger et al. (2016)** **Germany**	Refugees (n=94) Aged 19-61 85% male Afghanistan, Syria, Iran, Nigeria, and Gambia[24] 66% PTSD diagnosis	Cross-sectional Within-group	Arrest for Political, Religious or Cultural reasons in home country.	PTSD Symptom Scale Interview Version (PSS-I)	Appetitive and Facilitative Aggression Scale (AFAS)	Childhood maltreatment was associated with higher levels of reactive (r = .40, p < .01) and appetitive aggression (r = .33, p < .01) and greater PTSD symptom severity (r = .22, p < .05). PTSD symptom severity was associated with higher levels of reactive aggression (r = .32, p < .01) and less premeditation (r = -.39, p < .01). There was no association between PTSD symptom severity and appetitive aggression (r = -.07, ns) or sensation seeking (r = -.15, ns).
4. **Başoğlu et al. (2005)** **Bosnia Herzegovinia, Croatia and Serbia**	War survivors (n=1358) Bosnia, Croatia & Serbia 59% Male 33% PTSD Diagnosis	Retrospective Cross-sectional Matched Sample	Combat, Torture, Refugee, Internal Displacement, Siege, Military Bombardment	Semi-Structured Interview for Survivors of War (SISOW); Structured Clinical Interview (SCID-I/NP, v2)	Redress for Trauma Survivors Questionnaire (RTSQ)	Belief in justice (β = -.60, p < .001) and desire for revenge (β = .41, p < .001) predicted PTSD. Qualitative findings highlighted war survivors exhibited stronger emotional responses toward those responsible including distress, anger, rage, desire for revenge, sense of injustice, helplessness, pessimism, fear and loss of control over life.

[24] 59% of sample with a further 41% from Iraq (5%), Sri Lanka (4%), Togo (4%), Cameroon (3%), Pakistan (3%), Macedonia (2%), Sudan (2%), Sierra Leone (2%), Eritrea (2%), India, Somalia, Russia, Turkey, Kosovo, Chechnya, Albania, and Bosnia and Herzegovina (all 1%).

Author (Year) Country of Research	Sample (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
5. **Bayer, et al. (2007)** **Uganda and Democratic Republic of Congo**	Former Child Soldiers (n=169) 11-18 years 83.4% Male Uganda and Democratic Republic of Congo 35% met PTSD cut-off	Cross-sectional No Comparator	Witnessed shooting /wounding, being beaten, killing someone, forced sexual contact	Child Post-Traumatic Stress Disorder Reaction Index (CPTSD-RI)	Transgression Related Interpersonal Motivations Inventory (TRIM-Revenge)	The number of reported traumatic experiences were not associated with PTSD symptom severity (ρ = .07, ns), openness to reconciliation (ρ = -.04, ns) or feelings of revenge (ρ = .05, ns). Higher levels of PTSD symptom severity were associated with reduced openness to reconciliation (ρ = -.34, p < .01) and increased feelings of revenge (ρ = .29, p < .01). PTSD symptom subscale scores for intrusion, arousal and avoidance were significantly associated with children's openness to reconciliation and feelings of revenge (intrusion: ρ = -0.27, p < .001 and ρ = 0.21, p < .001; arousal: ρ = -0.34, p < .001 and ρ = 0.27, p < .001; avoidance: ρ = -0.21, p < .001 and ρ = 0.22, p < .005). Children threatened with death or serious harm had a significantly lower openness to reconciliation (Mann Whitney U test, 2056.50, p = .001)
6. **Boelen et al. (2016)** **Netherlands**	Civilian (n=331) Netherlands 34.1% Male 23.5% Prolonged grief 31.4% PTSD Av. 52.6 years	Cross-sectional Within-group	Homicidal Bereavement	Inventory of Complicated Grief-Revised (ICG-r) PTSD Symptom Scale – Self-Report Version (PSS-SR)	Hostility sub-scale – Symptom Checklist (SCL-90); Transgression Related Interpersonal Motivations Inventory (TRIM-Revenge)	Higher levels of PTSD severity were associated with increased anger (r = .63, p < .001), revenge (r = .24, p < .001) and anxious avoidance of homicide reminders (r = .48, p < .001) and complicated grief symptoms (r = .76, p < .001).

Author (Year) Country of Research	Sample (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
7. **Crombach & Elbert (2014)** **Burundi**	Burundian boys (n=112) 100% Male 11-24 years	Cross-sectional Between-groups Current street children (n=15) Family children (n=15) Former street children (n=32) Former family children (n=50)	Range of exposure – insecure and violent living conditions	Domestic and Community Violence Checklist, UCLA PTSD Index for Children and Adolescents,	Offence Checklist, Reactive Proactive-Aggression Questionnaire, Appetitive Aggression Scale for Children (AAS-C).	MANOVA highlighted significant differences and effect sizes at the multivariate level ($F_{(18, 291.81)} = 5.20$, $p < .001$, $\eta^2 = .23$) and on the univariate level for PTSD severity ($F_{(3,108)} = 5.88$, $p < .001$, $\eta^2 = .14$), traumatic life events ($F_{(3,108)} = 12.22$, $p < .001$, $\eta^2 = .25$), regularly experienced violence ($F_{(3,108)} = 14.09$, $p < .001$, $\eta^2 = .28$), recent offences ($F_{(3,108)} = 20.15$, $p < .001$, $\eta^2 = .36$), and appetitive aggression ($F_{(3,108)} = 7.25$, $p < .001$, $\eta^2 = .17$) showing street children reported higher values than former family children and family children. Appetitive aggression was negatively associated with PTSD severity ($\beta = .227$, $p = .05$) and reactive aggression showed a positive association with PTSD severity ($\beta = .304$, $p < .01$). Regularly experienced violence contributed to the explanation of PTSD severity.
8. **Crostley (2009)** **United States**	Psychiatric inpatients (n=92) 19-65 years 13% Male	Cross-sectional Within-group	General disaster and trauma, crime related events and physical / sexual experiences	Trauma History Questionnaire (THQ), Impact of Events Scale – Revised (IES-R)	Hostile Automatic Thoughts Scale (HATS), Dissipation-Rumination Scale (DRS), Interpersonal Motivations Inventory (TRIM)	Trauma history was correlated with trauma symptom severity ($r = .409$, $p < .01$) which was correlated with rumination ($r = .214$, $p < .01$). Hostile thoughts (revenge) was correlated with rumination ($r = .562$, $p < .05$) and the TRIM scores ($r = .614$, $p < .01$).

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
9. **Elbogen et al. (2010)** **United States**	Military veterans Iraq and Afghanistan (n=676) 80.5% Male 45.9% PTSD	Cross-sectional Within-group		Traumatic life Events Questionnaire (TLEQ), Combat Exposure Scale (CES), Davidson Trauma Scale – PTSD, PTSD Structured Clinical Interview – DSM-IV	Symptom Checklist-90 Hostility Sub-scale	PTSD Hyperarousal (OR = 1.09, 95% CI [1.06-1.12], $p < .001$) and PTSD re-experiencing symptoms (OR = 1.04, 95% CI [1.01-1.07], $p < .01$), family history of severe mental illness (OR = 1.84, 95% CI [1.16-2.91], $p < .01$), low educational attainment (OR = 0.59,95% CI [0.39-0.90], $p < .01$), physical or sexual abuse before 18 years (OR = 1.66, 95% CI [1.07-2.57], $p < .05$) and serving in a war zone (OR = 2.22, 95% CI [1.08-4.60], $p < .05$) were associated with aggressive impulses or urges ($R^2 = 0.48$; $\chi^2 = 279.11$, $p < .001$). PTSD Hyperarousal (OR = 1.12, 95% CI [1.08-1.15], $p < .001$) and PTSD avoidance symptoms (OR = 1.03, 95% CI [1.01-1.05], $p < .01$), parental criminal history (OR = 3.10, 95% CI [1.39-6.91], $p < .01$) were associated with difficulty managing anger ($R^2 = 0.55$; $\chi^2 = 355.4$, df=4, $p < .001$). PTSD Hyperarousal symptoms (OR=1.10, 95% CI [1.07-1.13], $p < .001$), witnessing family violence (OR=1.96, 95% CI [1.15-3.33], $p < .01$), more than a year in combat theatre of operations (OR=2.04, 95% CI [1.18-3.52], $p < .01$) and firing a weapon in combat (OR=1.82, 95% CI [1.03-3.20], $p < .05$) were associated with problems controlling violence ($R^2 = 0.30$; $\chi^2 = 109.93$, df=4, $p < .001$).
10. **Field & Chimm (2008)** **Cambodia**	Civilian Survivors of Khmer Rouge Regime (n=130) 55% Male 27% met PTSD cut-off M= 54.9 years	Cross-sectional No Comparator	Primarily witnessing murder or torture of relative or friend, experiencing torture	Harvard Trauma Questionnaire (HTQ), PTSD Checklist (PCL)	Transgression Related Interpersonal Motivations Inventory (TRIM-Revenge)	No significant association between level of trauma exposure and desire for revenge ($r = .13$, ns) although greater trauma symptom severity was associated with revenge ($r = .23$, $p < .05$). Greater disclosure of trauma (talking about experiences) was associated with an increased desire for revenge ($r = .24$, $p < .01$). The lower past social support, the greater the desire for revenge (irrespective of trauma symptomology) ($r = -.20$, $p < .05$). Desire to attend the KR trials was indicative of higher revenge scores (M = 2.91, SD = 0.52) compared with those who did not wish to attend (M = 2.45, SD = 0.78) ($t = 3.79$, $p < .001$).

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
11. **Germain et al. (2016)** **Australia**	War veterans (n=149) 41-75 years 100% male	Cross-sectional No Comparator	Vietnam and Malaya wars and peacekeeping operations – 35 years post events	The Posttraumatic Diagnostic Scale (PDS)	Trauma Related Rumination, Trauma Related Suppression, State-Trait Anger Expression Inventory (STAXI-2)	PTSD symptom severity was associated with trauma related rumination (β = .31, p < .001), trauma related suppression (β = .23, p = .003), and negative beliefs about self (β = .54, p < .001) and the world (β = .37, p < .001). Indirect effect of PTSD symptom severity on anger (expression-in) and anger control via negative beliefs about self were significant b = .06, standard error (*SE*) = .06, p = .001, β = .13; anger control: b = −.17, *SE* = .06, p = .01, β = −.17), although this was not found for anger expression-out (b = .03, *SE* = .05, p = .25, β = .06). Indirect effects of PTSS on anger expression-out via negative beliefs about the world were significant (b = .05, *SE* = .04, p = .003, β = .11), although the direct effect of PTSS on anger expression-out was also found to be significant (b = .07, *SE* = .07, p = .04, β = .17).
12. **Halimi et al. (2015)** **Kosovo 15 years post-conflict**	War Veterans Kosovo (n=215) 100% Male 35-65 years 52.6% PTSD	Cross-sectional No Comparator	Kosovo war, significant loss through homicide, torture,	Harvard Trauma Questionnaire	Strength of Feeling for Hatred and Revenge. Willingness for action.	Levels of hatred and desire for revenge (42.8%) and high willingness to act (84.7%) were identified. PTSD symptom severity (r = 0.24, p < .001) and feelings of hatred (r = 0.48, p < .001) and fantasies of taking revenge (r = 0.52, p < .001) were greater in those whose family members had been murdered during the war.
13. **Hamama-Raz et al. (2008)** **Israel**	Israeli Palestinian Children (n=276) 38% Male 16 years	Cross-sectional Between-groups Jewish Adolescents (n=1469)	Ongoing exposure to political violence and terrorism.	Child Posttraumatic Stress Reaction Index (CPTS-RI)	Attitudes toward Peace, Forgiveness Scale (Ability to Forgive, Inability to Forgive and Revenge)	Higher levels of PTSD symptom severity were found in Israeli Palestinian than Jewish adolescents ($F\eta^2$ = 111.11 (.14), p < .001). A higher tendency toward revenge ($F\eta^2$ = 75.39 (.04), p < .001) and inability to forgive ($F\eta^2$ = 80.94 (.05), p < .001) were reported in more in Israeli Palestinians than Jewish adolescents. PTSD symptom severity was associated with a greater inability to forgive (r = .29, p < .001) but not with revenge (r = .15, ns) for Israeli Palestinian adolescents.

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
14. **Hecker et al. (2012)** **Democratic Republic of Congo**	Child and adult soldiers of Democratic Republic of Congo (n=200) 100% Male 15-50 years	Cross-sectional High and Low levels of Appetitive Aggression	Abduction, Witnessing and perpetrating violent and sexual acts including killing.	Posttraumatic Stress Symptom Scale Interview (PSS-I), Exposure to Violence (War and non-war)	Appetitive Aggression Scale (AAS)	Higher levels of appetitive aggression were predicted by joining as a child (β = .14, t = 2.12, p < .05), joining through choice (non-abducted) (β = .20, t = 3.25, p < .001), and the level of violence perpetration (β = .40, t = 6.27, p < .001). Witnessed ($F_{(1, 96)}$ < 0.01; p = .98, η^2 < .01) or experienced violence ($F_{(1, 95)}$ = 0.66; p = .42, η^2 < .01) and PTSD severity ($F_{(1, 94)}$ = 0.01; p = .93, η^2 < .01) were not associated with levels of appetitive aggression.
15. **Hecker et al. (2013a)** **Democratic Republic of Congo**	Former child and adult soldiers Democratic Republic of Congo (n=105) 20% PTSD Diagnosis 100% Male	Cross-sectional Within-groups	Abduction, Witnessing and perpetrating violent and sexual acts including killing.	Exposure to Traumatic Life Events, PTSD Symptom Scale – Interview (PSS-I)	Appetitive Aggression Scale (AAS)	Greater PTSD symptom severity was associated with greater trauma exposure (β = 0.44, t = 4.29, p < .001) and lower levels of appetitive aggression (β = -0.26, t = -2.57, p < .05) (ΔR^2 = 0.06, $F_{(1, 88)}$ = 6.61, p < .01). The perception of violence and traumatic or distressing events as fascinating or arousing moderated the level of traumatic stress response.
16. **Hecker et al. (2013b)** **Democratic Republic of Congo (DRC)**	Former child and adult soldiers DRC (n=204) Mean age 24.6 years 20% PTSD 100% Male	Cross-sectional Between-groups Forced (n=97) and volunteer (n=107) soldiers	Abduction, Witnessing and perpetrating violent and sexual acts including killing.	Exposure to Traumatic Life Events, PTSD Symptom Scale – Interview (PSS-I)	Appetitive Aggression Scale (AAS)	The greater the levels of experienced violence, the higher the PTSD symptom severity in voluntary combatants (β = .31, t = 2.78, p = .006). The greater the violence types perpetrated, the higher the PTSD symptom severity in forcibly recruited combatants (β = .39, t = 3.32, p = .001) but not for experienced violence. Perpetrated violence types (F = 11.76, p < .01) and levels of appetitive aggression (F = 5.05, p < .05) were greater in voluntary combatants than forcibly recruited combatants.

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17. **Hecker et al. (2015)** **Uganda**	Refugees from Democratic Republic of Congo (n=329) 41.7% Male	Cross-sectional Within-groups	Exposure to War, Displacement, Family and Community violence.	Exposure to Traumatic Life Events, PTSD Symptom Scale–Interview (PSS-I)	Appetitive and Facilitative Aggression Scale (AFAS)	Trauma exposure (β = .43, p < .001) and reactive aggression (β = .36, p < .001) were positively associated with PTSD symptom severity and appetitive aggression was negatively associated (β = -.13, p = .007) with PTSD symptom severity. War-related trauma exposure correlated positively with exposure to family and community violence in the past month (r = .31, p < .001); appetitive (r = .18, p = .002) and reactive aggression (r = .29, p < .001).
18. **Hinsburger et al. (2016)** **South Africa**	South African Civilians (n=290) 100% Male 14-40 years	Cross-sectional Within-groups Amount of exposure to traumatic events, appetitive aggression and perpetrated violence.	Gang membership, Witnessing and / or perpetrating violence and sexual violence including killing and torture.	Child Exposure to Community Violence (CECV), Witnessed and self-experienced trauma events, PTSD Symptom Scale–Interview (PSS-I)	Appetitive Aggression Scale (AAS)	Higher levels of PTSD symptom severity were associated with higher levels of self-experienced trauma (ρ = 0.36, p < .001), witnessed trauma (ρ = 0.29, p < .001), appetitive aggression (ρ = 0.28, p < .001) and perpetrated violence (ρ = 0.29, p < .001).

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19. **Kerig et al. (2016)** **United States**	Young Offenders (n=660) 11-18 years 73.3% Male 42.3% Full PTSD 33.3% Partial PTSD	Cross-sectional Between-groups Gender Gang membership	Gang membership	UCLA Posttraumatic Stress Disorder Reaction Index–Adolescent Version (PTSD-RI), Emotional Numbing and Reactivity Scale (ENRS)	Gang Involvement (membership, fights, active)	Females were more likely to experience emotional abuse (χ^2 (1, 642) = 57.41, p < .001, OR = 3.94, 95% CI = [2.74, 5.69]) and sexual abuse, (χ^2 (1, 642) = 116.56, p < .001, OR = 9.81, 95% CI = [6.18, 15.56]). Males were more likely to have been a victim of community violence (χ^2 (1, 644) = 12.21, p < .001, OR = 0.53, 95% CI = [0.37, 0.76]) and to have experienced physical abuse (χ^2 (1, 644) = 35.57, p < .01, OR = 2.93, 95% CI = [2.04, 4.19]). Gang members were significantly more likely than their peers to report experiencing community violence (χ^2 (1, 536) = 60.9, p < .001, OR = 0.18, 95% CI = [0.11, 0.28]) and witnessing community violence (χ^2 (1, 536) = 47.54, p < .001, OR = 0.21, 95% CI = [0.13, 0.34]), living in a "war zone," (χ^2 (1, 536) = 31.03, p < .001, OR = 0.25, 95% CI = [0.15, 0.42]) and seeing a dead body (χ^2 (1, 534) = 13.87, p < .001, OR = 0.48, 95% CI = [0.33, 0.71]). Significant associations were found between gang involvement and perpetrator trauma (B = 0.14, SE = 0.02, p < .001) and between Perpetrator trauma and PTSD symptom severity (B = 0.71, SE = 0.29, p < .01). No association was found between gang involvement and PTSD symptom severity (B = 0.06, SE = 0.07, p = .36).

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20. **Klasen et al. (2010)** **Uganda**	Former child soldiers (n=330) 11-17 years 51.5% Male 33% Full PTSD	Cross-sectional Clinical and Resilient Group (No psychopathology)	Abduction as a child, witnessing and / or forced perpetrating violence and sexual violence including killing and torture.	Child Soldiers Trauma Questionnaire (CSTQ) – Victim and Perpetrator Scales, PTSD / Depression (MINI-KID)	Transgression Related Interpersonal Motivations Inventory (TRIM-Revenge)	The higher the PTSD symptom severity, the older the child (ρ = .23, p < .001), the lower the SES (ρ = -.14, p < .05), the higher the victim trauma severity (ρ = .28, p < .001), perpetrator trauma severity (ρ = .24, p < .001), the longer the time since return (ρ = .12, p < .05), the greater the exposure to domestic and community violence (ρ = .32, p < .001), the greater the peritraumatic dissociation (ρ = .33, p < .001), guilt cognitions (ρ = .27, p < .001) and revenge motivation (ρ = .21, p < .001) and the lower the level of perceived social (ρ = -.11, p < .05) and spiritual (ρ = -.27, p < .001) support. Higher levels of revenge motivation were associated with being an older child (ρ = .14, p < .05), having lower SES (ρ = -.15, p < .01), exposure to domestic and community violence (ρ = .15, p < .01), higher peritraumatic dissociation (ρ = .17, p < .01) and guilt cognitions (ρ = .16, p < .01), lower perceived spiritual (ρ = -.19, p < .01) and social (ρ = -.17, p < 01) support, and greater overall problems (ρ = .22, p < .001).

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21. **Köbach et al. (2015)** **Democratic Republic of Congo**	Former combatants (n=213) 18+ years 100% Male 23.5% (LI) and 44.2% (HI) PTSD	Cross-sectional High Intensity (HI) and Low Intensity (LI) Conflict	Repeated witnessed, experienced and perpetrated violent acts including killing and torture.	Exposure to Traumatic Life Events, PTSD Symptom Scale–Interview (PSS-I)	Appetitive and Facilitative Aggression Scale (AFAS)	For specifically witnessed, experienced and perpetrated events, higher levels of appetitive aggression were predicted by mutilating another person (*cvi* = 16.44), witnessing a massacre (*cvi* = 9.06), attacking villages and settlements (*cvi* = 8.30), assaulting someone physically (cvi = 7.51) and witnessing a sexual assault (cvi = 4.79). Higher levels of PTSD symptom severity were predicted by witnessing a massacre (*cvi* = 7.19), participating in a massacre (*cvi* = 5.67), stealing food to survive (*cvi* = 2.10), witnessing a sexual assault (*cvi* = 1.71), and being threatened by the commander (*cvi* = 1.15) explaining 27% of the variance. For lifetime witnessed, experienced and perpetrated events, perpetrated violent acts were most associated with appetitive aggression (*cvi* = 87.57) in comparison with experienced (*cvi* = 3.72) and witnessed (*cvi* = 3.67) traumatic events. The greatest predictors of PTSD symptom severity were experienced (*cvi* = 10.33) and witnessed (*cvi* = 9.25) traumatic events. The OBB-R^2 explained 33% of the variance for PTSD and 44% for appetitive aggression.
22. **Kozaric-Kovacic et al. (1999)** **Croatia**	Combat-experienced, tortured Prisoners of War (n=16) 23-35 years 100% Male 100% PTSD	Cross-sectional Combat-experienced Soldiers (n=20) 19-45 years 100% Male 100% PTSD	War and / or physical and psychological torture	Brief Symptom Inventory (BSI), Watson PTSD Questionnaire	N/A	POWs reported significantly greater trauma re-experiencing (flashbacks and reliving) (M = 4.00 +/-0.79) than soldiers (M = 2.85 +/- 1.23) (t (34) = 3.14, $p < .01$) and soldiers experienced increased angry outbursts of rage ($p < .01$).

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23. **Kunst et al. (2011)** **Netherlands**	Civilian victims – Netherlands (n=207) 48.5% Male Av. 45 years 47.3% PTSD	Cross-sectional Within-group	Various violent or sexually violent crimes	PTSD Symptom Scale – Self-Report (PSS-SR)	Feelings of Revenge, Perceived Punishment Severity	Greater feelings of revenge were associated with higher PTSD symptom severity overall (r = .37, p < .001), higher re-experiencing and intrusion (r = .41, p < .001), avoidance (r = .35, p < .001) and hyperarousal symptoms (r = .26, p < .001).
24. **Lopes Cardozo et al. (2003)** **Kosovo**	Veterans and Civilians - Kosovo (n=1399) 15 years + 38.1% Male 25% PTSD Symptoms	Cross-sectional Perceptions one and two years post-war	Combat situation, torture / abuse, forced family separation, murder of family, kidnap, imprisonment, rape / sexual abuse	Harvard Trauma Questionnaire (HTQ)	Hatred and Revenge	The estimated prevalence of PTSD was 25% (95% CI [18.9-31.1]) two years post-war compared to 17% (CI [13.2-21.0]) in the one year post-war. PTSD was significantly associated with feelings of hatred, feelings of revenge and the desire to act on feelings of revenge (F (1,28) = 7.42, p < .05; F (1,28) = 27.73, p < .01; F (1,28) = 5.54, p < .05) respectively two years post -war.
25. **Lopes-Cardozo et al. (2004)** **Afghanistan**	Civilians in post-war Afghanistan (n=799) 43.6% Male 15 years + 42% PTSD	Cross-sectional Disabled and non-disabled	Exposure to war and various community trauma	Harvard Trauma Questionnaire (HTQ), Hopkins Symptom Checklist-25, Short-Form Health Survey (SF-36)	Hatred and Revenge	No differences for prevalence of PTSD between groups (nondisabled: OR 42.1; 95% CI [34.2-50.1]; and disabled: OR 42.2, 95% CI [29.2-55.2]). No differences in feelings of revenge or hatred in both groups (disabled: 81%, non-disabled: 84%). No association between PTSD symptom severity and feelings of hatred and revenge (31.98 (9.40), p = .91).

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26. **Mueller-Bamouh et al. (2016)** **Germany**	Unaccompanied Refugee Minors (n=49) Afghanistan, Iraq, Nigeria[25] 100% Male 13-21 years	Cross-sectional	Parental bereavement (missing or dead), torture, abduction, witnessing death / injuries, military bombardment	UCLA PTSD Index for Children and Adolescents	Appetitive Aggression Scale – Children (AAS-C)- including aggressive fantasy	Experienced family violence was associated with self-committed aggression (r = .53, p < .001) and appetitive aggression (r = .40, p < .01). Self-committed aggressive acts and appetitive aggression were associated (r = .81, p < .001). No association between experiences of organized violence and committed violence (r = .06, p = .71) or appetitive aggression (r = .01, p = .92). No relationship between PTSD symptom severity and self-committed violent acts (r = .14, p = .34), or between appetitive aggression and PTSD symptom severity (r = .06, p = .67). PTSD severity was greater when participants reported more organized violence (r = .45, p < .01) or more family violence (r = .30, p < .05). Experiences of organized violence were not significant related to experiences of family violence (r = .01, p = .96).
27. **Nandi et al. (2015)** **Burundi**	Active soldiers – Burundi (n=556) 100% Male	Cross-sectional Ex-combatants – Burundi (n=392)	War related trauma and exposure to childhood maltreatment	Exposure to Traumatic Events (war and non-war related), Exposure to Childhood maltreatment, PTSD Symptom Scale Interview (PSS-I)	Self-committed violence, Appetitive Aggression Scale (AAS)	Traumatic event types (β = 0.29, t = 11.93, p < .001) and childhood maltreatment (β = 0.29, t = 11.93, p < .001) were predictive of greater PTSD symptom severity in ex-combatants than active soldiers accounting for 43% of the variance (F (6, 944) = 104.12, p < .001, f^2 = 0.75). Higher levels of appetitive aggression were identified in active soldiers than ex-combatants. Traumatic event types (β = 0.22, t = 5.75, p < .001) and self-committed violence (β = 0.52, t = 14.07, p < .001).Significant interactions were found for childhood maltreatment * self-committed violence (β = 0.09, t = 3.20, p < .001), group * traumatic event types (β = -0.10, t = -2.57, p < .05) and group * self-committed violence (β = -0.09, t = -2.27, p < .05). The model accounted for 39% of the variance (F (7, 944) = 76.03, p < .001, f^2 = 0.64).

[25] 60.1% of the sample with Somalia (6.1%), Gambia (6.1%), Iran (4.1%), Syria (4.1%), Sierra Leone (4.1%) and Other (18.7%) - Angola, Pakistan, Azerbaijan, Tunisia, Turkey, Sri Lanka, Palestine, Algeria, and Morocco.

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28. **Nandi et al. (2017)** **Burundi**	Burundi soldiers returning from deployment in Somalia (n=381) 100% Male Av. 35.6 years	Cross-Sectional No Comparator	Childhood Familial Violence, War trauma	Childhood Familial Violence, War Trauma Exposure, PTSD Symptom Scale (PSS-I), Patient Health Questionnaire (PHQ-9)	Appetitive Aggression Scale (AAS), Domestic and Community Violence	Childhood familial violence (ρ = .28, p < .001) and war trauma exposure (ρ = .18, p < .01) was associated with PTSD symptom severity. PTSD symptom severity was associated with depression symptom severity (ρ = .43, p < .001), appetitive aggression (ρ = .16, p < .01), violence against children (ρ = .16, p < .01), intimate partner violence (ρ = .29, p < .001), and community violence (ρ = .34, p < .001). Childhood familial violence predicted PTSD symptom severity (β = .22, R^2 = .10, p < .01), appetitive aggression (β = .32, R^2 = .16, p < .01), violence against children (β = .22, R^2 = .23, p < .01), intimate partner violence (β = .22, R^2 = .06, p < .01) and community violence (β = .22, R^2 = .19, p < .01). PTSD symptom severity predicted depression symptom severity (β = .41, R^2 = .41, p < .01) and community violence (β = .20, R^2 = .20, p < .01).
29. **Nickerson et al. (2015)** **Switzerland**	Refugees and Asylum Seekers (n=134) Turkey, Iran, Sri Lanka[26] 78.4% Male Av. 42.4 years	Cross-sectional No Comparator	Torture, Imprisonment, Combat, Murder of Family Member, Forced Family Separation	Harvard Trauma Questionnaire (HTQ) and Posttraumatic Diagnostic Scale (PDS), Post-Migration Living Difficulties Checklist (PMLDC)	Explosive Anger Reactions, Emotional Regulation Scale (EMS)	Trauma exposure was associated with PTSD (R^2 = .63, F (8,121) = 29.30, p < .001), depression symptoms (R^2 = .47, F (8,121) = 13.58, p < .001) and explosive anger (R^2 = .56, F (8,121) = 19.43, p < .001). Post-migration living difficulties were associated with PTSD symptom severity (R^2 = .63, F (8,121) = 25.30, p < .001), depression symptoms (R^2 = .63, F (8,121) = 13.58, p < .001), and explosive anger (R^2 = .63, F (8,121) = 19.43, p < .001).

[26] 73.8% of the sample with Bosnia (5%), Iraq (5%), Afghanistan (4%) and Other (13%).

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30. **Orth et al. (2006)** **Germany**	Victims of violent crime (n=174) 16% Male 17-65 years 52% PTSD	Cross-sectional Within-group Trauma symptom severity	Rape, Non-sexual assault (bodily harm, robbery, deprivation of liberty)	Impact of Events Scale-Revised (IES-R), Physical Harm, Emotional Support	Feelings of Revenge, Retaliation Motive	Feelings of revenge were associated with PTSD Intrusion (r = .28, p < .01), PTSD Hyperarousal (r = .24, p < .01) but not PTSD Avoidance symptoms (r = .28, p < .01). Retaliation motive was associated with feelings of revenge (r = .27, p < .01) but not for PTSD symptom severity.
31. **Sabic et al. (2018)** **Bosnia-Herzegovina**	War veterans with PTSD diagnosis (n=87) 100% Male Av. 52 years	Cross-sectional War veterans without PTSD diagnosis (n-87)	Combat related trauma	Clinician Administered PTSD Scale (DSM-V), PTSD Checklist-Military, Combat Exposure Scale (CES),	Posttraumatic Embitterment Disorder Self-Rating Scale (PTED)	Greater levels of embitterment were identified in veterans with PTSD than the control group (t = –21.216, p < .005). War veterans group with PTSD (M = 51.41, SD = 8.91), war veterans without PTSD (M = 14.39, SD = 13.61).
32. **Schaal et al. (2014)** **Rwanda**	Convicted genocide perpetrators in Rwanda (n=200) 66.5% Male 35-80 years 5.3% PTSD	Cross-sectional Between-groups Gender Trauma exposure	Genocide and other trauma as perpetrator and/or victim	Traumatic Events Scale, PTSD Symptom Scale-Inventory (PSS-I), Brief Religious Coping Scale (RCOPE)	Offence Scale (Committed acts), Appetitive Aggression Scale	Males were more likely to have assisted murder (χ^2 (1, N = 200) = 13.03, p < .001); violated goods (χ^2 (1, N = 200) = 25.45, p < .001); attacked using a weapon (χ^2 (1, N = 200) = 35.97, p < .001); participated in a massacre (χ^2 (1, N = 200) = 13.17, p < .001); committed a physical assault (χ2 (1, N = 200) = 16.09, p < .001); forced person to flee (χ^2 (1, N = 200) = 8.98, p = .002); killed someone (χ^2 (1, N = 200) = 8.17, p = .003); and kidnapped (χ^2 (1, N = 200) = 6.41, p = .009). Levels of appetitive aggression was predicted by a greater number of past offences (β = 0.17, p < .001), greater trauma exposure (β = 0.03, p < .05), and increased negative religious coping (β = 0.03, p < .01).

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
33. **Schutzwohl & Maercker (2000)** **Germany**	Former political prisoners (n=91) 83.5% Male Av. 52.7 years	Cross-sectional Non-PTSD (n=30) Partial PTSD (n=24) Full PTSD (n=37)	Political imprisonment – physical and psychological torture,	Diagnostic Interview for Mental Disorders (DIPS), Impact of Events Scale –Revised (IES-R)	State-Trait Anger Expression Inventory (STAXI-2)	Former prisoners with a diagnosis of PTSD had higher levels of trait anger (F (2, 88) = 4.2, p < .05) and anger-in scores (F (2, 88) = 10.8, p < .05) than those with no or partial PTSD. Higher PTSD Intrusion symptom severity was associated with greater anger-in scores (r = .28, p < .01). Higher PTSD hyperarousal symptom severity was associated with higher angry temperament (r = .28, p < .01) and anger-in scores (r = .42, p < .01). Higher PTSD Avoidance symptom severity was associated with higher angry temperament (r = .31, p < .01), angry reaction (r = .30, p < .01), and anger-in scores (r = .50, p < .01).
34. **Silove et al. (2009)** **Timor-Leste**	Survivors of Human Rights violations in Timor-Leste (n=1247) 44% Male 18+ years 4.7% PTSD	Cross-sectional Within-group	Victim of or witness to violence including torture and killing, forced family separation, wrongful imprisonment	Kessler Psychological Distress Scale-10 (K10), Harvard Trauma Questionnaire (HTQ), DSM-IV Based PTSD Scale	Index of Explosive Anger (IEA)	Exposure to trauma was the strongest predictor of explosive anger from low exposure (OR 2.1, 95% CI [0.99-4.3]) to high exposure (OR 10.7, 95% CI [4.1-27.3]) (Wald: 45.58, p < .001). Qualitative findings linked explosive anger to continued political instability, low socio-economic levels, and perceived lack of justice and past experiences of trauma.
35. **Silove et al. (2014) – 6-year follow-up**	Baseline and Follow-up 6 years (n=1022) 46.3% Male 16.7% PTSD	Cross-sectional Follow-up	As 34. and period of internal instability	As 34.	Feelings of injustice	PTSD symptom severity was associated with being female (OR 1.63, 95% CI [1.14–2.32]), greater human rights trauma (OR 1.25, 95% CI [1.07–1.47]), or exposure to murder (OR 1.71, 95% CI [1.38–2.10]) during the occupation (1975–99), human rights trauma during the period of internal violence (OR 1.46, 95% CI [1.04–2.03]) and ongoing family or community conflict (OR 1.80, 95% CI [1.15–2.80]) and preoccupations with injustice over time (OR 4.06, 95% CI [2.63–6.28]).

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36. **Sommer et al. (2017)** **South Africa**	Offenders at community re-integration centre (n=290) 100% Male 14-40 years	Cross-sectional Within-group	Various – being attacked by a weapon, witnessing someone close being murdered.	Children's Exposure to Violence Checklist, Posttraumatic Stress Symptom Severity (PSS-I)	Appetitive Aggression Scale (AAS), Number of Offence Types	The number of traumatic event types were associated with levels of appetitive aggression (r = .28, R^2 = .21, p < .001), PTSD symptom severity (r = .37, R^2 = .14, p < .001), the number of offence types committed (r = .21, R^2 = .36, p < .001), and drug abuse prior to violence perpetration (r = .34, R^2 = .12, p < .001). PTSD symptom severity was associated with appetitive aggression (r = .13, R^2 = .21, p < .05) which was further associated with the different offence types committed (r = .37, R^2 = .36, p < .001).
37. **Sonis et al. (2009)** **Cambodia**	Civilians in Cambodia (n=1017) 45.6% Male 14.2% PTSD in > 35-year olds and 7.9% PTSD in < 35-year olds	Cross-sectional Adults > 35 years (n=813) Adults 18-35 years (n=204)	Survivors of Khmer Rouge regime.	Harvard Trauma Questionnaire (HTQ), PTSD Checklist (PCL) – DSM-IV-TR Symptom clusters	Transgression Related Interpersonal Motivations Inventory (TRIM-Revenge)	Higher levels of probable PTSD were associated with greater exposure to traumatic events during (OR 1.49, 95% CI [1.03–2.16], p < .05) and after the Khmer Rouge era (OR 1.76, 95% CI [1.24-2.57], p < .01), a greater desire for revenge (OR 1.46, 95% CI [0.99-3.11], p < .05) and higher perceived justice from the war trials (OR 0.54, 95% CI [0.34-0.86], p < .01).

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
38. **Sullivan & Elbogen (2013)** **United States**	Military Veterans Iraq and Afghanistan (n=1090) 84.5% Male Av. 36.1 years 17.9% PTSD	Cross-sectional Between-group Gender Age Combat exposure Trauma symptom severity	War related trauma – Iraq and Afghanistan	Deployment Risk and Resilience Inventory, Davidson Trauma Scale	Conflict Tactics Scale (Severe Violence), MacArthur Community Violence Scale,	Older veterans were less likely to engage in family aggression, severe family aggression, and stranger aggression compared to younger veterans (OR 0.98 95% CI [0.95-1.00], $p < .05$; OR 0.94, 95% CI [0.89-0.99], $p < .01$; OR 0.97, 95% CI [0.94-0.99], $p < .05$). Females were 2.77 times more likely to commit severe family violence compared to males (OR .36, 95% CI [.14-.96], $p < .05$). However, no gender difference was found for family aggression. Males were 3.41 times more likely to commit stranger aggression (OR 3.41, 95% CI [1.16- 10.08], $p < .05$). Greater combat exposure resulted in 2.5 times higher likelihood of stranger aggression (OR 2.47, 95% CI [1.39, 4.37], $p < .01$). Substance misuse increased likelihood of stranger aggression (OR 2.52, 95% CI [1.53, 4.16], $p < .001$). Substance misuse increased likelihood of violence toward an unknown target by 2.93 times (OR 2.93, 95% CI [1.45, 5.88], $p < .0001$). High combat exposure resulted in 2.58 times greater likelihood of severe violence toward a stranger (OR 2.58, 95% CI [1.14, 5.85], $p < .05$). High combat exposure increased severe family aggression by almost four times (OR 3.96, 95% CI [1.30, 12.02], $p < .05$). Anger symptom intensity increased the odds of both family aggression and severe family violence (OR 1.28, 95% CI [1.19, 1.37], $p < .0001$; OR 1.30, 95% CI [1.13, 1.48], $p < .0001$) controlling for age for both types of violence and gender and age for severe family violence. PTSD flashback symptom intensity increased the likelihood of stranger aggression and severe stranger violence (OR 1.16, CI [1.05, 1.28], $p < .01$; OR 1.26, CI [1.11, 1.42], $p < .0001$) controlling for gender, age, combat exposure, and substance misuse in stranger aggression and controlling for combat exposure and substance misuse in severe stranger aggression.

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
39. **Turgoose & Murphy (2018)** **United Kingdom**	Military Veterans (n=403) 95.8% Male 18+ years	Cross-sectional Within-group	War related trauma	PTSD Checklist (PCL5), General Health Questionnaire-12 (GHQ-12),	Dimensions of Anger Reactions (DAR-5), Walter-Reed-Four (WR-4) State-Trait Anger Expression Inventory (STAXI-2)	Veterans meeting the criteria for PTSD were more likely to experience higher levels of anger (OR 10.70, 95% CI [5.79–19.60], $p <$ .05) and aggressive behaviours (OR 8.71, 95% CI [2.99–25.40], $p <$ .05). There was additionally an association between high childhood adversity and greater expressions of anger (OR 3.43, 95% CI [1.68-7.00], p < .05) or aggression (OR 2.22, 95% CI [1.34-3.69], p < .05).
40. **Weierstall et al. (2011)** **Rwanda**	Rwandan genocide perpetrators (n=269) 66% Male 18+ years No reported % of PTSD Diagnosis	Cross-sectional No Comparator	Genocide perpetration and broader trauma	PTSD Symptom Severity (PSS-I), The PDS Event Scale (self-experienced, witnessed, perpetrated)	Appetitive Aggression Scale (AAS)	Higher levels of appetitive aggression were associated with a greater number of traumatic event types witnessed (r = .24, p < .001) and the number of delict offences committed (e.g., rape, mutilation and murder) (r = .20, p < .001). The greater the level of appetitive aggression, the lower the PTSD symptom severity (r = -.12, p < .05). Higher PTSD symptom severity was associated with greater number of event types self-experiences (r = .29, p < .001) and a greater number of event types witnessed (r = .24, p < .001). There was no significant association between the number of self-experienced event types and event types witnessed (r = .43, *ns*), between event types witnessed and delict offences committed (r = .48, *ns*) and between self-experienced event types and delict offences committed (r = .14, *ns*).

Author (Year) Country of Research	Sample Type (n) Gender	Design and Comparator	Potential Traumatic Event Exposure	Trauma Relevant Measures	Thoughts, Fantasies, Acts of Harm Measures	Findings
41. **Weierstall et al. (2012a)** **Germany**	German WWII Veterans (n=51) 100% Male 81-95 years 7.8% Lifetime PTSD	Cross-sectional No comparator	War related trauma	Current and Lifetime PTSD Symptoms (PSS-I), The PDS Event Scale (self-experienced, witnessed, perpetrated), Hopkins Symptom Checklist (HSCL)	Appetitive Aggression Scale (AAS)	Current and lifetime PTSD symptom severity was predicted by the number of self-experienced traumatic event types during war (lifetime PTSD symptom severity: β =.49, p < .001; current PTSD symptom severity: β =.48, p < .001). Higher levels of appetitive aggression predicted lower lifetime PTSD symptom severity (β = -.31, p < .05) and the more appealing veterans found exposure to violence during war the less likely they developed PTSD symptoms post-conflict (F_2 =11.55, p < .001, R^2_{adj} = .31).
42. **Weierstall et al. (2012b)** **Uganda**	Former child soldiers in Northern Uganda (n=82) 100% Male 17-27 years 4% PTSD	Cross-sectional Abducted (n=42) and non-abducted child soldiers (n=41)	War related trauma, abduction	PTSD and Trauma Symptom Severity – Posttraumatic Diagnostic Scale (PDS)	Appetitive Aggression Scale (AAS)	Greater exposure to trauma (β = .87, p < .001) and higher PTSD symptom severity (β = -.41, p < .001) was reported by formerly abducted child soldiers than non-abducted child soldiers. Non-abducted child soldiers had higher levels of appetitive aggression (β = -.36, p < .01) in comparison with non-abducted child soldiers.

Overall this scoping review incorporated consideration of 40[27] unique studies published between 1994-2018[28] comprising 16,762 participants with 63% males (Male=10,614; Female=6,148). Participants originated from 45 countries across Africa (16), Asia (16), Australia (n=2), Europe (10) and North America (1) representing data collection from 19 countries, including those historically or currently dealing with conflict (e.g., Uganda, Rwanda, Democratic Republic of Congo, Burundi, Afghanistan and the Balkans). In regard of age, studies included children[29] exclusively (n=4), a mixture of children and adults (n=11), and adults exclusively (n=25), or did not report this definitively (n=2). The populations sampled[30] comprised former (n=16; including child, mixed and adult samples) and serving (n=3; adult and mixed) military personnel (primarily soldiers) from official government and rebel forces, civilians in post-war settings (n=8; adult and child), civilian victims of crime (n=3; adult and mixed), street children (n=1), refugee and asylum seekers (n=6; adult and mixed), former political prisoners (n=1; adult) perpetrators of crime (n=6; child, mixed and adult) and psychiatric patients (n=1). Females were more frequently represented as crime victims, civilians and refugees while males were represented as perpetrators, or former and current military personnel. Most studies used retrospective, cross-sectional design with two using longitudinal data.

Overwhelmingly, self-report measures were administered, whether completed directly by participants or as part of an interview for those without literacy or as part of broader data collection. Of the measures used for trauma responses and wider psychopathology, three versions of the DSM were used over time and therefore the

[27] Two studies incorporated follow-up data using the same original samples.
[28] Included studies were published across three decades with the majority published since 2010 (1990-1999 – n=2; 2000-2009 – n=10; 2010-present n=28)
[29] Children were considered as under 18 years
[30] If samples contained multiple groups, e.g., civilians and former soldiers, these were counted twice)

symptoms assessed for PTSD altered accordingly. The PTSD Symptom Scale Interview (PSS-I; Foa, Riggs, Dancu & Rothbaum, 1993; Foa & Tolin, 2000), the UCLA PTSD Scale (Elhai, et al., 2013; Steinberg, Brymer , Decker & Pynoos, 2004; Steinberg et al., 2013), the Harvard Trauma Questionnaire (HTQ; Mollica, et al., 1996), and the Impact of Events Scale-Revised (IES-R; Weiss & Marmar, 1997) were most routinely administered. In regard of formal criteria for PTSD, prevalence ranged from 4% to 66% in those studies (n=24) where the population had not previously received a PTSD diagnosis. Other studies reported only associations between higher symptom severity and anger, rumination or acts of aggression.

In regard of measuring thoughts, fantasies or acts of overt harm, the most commonly used measures were the Transgression Related Motivational Dispositions (TRIM-18; McCullough & Hoyt, 2002), the Proactive-Reactive Aggression Questionnaire (Raine, et al., 2006), the Dissipation-Rumination Scale (Caprara, 1986; 1987; 2007), the State-Trait Anger Expression Inventory (STAXI-2; Spielberger, 1999), the Appetitive Aggression Scale (AAS; Weierstall & Elbert, 2011), and the Hostile Automatic Thoughts Scale (HATS; Snyder, Crowson, Houston, Kurylo, & Poirer, 1997). In studies where individuals were asked to clarify the level of perpetration of aggression, this was captured in the breadth of forms (e.g., criminal versatility) or the number of events where aggression (verbal or physical) occurred.

4.4.2 Exposure to Trauma

The type of traumatic event differed across studies and in severity in regard of exposure to individual events (e.g., bereavement from homicide and direct victimization) to prolonged, multiple exposure (e.g., witnessing or being forcibly involved in rape,

mutilation and murder). The differences between samples in regard of meeting the criteria for PTSD or PTED comprised ongoing events, one-off and cumulative traumatic or critical events. The consistency of traumatic events and the capacity for habituation to them was identified in those who had been held captive as a prisoner of war or political prisoner [22, 33][31], in comparison with individuals exposed to combat which could vary in intensity and predictability [9, 11, 12, 31, 38, 39, 41]. Across the diverse military samples, trauma exposure varied from discrete periods of combat during a tour of duty [9, 11, 31, 38, 39, 41], to ongoing immersive levels of intense combat incorporating more concentrated exposure [21, 27, 28, 32]. Distinctions in trauma symptom severity were further identified between children who were abducted and forcibly conscripted [5, 14, 15, 16] and those who voluntarily signed up for military service [9, 11, 38, 39]. The lack of choice (e.g., abduction and forcible conscription) resulted in greater reported symptom severity. It is argued that after a certain level of exposure to traumatic events, symptom severity of PTSD does not increase further and reaches its peak in regard of any impact (Kerig et al., 2016). The cut-off for a diagnosis is helpful when considering the presence of absence of a disorder but does not enable symptom severity to be assessed on a continuum. This has the potential to negate individual differences in responses to traumatic events.

In regard of offending populations studied [19, 32, 36, 40], the potential for Perpetration-Induced Traumatic Stress (MacNair, 2001) was examined. Gang membership was particularly associated with increased trauma exposure [19] and PTSD symptom severity [36], however, in perpetrators of genocide [32, 40], lower symptom

[31] Studies referred to in [ ] relate to those presented in Table 3.1 and included in the scoping review. All other references are presented using the APA citation format.

severity of traumatic stress was identified. Gang involvement appeared to parallel combative interactions insofar as opposing sides engaged in warfare regarding status, reputation and territory, but further provided expectations of revenge and extreme violence [18, 19, 36]. Reactive aggression in former child soldiers was further identified as a response to trauma [5]. Distinguishing the role of perpetrator and / or victim requires consideration when interpreting exposure to traumatic events in clinical and forensic populations, whether in regard of gang or combat violence or broader offending behaviour.

Civilians living in post-war environments [4, 10, 24, 25, 34, 35, 37] and displaced refugees and asylum seekers [1, 2, 3, 17, 26, 29] experienced similar levels of exposure to traumatic events during conflict. The experience of those who stay in a post-war setting may differ from those who choose to leave in relation to exposure to traumatic events. Rebuilding shattered communities which have suffered from conflict enables the possibility of post-traumatic growth to develop from adversity if people can move away from uncertainty and instability. In contrast, the experience of refugees and asylum seekers can involve cumulative exposure to traumatic events, especially for those who have travelled thousands of miles from their country of origin, sometimes as unaccompanied children [26], and are further vulnerable to victimization and exploitation. In regard of post-migration living difficulties, explosive anger and appetitive aggression [17, 28, 29] appeared relevant to understanding challenges in emotional regulation or difficulties in harmful behaviour (See 3.4.4 Trauma and Aggression).

The experiences of victimization [6, 23, 30] occurring as extreme and often unpredictable discrete events, overlap in some regard with the experiences of other populations exposed to greater exposure to traumatic events. In populations bereaved

through homicide, whether via individual or collective trauma, the combination of grief reactions (including complex grief) and traumatic stress is as relevant to consider as it is for populations witnessing deaths of family in conflict settings (e.g., through genocide) or who have relatives missing and their fate unknown [4, 10, 17, 24, 26].

4.4.3 Trauma and Revenge

Many of the populations included in the present review held revenge relevant perspectives toward those responsible for traumatic events. This comprised feelings of revenge [2, 5, 6, 23, 24, 25, 30], hatred [12, 24], vengeful rumination [8], embitterment [31], desire for revenge [4, 6, 10, 12, 20, 25, 37], sense of injustice [4, 34, 35], a willingness to take action [12, 24], reductions in reconciliation [5] and an inability to forgive [13]. Although important to differentiate between feelings of hatred and / or revenge and the desire to act, engagement in acts of harm perpetrated (reactive aggression) was less frequently measured in the context of revenge [3, 7, 9, 11]. Traumatic exposure and symptom severity in both PTSD and PTED were linked to increased levels of revenge and acting out. Although revenge thoughts can be a normative reaction to severe human-induced traumatic events, vengeful rumination has the potential to increase the severity and longer-term impact of PTSD symptoms [6]. Former child soldiers who were threatened with death and serious harm displayed greater feelings of revenge and less openness to reconciliation [5], however it was not recorded whether they had acted. Immersive and viscerally experienced traumatic exposure, for example, the direct sexual and violent victimization of others (including murder), increased the severity of PTSD symptoms when compared with individuals who had not perpetrated such acts [20]. The studies included in the review focused on the

extent to which revenge was a consideration in the context of trauma exposure and severity of PTSD symptomology irrespective of whether the threshold for the diagnostic criteria was met.

4.4.4 Trauma, Anger and Aggression

In addition to the concept of revenge and (in)justice, the relationship between anger, aggressive acts, trauma exposure and potential PTSD was investigated (n=21). Anger has been associated with vengeful dispositions and PTSD symptoms across multiple criterion, creating difficulties in distinguishing the aetiology from that of baseline behaviour pre-trauma, especially when from childhood. Trauma exposure and post-migration living difficulties were associated with both PTSD and explosive anger in refugees and asylum seekers [29] and survivors of human rights violations [34, 35]. Furthermore, elevated symptom severity in PTSD was associated with high trait and greater anger in former political prisoners [33] and increased incidents of childhood adversity were linked to greater PTSD symptom severity and anger in war veterans [11, 39].

Children who chose to join (cf. abducted and forced) multiple armed groups engaged in greater amounts of violence and scored more highly on measures of appetitive aggression [14]. PTSD symptom severity was reported as reduced (from what would be predicted) and appetitive aggression was reportedly higher in former child and adult soldiers [15, 16, 41], refugees [17] and offenders involved in gangs [18]. PTSD symptom severity was associated with greater exposure to family violence but not related to levels of appetitive aggression or exhibited acts of violence in unaccompanied refugee minors [26]. In offenders exposed to more severe and frequent traumatic events

including threat within gangs, higher levels of appetitive aggression were recorded but there was no evidence presented for a causal relationship. This included offenders witnessing increased degrees of violence [18], and higher levels of perpetrated violence were associated with increased exposure to traumatic events [36]. Higher rates of committed violent acts also increased the appeal of self-committed atrocities (e.g., killing and torture) and levels of reported appetitive aggression. However, witnessing and participating in a massacre (e.g., genocide) was predictive of increased PTSD symptom severity in former combatants / perpetrators [21, 32, 40]. In contrast, ex-combatants who reported greater incidents of childhood adversity and exposure to traumatic events, reported increased PTSD symptom severity (hyper-arousal, re-experiencing and avoidance) and higher levels of appetitive aggression [27, 28, 42]. Reactive aggression was investigated in conjunction with appetitive aggression in a sample of refugees [3] emphasising a link between childhood maltreatment and increases in both forms of aggression. PTSD symptom severity was additionally associated with reactive aggression and impulsivity. Elevated levels of reactive aggression and low levels of appetitive aggression were identified in a sample of street children who reported increased PTSD symptom severity and had greater exposure to traumatic events including recently experienced violence [7].

4.4.5 Broader Considerations of Trauma and PTSD

The exclusion of research studies in this scoping review limited the capacity to develop a comprehensive picture of the impact of human-induced traumatic events (particularly those which were cumulative, severe and from multiple sources), the subsequent development of psychopathology (e.g., PTSD / PTED), and any associated

experience of thoughts, fantasies and acts of overt harm. Hence those studies that did not consider the role of thoughts, fantasies or acts of overt harm following human-induced traumatic events and psychopathology were excluded.

Refugee and other displaced populations have the potential to be exposed to a greater number of traumatic events than general populations, however, the longer-term impact is less well understood. Research has included considerations of PTSD and C-PTSD across diverse countries and situations including Papua New Guinea (Silove, Tay, Kareth & Rees, 2017), collective and personal trauma experienced by Somali and Oromo refugees (Jaranson, et al., 2004; Jorden, Matheson & Anisman, 2009), mental health and displacement in post-war Sri Lanka (Husain, et al., 2011), exposure to torture in Tamil refugees and immigrants (Silove et al., 2002), exposure to traumatic events and mental health in rural Nepal (Axinn, Ghimire, Williams & Scott, 2013), and the impact of torture and psychiatric disorders in Bhutanese refugees displaced to Nepal (Shrestha et al., 1998; van Ommeren, et al., 2001). In addition, research has explored trauma and PTSD in Syrian refugees (Chung, AlQarni, Al Muhairi & Mitchell, 2017), vulnerability to PTSD in refugees displaced from South Sudan (Neuner et al., 2004), Tibetan refugees in Dharamsala (Sachs, Rosenfeld, Lhewa, Rasmussen & Keller, 2008) and the forced relocation of Israeli residents from the Gaza-Strip (Nuttman-Shwartz, Dekel & Tuval-Mashiach, 2011). The research above illustrates the impact of traumatic events on populations although without any focus on the potential for future harm in the context of revenge. This outlines opportunities for future research to consider the responses from individuals forcibly leaving a range of conflict areas, particularly when globally it is estimated that 70.8 million individuals (refugees, asylum seekers or internally displaced people) have experienced persecution, conflict, violence or human rights violations (UNHCR, 2018).

Research focusing on perpetrators has investigated childhood adversity and levels of appetitive aggression in forensic psychiatric inpatients (Dudeck, et al., 2016), the relevance of PTSD as a criminal defence for defendants facing homicide charges (Miller, 2012), the role of psychopathy in relation to the experience of traumatic events, PTSD symptom severity in incarcerated offenders (Woodfield, Dhingra, Boduszek, & Debowska, 2015), the levels of PTSD symptom severity in former drug cartel soldiers (Böjahr & van Emmerik, 2016), and exhibited aggression in female victims of intimate partner violence (Orengo-Aguayo & Lawrence, 2014). Research has focused on the punishment goals of victims of crime toward perpetrators who caused a traumatic event (Orth, 2003; 2004), trauma levels following bereavement by murder or manslaughter (Parkes, 1993) and a loss of a child following terrorism (Saka & Cohen-Louck, 2014).

Finally, the combination of exposure to conflict and victimization through rape was considered, especially where its impact remains unacknowledged in communities (Silove et al, 2009). For example, Yazidi women kept as sexual slaves by IS terrorists (Kizilhan, 2018; Hoffman, et al., 2018), rape survivors of genocide in Rwanda (Mukamana, et al., 2008), the trauma experienced by Haitian street children (Cenat et al., 2018), child labour and familial violence in post-conflict Afghanistan (Catani, et al., 2009), and child survivors of the Rwandan genocide. Although the range of trauma responses were considered in regard of mental health and further challenges, the potential for revenge or other types of harm did not form the focus of these studies.

4.5 Discussion

The purpose of this scoping review was to consider the role of thoughts and fantasies on acts of harm perpetrated by individuals or groups exposed to human-induced

traumatic events who were subsequently diagnosed with or reporting PTSD or PTED symptoms. Interpreting the impact of trauma exposure on symptom severity in PTSD and PTED and later acts of harm has resulted in a complex picture while indicating potential areas for future research. The role of PTSD in predicting acts of harm can be interpreted holistically within a framework of a developmental journey. This occurs where there is exposure to a critical or traumatic event/s and the subsequent or parallel development of psychopathology. In the adult populations studied, research did not consider adverse childhood events, personality structure, subsequent exposure to traumatic events and PTSD or PTED symptom severity. This means there is an opportunity to investigate a wider set of contributory factors that might inform the understanding of how or if exposure to traumatic events and associated psychopathology can predict acts of revenge.

4.5.1 Implications for Research

Although embitterment (PTED) and revenge are inextricably linked (Linden, Rotter, Baumann & Lieberei, 2007), the potential for a progression from thoughts and emotions toward acts of harm remains less well defined. Certainly, there appears to be an association between revenge fantasy and its potential to moderate the severity of PTED. In regard of reductions in PTSD symptom severity which were found alongside elevated levels of appetitive aggression, it was not possible to conclude causality (Weierstall & Elbert, 2011). Future research could examine how PTED may present in clinical and forensic populations and whether embitterment might relate to vengefulness in regard of problematic or disordered personality presentations.

When measured in parallel within research studies, the elevated levels of appetitive aggression and reduced trauma symptom severity resulted in an unclear picture emerging, but one worthy of further investigation. It is apparent that appetitive aggression has been identified in populations who have been exposed to traumatic events, either as a perpetrator, witness or victim, such as in criminal gang membership, military conflict, and civilian populations in crisis. In regard of veterans who voluntarily join military groups (cf. forced conscription), wider factors which might be relevant to understanding trauma symptom severity (e.g., adversity in childhood) are not always captured in research methodologies, focusing instead on recent military events. Therefore, post-hoc self-report methods may not be as reliable as developing longitudinal methods to explore trauma symptom severity in combat recruits. Some of the findings from the included research in this scoping review indicate a possible relationship between greater levels of childhood adversity and higher levels of appetitive aggression. It is possible that individuals actively drawn to military combat, who volunteer for frontline roles may report higher levels of appetitive aggression, however, it is also possible that such individuals could instead pursue a criminal path. Identifying the prevalence of childhood adversity prior to recruitment into formal or informal military combat organisations may enable vulnerability or resilience factors to be identified. Exploring why there is an increasing population of veterans in prisons in England and Wales could be informed by exploring individual trauma exposure trajectories (i.e., the frequency and severity of past traumatic events), baseline levels of anger and aggression, PTSD and PTED symptom severity, and levels of appetitive aggression – this has potential for future research investigation.

The potential to consider historic and ongoing trauma exposure along with different forms of aggression such as reactive, appetitive and proactive acts (Elbert, Schauer & Moran, 2018) presents a way forward for interpreting acts of harm and predicting future risk, whether in forensic or clinical populations. However, there are likely to be individual differences when interpreting the acts of those who proactively plot revenge, those for whom aggression is pleasurable and morphs into a sadistic disposition, those who exert dominance and control (to compensate for vulnerability), and individuals who respond to perceived threats in the moment. Interpreting a client's response to human-induced traumatic events in regard of the development of trauma symptom severity and later acts of harm can therefore inform research and practice. The overlaps in the studies presented in this review outline the experiences of traumatic events across different global populations and illustrate that responses to adversity appear universal, occurring on a continuum of severity.

Contemporary conflicts present further opportunities for the consideration of populations who have and continue to experience prolonged, extreme traumatic events including exposure to genocide, displacement and sexual slavery, e.g., Rohingya Muslims in Myanmar, Yazidi women forcibly held by IS, schoolgirls kidnapped by Boko Haram in Nigeria, and broader displaced populations in Europe and internationally. The ethical and logistical challenges of conducting research with marginalised populations should not be an obstacle for future researchers employing trauma-informed approaches. The range of research presented in this scoping review has illustrated the ability to engage different populations (e.g., veterans, crime victims, former child soldiers and genocide survivors) and develop the understanding of responses to traumatic events, including the ability to engage in harmful acts.

The methods used in the included studies in this review have failed to provide enough clarity in regard of any process which may occur following exposure to traumatic / critical events, the development of traumatic stress or embitterment symptoms and thoughts, fantasies and acts of revenge / harm. It is possible that drawing together a disparate set of factors would not enable any helpful conclusions to be made; however, the grounded theory model of revenge presented in Chapter Two illustrated the potential trajectory. It would be beneficial therefore to consider identifying any possible relationships between such factors and interactions in future research.

4.5.2 Implications for Clinical Practice

The findings from this review are relevant to practitioner work with clients with histories of significant trauma, difficulties in emotional regulation, assessed risk of harm, and potential histories or actual acts of harm, whether forensic populations, veterans, refugees and asylum seekers, or crime victims. This presents a major challenge in developing trauma-informed approaches suitable for different populations and in understanding how to reduce trauma symptom severity and any potential risk of harm. This parallels the themes identified in the interview research with mentally disordered offenders presented in Chapter Two where acts of harm (revenge oriented) were linked to experiences of victimization and psychological processes.

In considering the evidence base, practitioners in forensic settings would benefit from acknowledging more fully the role of PTSD and PTED and how this might inform interpretations of offending behaviour, including revenge. In the present review, the cross-sectional designs using correlational analyses prevented causality being established, for example, the impact of trauma psychopathology on revenge related thoughts,

feelings, fantasy and acts of harm committed by forensic populations. Hence although no definitive conclusions can be drawn from the results in this regard, it is possible for practitioners to have an increased awareness of possible inter-relationships between several factors.

The breadth of traumatic events and the diverse populations involved in the present review illustrated the complexity and challenges for those working with clients who may display heightened levels of aggression and violence, including revenge. In individuals subjected to ongoing traumatic events and who experience a high severity of PTSD symptoms and other mental health problems, identifying whether certain events or exposure resulted in more intrusive, extreme responses would enable a bespoke formulation to be developed to inform personalised treatment. This would suport a formulation that seeks to explain the predisposing events, including exposure to critical events, and explain the impact of this on cognitive, affective and behaviour systems. In forensic populations, the acknowledgement of trauma and revenge in an individualised clinical formulation has the potential to provide increased insights when informing the treatment, management, supervision and monitoring of offenders.

The link between symptom severity in PTSD and PTED and any escalating or moderating influences of appetitive or reactive aggression remains unclear, however, as the recognition of the global impact of traumatic events increases (e.g., through the UNHCR and other organisations), this amplifies the need for tailored responses to support the populations exposed. This could be in the context of working with veterans, victims of crime, refugee and asylum seekers in immigration detention centres and for practitioners working for Non-Governmental Organisations (NGOs) overseas with

displaced populations, for example, Medécins sans Frontières (MsF; a.k.a. Doctors without Borders).

In populations involved in criminality who have been exposed to traumatic events, developing an appetite for dominance, power and control over others may become further entrenched over time and mitigate against successful intervention. This is especially a consideration if individuals further present with complex personality disorder traits, broader mental illness and substance misuse.

4.5.3 Limitations and Future Directions

Although there are some identified limitations to the studies included in this scoping review, it has been possible to acknowledge the challenges in conducting applied research with real world populations and the corresponding sensitivities and ethics. The wealth of knowledge within the included studies has contributed to a broader understanding of diverse populations and difficulties which informs forensic research and practice approaches moving forward. However, difficulties remain in distinguishing the complexities and relationships between the range of traumatic exposure types (e.g., various forms of conflict and abuse across multiple domains – familial, group, institutional, community, societal). Furthermore, the influence of the severity of subsequent psychopathology that occurs following traumatic events and the potential for acts of harm, including revenge, remains an area for future focus. The absence of longitudinal and controlled studies in the scoping review illustrated the difficulties in responding to real world challenges when conducting applied research.

In clinical and forensic settings, it may be possible for practitioners to support clients in exploring changes in cognition, affect and behaviour over time following

exposure to prior traumatic events. Although it is possible that some patterns might be unconscious or only be identified through a client's self-report, this could be considered on an individual basis. The potential to generalise individual cases to a wider population (e.g., personality disordered offenders) may be achieved using robust, standardised measures but would need to account for individual differences and the uniqueness of mentally disordered clients. This is where a clash may occur between the objectives of research and the need for practitioners to have options which are structured and allow for flexibility in the design of interventions. This is the difference between qualitatively observing and identifying the reported experience of a client following a traumatic event versus the presence or absence of trauma symptoms in regard of diagnosis using the DSM (e.g., idiographic and nomothetic approaches). The importance of gaining a fuller perspective, qualitatively and quantitatively through research and practice, would contribute to future directions. The dearth of individual data in the studies included in the present review may illustrate publication bias toward the quantifiable and to a reduction of data. This presents a clash between what becomes a research 'evidence base', what is beneficial for working in practice settings, and achieving a middle ground. It is suggested that a mixture of approaches to real world applied research on revenge will enable breadth and depth of knowledge to be better established in the field.

A further consideration for the populations identified in the present scoping review (and those not included in the review), is to identify the potential for post-traumatic growth. This might manifest in the form of campaigning for change (e.g., changes in therapeutic provision for asylum-seekers and refugees), or conversely, instil a collective potential for harm (e.g., through radicalization). This has been observed in individuals vulnerable to forms of extreme beliefs and whose personal experience

become refocused toward a quest for revenge which may be still further fuelled by appetitive aggression.

4.6 Chapter Conclusions

This review has further informed the model of revenge-oriented acts (in regard of those considered in Chapter Two and Chapter Three) and illustrates the importance of considering the type, severity, temporality, and cumulative nature of harm perpetrated and experienced by a range of populations. In particular, the review has outlined a other populations 'at risk' of committing acts of harm whom are not routinely considered in traditional clinical and forensic settings.

Chapter Five considers the ways practitioners might quantitatively measure the potential for individuals to engage in acts of revenge and presents a psychometric critique.

Chapter Five

The Assessment of Propensity for Revenge (PfR) and Contingent Risk: A Psychometric Critique

5.1 Abstract

Although the prevalence of revenge is acknowledged in the context of criminal justice and clinical forensic practice, its conceptualisation requires in-depth interpretation to accurately assess and interpret the propensity for revenge-oriented acts, whether in regard of risk or intervention. This requires the breadth and depth of revenge to be considered – avoiding only the surface-level (proximate) understanding of the initial transgression[32] (i.e., the predisposing critical event) and the response – to elevate any understanding of behaviour and corresponding psychological insights. By drawing on the grounded theory model, the client case study and the outcome of the scoping review on human-induced trauma, this psychometric critique focuses on relevant revenge-oriented measures in forensic settings. The identification of the potential for, or risk of, acts of revenge therefore becomes the objective of assessment in this context. This includes any underlying predisposition or baseline propensity for revenge (trait and state) within a broader picture of assessing risk of harm. Current approaches to the assessment of revenge are heavily focused on affect (anger) with a reduced focus on broader elements that may fuel such behaviour. A range of measures were reviewed and are discussed in

[32] 'The 'initial transgression' is determined in regard of the temporal parameters for the individual engaging in revenge. The transgression may therefore be an event (temporally linked to the resulting vengeful response) which results in immediate revenge and offending behaviour. However, it might also be residual from events in childhood or adolescence, where the vengeful response occurs when there is opportunity or when an individual is reminded of the past'.

relation to their administration, psychometric properties and relevance for administration with clinical or forensic clients. The critique considered the potential to measure in clients the impact of any prior traumatic events experienced, the role of affect (e.g., anger, fear and contempt), cognitive processes such as fantasy, violent ideation, grievance thinking and rumination and transient paranoia (hypervigilance) that might influence resources and opportunities to act. 'Propensity for Revenge' (PfR) in the present critique broadens the focus from anger and aggression to create a holistic approach which has potential application for those populations 'at risk' or already in forensic settings. This is based on a conceptualisation of revenge across offences and contexts to consider the critical elements when conducting tailored assessments of risk and need.

5.2 Introduction

The prominence of revenge underpinning criminal behaviour (Douglas, Burgess, Burgess & Ressler, 2013) suggests there are important implications for forensic and clinical practice, especially when considered as an aggravating factor in sentencing guidelines. Although revenge is prevalent, it has only relatively recently been identified in specific legislation, for example, 'revenge porn' (Criminal and Courts Act 2015) or 'non-consensual image sharing' and is reported to affect 1 in 25 Americans (Lenhart, Ybarra & Price-Feeney, 2016).

In addition to forensic clients, a broader set of populations were identified from the scoping review (see Chapter Four) as having the potential to engage in acts of harm following exposure to traumatic events, and as such, could be considered 'at risk'.

The versatility of revenge motivated acts and the corresponding mindset of an offender can result in difficulties assessing future risk of harm, whether in secure settings

or the community. Risk assessments, while considering prior known criminality and index offences, are often reliant on relevant detail being captured in collateral information or disclosures from clients. Limitations in access to reliable or relevant information can occur due to differences in documenting behaviour (e.g., medical / psychiatric reports), a lack of sufficient detail in records (e.g., Police National Computer (PNC), witness statements, coroner reports), no formal criminal sanctions occurring (e.g., a not-guilty verdict or no further action taken (NFA)), or a lack of detail in historic psychological reports (e.g., if a conviction was 28 years previous). Although Structured Professional Judgement tools provide structure, they rely on practitioners considering the multi-faceted nature of revenge, whether in regard of personality (trait), circumstance (state) or both, and may vary in content and quality.

The implications for public protection require consideration of the potential for any identified 'victim' (e.g., the client) to commit a criminal act against either the original transgressor, related or unrelated third parties. Hence a fuller understanding of the underlying factors involved in offending could inform risk assessment, formulation and the management, treatment, supervision and monitoring.

5.3 Measuring Propensity for Revenge (PfR)

5.3.1 Conceptualizing an Assessment

The identification of 'PfR' is complex and the use of SPJ tools to assess risk and develop scenarios relevant to acts of future harm (Hart, Douglas & Guy, 2016) provides a process where triangulation of evidence can include client interviews, file reviews and the administration of psychometric measures. In the present critique, six factors were identified as relevant and are illustrated in Figure 5.1.

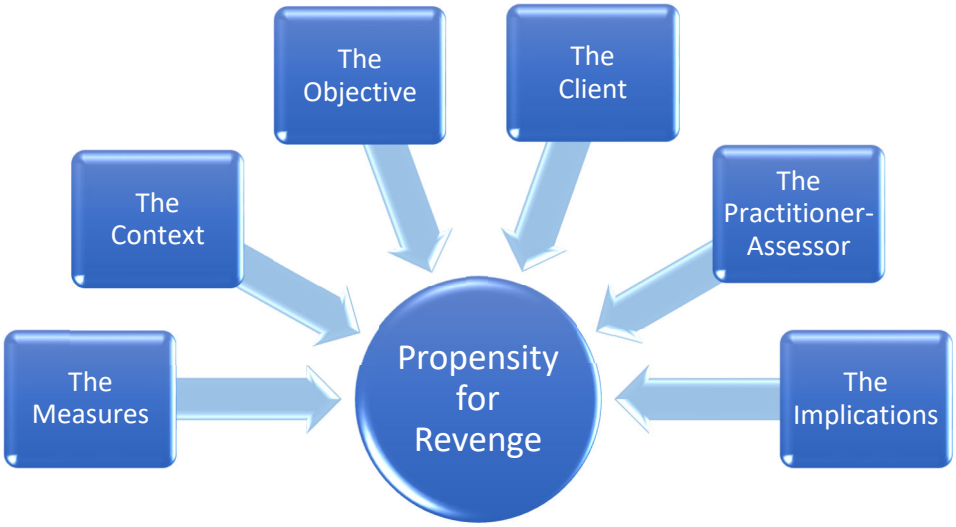


Figure 5.1: Comprehensive, Ethical and Defensible Assessment Approach.

Prior to identifying the context and objective of an assessment, the options of measures are considered and critiqued for their potential use with clinical or forensic clients in secure and community settings, including clients 'at risk'.

5.3.2 Identifying Areas for Assessment

The psychometric measures used most frequently with forensic clients comprise measures of intellectual functioning, personality, and offence related behaviour. Although assessment objectives vary, the range of possible measures can provide challenges in tailoring assessments to the needs of the client. These may concentrate on static and dynamic factors, rumination, revenge fantasy and grievance thinking, capacity for empathy and forgiveness, or the potential for acting on feelings of anger and engaging in a breadth of harmful and aggressive acts.

5.3.2.1 Revenge / Forgiveness / Unforgiveness Measures

The challenges in assessment are compounded by the way prior and ongoing, verifiable revenge-oriented behaviours are displayed (e.g., index offence and historic offending). Measures developed with normative populations cannot readily transfer to forensic clients and application to applied settings can be limited and variable. Table 5.1 provides an overview of measures identified as relevant to the assessment of perspectives toward revenge, forgiveness and unforgiveness.

The Vengeance Scale (VS; Stuckless & Goranson, 1992) is a self-report measure comprising 20 items measuring beliefs about revenge scored between 20 (low vengeance seeking) and 140 (high vengeance seeking) (See Chapter Three for further information). ***The Abbreviated Vengeance Scale*** (VS5 / VS10; Coelho et al., 2018) correlates (in the anticipated directions) with agreeableness, conscientiousness and honesty-humility, implying lower self-control and the capacity for revenge (Balliet, 2010; Cavacanti & Pimentel, 2016; McCullough & Hoyt, 2002). In addition, the VS-10 and VS-5 scales correlate positively with all factors of the Dark Triad (psychopathy, $r = 0.38$ and 0.36 respectively, $p < 0.001$; Machiavellianism, $r = 0.31$ for both scales, $p < 0.001$; Narcissism, $r = 0.19$ and 0.18 respectively, $p < 0.01$) (Coelho, et al., 2018). The Vengeance Scale is applicable across cultures and reportedly has reliable and valid psychometric properties (Hutt, Iverson, Bass & Gayton, 1997; Stuckless & Goranson, 1992; Stuckless, Ford & Vitelli, 1995).

Forgiveness is identified as a pro-social response to a transgression and while linked to religious beliefs, has relevance in isolation of faith systems. The potential to forgive relates to whether individuals can move on from trauma. Measures of forgiveness are as relevant to revenge and unforgiveness oriented assessments (Berry, Worthington, Connor, Parrott & Wade, 2005) and variously include trait forgiveness, self-appraisal in proneness to

forgive, responses toward an individual responsible for causing hurt (i.e., current thoughts and feelings), dispositional forgiveness for events outside one's control, reactive and active barriers which prevent forgiveness. Those measures identified as currently relevant to, or having potential for use in forensic settings, are discussed based on use with general or clinical populations.

The Transgression Related Interpersonal Motivations Inventory (TRIM-12; McCullough, et al. 1998; TRIM-18; McCullough, Root and Cohen, 2006) is widely used in research (See Chapter Three for a more detailed description including psychometric properties), comprising three sub-scales of Revenge, Avoidance and Benevolence. The measure progresses the work of Wade (1990) who originally developed a 83-item measure covering 11 subscales related to Cognition (Revenge, Freedom from obsession, Affirmation and Victimization), Affect (Positive versus negative feelings) and Behaviour (Avoidance, Movement against, Toward God, Conciliation, Holding a grudge, and Personal Benefit). The TRIM-18 has reportedly high internal consistency, moderate test-retest stability, and evidence of construct validity (McCullough, et al., 2006) and has been administered to forensic populations (Mela, et al., 2017).

Similarly to Wade (1990), ***The Enright Forgiveness Inventory*** (EFI; Enright & Fitzgibbons, 2000; Enright & Rique, 2004; Subkoviak, Wu & Gassin, 1995) is a self-report measure incorporating Affect, Cognition and Behaviour, comprising 60 items (See Table 5.1). Prior to responding, participants record their most recent experience of being hurt deeply and unfairly (Subkoviak, et al., 1995), the degree of hurt (1 = no hurt; 5 = a great deal of hurt), the source of the hurt (e.g., friend, spouse, employer), whether the transgressor is still alive, and the time since the offence. The EFI appears effective across cultures for reliability and validity (Enright & Fitzgibbons, 2000). In regard of convergent /

concurrent validity, EFI scores are associated with lower scores on the State-Trait Anxiety Inventory and the Beck Depression Inventory (Enright & Rique, 2004) while correlating highly with the Wade Forgiveness Scale (Brown, Gorsuch, Rosik & Ridley, 2001; Wade, 1990). Worthington, et al. (2015) argue that the EFI has strong support as an overall assessment of forgiveness rather than as individual measure subscales. Evidence supports its use with clinical samples, for example, following traumatic brain injury (Gisi & Carl, 2000), victims of human rights violations (Allan, Allan & Kaminer, 2006) and with forensic samples, for example, mentally disordered offenders (Mela, et al., 2017). The EFI is also considered a reliable measure of change (Wade, Hoyt, Kidwell & Worthington, 2014).

In addition to the TRIM-18 and the EFI, additional 'forgiveness' scales have been developed (See Table 5.1): ***The Trait Forgivingness Scale*** (TFS; Berry, Worthington, O'Connor, Parrott & Wade, 2005); ***The Heartland Forgiveness Scale*** (HFS: Thompson, Snyder & Hoffman, 2005); ***Barriers to Forgiving Scale*** (Pearce, Strelan & Burns, 2018); ***The Rye Forgiveness Scale*** (Rye, et al., 2001); and ***The Decisional Forgiveness Scale*** (DFS) and ***Emotional Forgiveness Scale*** (EFS) (Worthington, Hook, Utsey, Williams, & Neil, 2007). Forgiveness and unforgiveness can therefore inform the understanding of 'PfR' within a broader assessment structure.

Table 5.1: Revenge, Forgiveness and Unforgiveness Measures

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Vengeance Scale **(VS; Stuckless & Goranson, 1992)**	Measures attitudes to revenge and responses to transgressions. All items measure revenge.	**20 items** (α = .92) 10 reverse scored **Test-retest** (5 weeks; *r*= 0.90, p < 0.001). **7-point Likert scale** 'Strongly Disagree' (1) to 'Strongly Agree' (7)	*'It's usually better to show mercy than to take revenge'* *'I don't just get mad, I get even'* *'To have a desire for vengeance would make me feel ashamed'* *'It is important for me to get back at people who have hurt me'* *'If someone causes me trouble, I'll find a way to make them regret it'* *'There's nothing wrong in getting back at someone who has hurt you'*
Abbreviated Vengeance Scale **(VS5; VS10; Coelho, et al., 2018)**	Brief versions of original Vengeance Scale. All items measure revenge.	**10 items** (α = .92) **5 items** (α = .88) **7-point Likert scale** 'Strongly Disagree' (1) to 'Strongly Agree' (7)	*'I believe in the motto "An eye for an eye, a tooth for a tooth'* *'I don't just get mad, I get even'* *'Honour requires that you get back at someone who has hurt you'* *'I am not a vengeful person'* *'I try to even the score with anyone who hurts me'*
Transgression Related Interpersonal Motivations Inventory **(TRIM-12 / TRIM-18; McCullough, Root & Cohen, 2006)** **(Based on Wade, 1990)**	Measurement of responses to transgressions. Focus on an individual for respondent to consider when rating.	**12 or 18 items** 2 or 3 subscales Avoidance (7 items; α = .86) Revenge (5 items; α = .90) Benevolence (6 items; α = .85) **Test-retest** (8 weeks; *r* = .50) **5-point scale** 'Strongly Disagree' (1) to 'Strongly Agree' (5)	**Revenge:** *'I'm going to get even'* *'I want him / her to get what he / she deserves'* **Avoidance:** *'I'd withdraw from him / her'* *'I cut off the relationship with him / her'* **Benevolence:** *'I forgive him/her for what he/she did to me'* *'I am finding it difficult to act warmly toward him/her'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Enright Forgiveness Inventory **(EFI; Enright & Fitzgibbons, 2000; Enright & Rique, 2004; Subkoviak, Enright, Wu & Gassin, 1995)**	Measures the degree to which an individual forgives an offender for a specific transgression that has hurt them deeply and unfairly. Used in clinical contexts for assessment involving unforgiveness and anger and disorders with high rumination.	**60 items** 3 subscales 6 domains Positive Affect (PA; 10 items; α = .96); Negative Affect (NA; 10 items; α = .95); Positive Cognition (PC; 10 items; α = .96); Negative Cognition (NC; 10 items; α = .95); Positive Behaviour (PB; 10 items; α = .96); Negative Behaviour (NB; 10 items; α = .93) **Test–retest** (2 weeks = .86; four weeks = .67-.91) **6-point scale** 'Strongly disagree' (1) to 'Strongly agree' (6)	**Positive Affect (e.g., warmth):** *'I feel tender toward him/her'* **Negative Affect (e.g., hostility):** *'I feel cold toward him/her'* **Positive Cognition (e.g., favourability):** *'I think he or she is loving'* **Negative Cognition (e.g., disapproval):** *'I think he or she is a bad person'* **Positive Behaviour (e.g., considerateness):** *'I would show friendship'* **Negative Behaviour (e.g., avoidance):** **'***I would ignore'*
The Trait Forgivingness Scale **(TFS; Berry, Worthington, O'Connor, Parrott & Wade, 2005)**	Measures forgiveness and bitterness, revenge, resentment, unforgiveness and forgiving person. Can inform an understanding of revenge.	**10 items** (α = .74-.80) **Test-retest** (8 weeks; *r* = 78) **5-point scale** 'Strongly disagree' (1) to 'Strongly agree' (5)	*'People close to me probably think I hold a grudge for too long'* *'I feel bitter about many of my relationships'* *'I try to forgive others even when they don't feel guilty for what they did'* *'I can usually forgive and forget an insult'* *'I have always forgiven those who have hurt me'* *'I am a forgiving person'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Heartland Forgiveness Scale **(HFS: Thompson, Snyder & Hoffman, 2005)**	Dispositional forgiveness after negative event in regard of self and others. Forgiveness of a non-agentic situation beyond someone's control (e.g., natural disaster). Self and Others can be relevant but Situation relates to events that are not human-induced.	**18 items** 3 subscales Self (6 items; α = .72-.76) Other (6 items; α = .78-.81) Situations (6 items; α = .77-.82) **Test-retest** (3 weeks; HFS Self *r* = .72; HFS Other *r* = .73; HFS Situation *r* = .77) **7-point Likert scale** 'Almost always false of me' (1) to 'Almost always true of me' (7).	**Self:** *'I hold grudges against myself for negative things I've done'* *'Learning from bad things that I've done helps me to get over them'* *'I don't stop criticizing myself for negative things I've felt, thought, said or done'* **Others:** *'I continue to be hard on others who have hurt me'* *'With time, I am understanding of others for the mistakes they've made'* *'When someone disappoints me, I can eventually move past it'* **Situations:** *'If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them'* *'It's really hard for me to accept negative situations that aren't anybody's fault'* *'I eventually make peace with bad situations in my life'*
Barriers to Forgiveness Scale **(BFS; Pearce, Strelan & Burns, 2018)**	Identification of reactive reasons (the offence is too hurtful) and active reasons (refusing to forgive to protect the self from power and identity threats).	**20 items** 2 subscales Reactive barrier (10 items; α = .93) Active barrier (10 items; α = .84). **5-point scale** 'Strongly disagree' (1) to 'Strongly agree' (5)	**Reactive barrier:** *'Our relationship has been irreparably damaged by what they did'* *'Some things just cannot and should not be forgiven'* **Active barrier:** *'Forgiving that person might make me lose face in front of others'* *'It might make others perceive me as weak or foolish'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
Rye Forgiveness Scale **(RFS; Rye, et al., 2001)**	Cognitive, emotional and behavioural responses to an offender's wrongful actions. Absence of negative relates to rumination and impact the transgressor has had. Presence of positive identifies good outcomes following the transgression.	**15 items** 2 subscales Forgiveness – Absence of Negative (10 items; α = .86) Forgiveness – Presence of Positive (5 items; α = .85) **Test-retest** (2 weeks; *r* = .76 (Forgiveness AN), *r* = .76 (Forgiveness PP), r = .80 (RFS total)) **5-point scale** 'Strongly disagree' (1) to 'Strongly agree' (5)	**Absence of Negative:** *'I can't stop thinking about how I was wronged by this person'* *'I spend time thinking about ways to get back at the person who wronged me'* *'This person's wrongful actions have kept me from enjoying life'* *'I feel hatred whenever I think about the person who wronged me'* **Presence of Positive:** *'I hope the person who wronged me is treated fairly by others in the future'* *'If I encountered the person who wronged me I would feel at peace'* *'I have compassion for the person who wronged me'* *'I wish for good things to happen to the person who wronged me'*
Decisional Forgiveness Scale **(DFS; Worthington, et al. 2007)** **Can be used in conjunction with EFS below**	Decision to forgive and behave differently. Prosocial intentions cover avoidance and acting as though nothing has occurred. Inhibition of harmful intentions.	**8 items** 2 subscales Decisional Forgiveness (8 items; α = .80-.83) Prosocial Intentions (4 items) Inhibition of Harmful Intentions (4 items) **Test-retest** (3 weeks; *r* = .73) **5-point scale** 'Strongly disagree' (1) to 'Strongly agree' (5)	**Prosocial Intentions:** *'If I see him or her, I will act friendly'* *'I will not talk with him or her'* *'I will try to act toward him or her in the same way I did before he or she hurt me'* **Inhibition of Harmful Intentions:** *'If there is an opportunity to get back at him or her, I will take it'* *'I intend to try to hurt him or her in the same way he or she hurt me'* *'I will try to get back at him or her'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
Emotional Forgiveness Scale **(EFS; Worthington, et al. 2007)** **Can be used in conjunction with DFS above**	Replacement of negative emotions with positive emotions.	**8 items** 2 subscales Emotional Forgiveness (8 items; α = .69-.83) Presence of Positive Emotion Reduction in Negative Emotion **Test-retest** (3 weeks; *r* = .73) **5-point scale** 'Strongly disagree' (1) to 'Strongly agree' (5)	**Presence of Positive Emotion (4 items):** *'I care about him or her'* *'I feel love toward him or her'* *'I feel sympathy toward him or her'* **Reduction in Negative Emotions (4 items):** *'I no longer feel upset when I think of him or her'* *'I resent what he or she did to me'* *'I'm bitter about what he or she did to me'*

5.3.2.2 Fantasy, Rumination and Harmful Ideation

The assessment of 'PfR' in clients who admit thoughts, rumination and fantasies of revenge while progressing toward discharge / release into the community remains challenging. Fantasy use, whether linked to potential acts of harm (or not), can result in concerns being raised in relation to risk in forensic populations.

The use of non-harmful fantasy is prevalent in society and contemporary culture, acting as a temporary or deeper escape from reality (Brittain, 1970) and can be linked to dissociation from trauma (Dahler, et al., 2012). Fantasy involving violent, anti-social or illegal content are relevant to maladaptive coping and a heightened likelihood to engage in violent (Kelty, Hall & Watt, 2011; Plante, Reysen, Groves, Roberts & Gerbasi, 2017) or coercive or forced sexual behaviour (Briggs, Simon & Simonsen, 2011; DeGue, DiLillo & Scalora, 2010). Indeed, the presence of sexual fantasy in offenders has been multi-functional – enabling themes of abuse, dominance and control (Skrapec, 2001) and satisfying sexual need and sadistic thoughts (Murray, 2017). In a non-clinical sample, Visser, DeBow, Pozzebon, Bogaert and Book (2014) reported higher levels of psychopathy as indicative of individuals with unrestricted and deviant sexual fantasy which was acted out. However, any direct causality between deviant fantasy and sexual offending remains unclear – whether fantasy causes behaviour or vice versa (Leitenberg & Henning, 1995) – emphasising the need for a tailored, holistic approach (e.g., the inclusion of personality characteristics).

In serial or mass homicide cases, the presence of fantasy propulsion of rage, hatred and sadistic revenge maintains this mindset toward victims (James & Proulx, 2014; 2016; Murray, 2017). An acknowledgement of the role of fantasy in those who have historically engaged in revenge-oriented acts and who are particularly vengeful in regard of personality

is critical when formulating future risk of harm. In addition, a broader focus on sensational interests (Egan, 2003; Egan, Austin, Elliot, Patel & Charlesworth, 2003; Egan et al., 1999; Egan, Charlesworth, Richardson, Blair & McMurran, 2001) such as the military or weapon use remains relevant. Table 5.2 outlines the measures identified to assess fantasy, rumination and harmful ideation which are further described below.

The Sustaining Fantasies Questionnaire (SFQ; Zelin et al., 1983) is a self-report measure comprising 134 fantasies developed from *'clinical experience, a psychoanalytic development scheme and asking psychiatric patients to list fantasies which made them 'feel better'* (p.428). Responses are recorded on a 5-point Likert scale from 1 (hardly at all) to 5 (extremely) and the scale was initially tested and validated using a sample of psychiatric patients (69% personality disorder diagnoses), the measure considers affective states (20 items) and evocative memory to identify the ability to produce positive or negative imagery under stress (Zelin, et al., 1983). Zelin, et al. (1983) report the fantasy sub-scales correlate and enable convergent and discriminant validity and appropriate stability, internal consistency and equivalence (Greenwald & Harder, 1995).

The SFQ has been used across a range of research including Egan and Campbell (2009) with an 83-item version of the SFQ in an investigation of the link between fantasy, sensational interest and physical aggression. Greenwald and Harder (1997) investigated the link between fantasy and psychopathology with clinical and non-clinical samples and found endorsements of Power / Revenge, Death / Illness, Withdraw / Need, Protection, and Suffering correlated with reported psychological dysfunction (p. 1093). The scale has potential for use with forensic clients due to the breadth of fantasy covered, including revenge, and the capacity to inform practitioner formulation and treatment interventions.

The Creative Experiences Questionnaire (CEQ; Merckelbach, Horselenberg & Muris, 2001) is a 25-item self-report measure of fantasy proneness rated as Yes / No and is derived from Wilson and Barber (1983). Items relate to the use of fantasy in childhood and how fantasy is experienced in adulthood. The measure is considered 'psychometrically sound', exhibits good test-retest stability (6 weeks) and internal consistency (α = .72) and has predictive and concurrent validity (Merckelbach, et al., 2001). The authors emphasise the limited applicability of the measure for research (cf. clinical) purposes (e.g., Bacon, Walsh & Martin, 2013), hence without broader population norms, the applicability for clinical and forensic contexts remains uncertain.

The Fantasy Questionnaire (FQ; Weibel, Martarelli, Häberli & Mast, 2018) measures the extent of an individual's fantasy immersion and comprises 27 items. These were developed from the identification of elements from pre-existing scales and self-generated items and is measured on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The Fantasy Questionnaire is divided into two subscales evidencing good internal consistency and test-retest (12 weeks) stability for both: *Imaginative Fantasy* (α = .88; r = .79, $p < .01$) and *Creative Fantasy* (α = .90; r = .82, $p < .01$). Construct validity was demonstrated with correlations with the Sustaining Fantasies Questionnaire (Zelin, et al., 1983). In regard of relevance to clinical or forensic populations, Imaginative Fantasy has been positively associated with psychopathology (distress) and maladaptive coping strategies that negatively influence psychological outcomes (Bacon & Charlesford, 2018).

The Fantasy Engagement Scale (FES; Plante, Reysen, Groves, Roberts & Gerbasi, 2017) comprises 8 items to measure an identified (self-derived) fantasy with responses rated on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Plante, et al. (2017) suggest the scale was designed to apply to any fantasy activity, seeking to be short,

non-dichotomous and non-retrospective in nature (p. 146). The scale further assesses engagement in fantasy focusing on the nature of the activity, considering positive and negative factors. The positive and negative elements of fantasy engagement are associated with existing measures – the Inventory of Childhood Experiences and Imaginings ((CMI; Klinger, Henning & Janssen, 2009) and the Childhood Experiences Questionnaire (CEQ; Merckelbach, Horselenberg & Muris, 2001) and the scale displays moderate test-retest reliability.

The Schedule of Imagined Violence (SIV; Grisso, Davis, Vesselinov, Appelbaum & Monahan, 2000) was developed as part of the MacArthur Violence Risk Assessment study (Monahan, et al., 2001) and captures information about the recency, frequency, chronicity, specific or diverse harm (types of violent acts during thoughts), targeted and general harm, escalating or diminishing harm, and proximity to the target of harm (p. 398). Although self-report, the administration is via a clinicial interview and the schedule results in quantifiable elements that measure change over time. The schedule further has the potential to inform considerations of imagined violence within broader assessments of risk and can be administered within secure environments as part of ongoing management and in community settings to complement risk monitoring procedures. The schedule has similarities with the Violence and Suicide Assessment Scale (VASA; Feinstein & Plutchik, 1986) for the evaluation of violent and suicidal thoughts in psychiatric emergency / acute admissions units. One aspect not incorporated into the Grisso, et al. (2000) schedule is whether thoughts are linked to a transgression, negating to identify whether there is a broader perception of victimization. The SIV highlights violent thoughts as predictive of violent acts and high scores correlated positively with measures of psychopathy, anger and impulsivity (Grisso, et al., 2000). However, challenges in obtaining accuracy when collating

self-reported violent thoughts were identified (Neal, Miller & Shealy, 2015). This has implications for considering the high-stakes associated with disclosing thoughts of violence in a clinical or forensic setting (e.g., being detained for a longer period) and the assessment of faking-bad or good.

The Violent Ideations Scale (Murray, Eisner & Ribeaud, 2016) comprises 12-items reported on a 5-point Likert scale from 1 (Never) to 5 (Very often) and measures thoughts, daydreams or fantasies of inflicting harm on another individual. The content of the scale captures thoughts of violence rather than actions and the instructions relate to '*doing something you would never actually do*', which initially suggests it may be less relevant for assessing forensic populations with histories of offending against the person. This comprises items focusing on suicide, murder, non-fatal violence (targeted, reactive and revenge), humiliation and retribution, and non-consensual sexual acts (Murray, et al., 2016). However, the fantasized behaviours could be worthy of further examination were they to be reported in a clinical or forensic population and at a minimum would require a further discussion with the client. The measure was initially tested on a large normative (non-forensic) sample of older adolescents[33] and concurrent validity was supported with correlations between reactive (r = .65; p < .001), proactive (r = .48; p < .001) and verbal / relational (r = .54; p < .001) aggressive ideations. Internal consistency for the measure was not possible to obtain because different violent ideations do not form a discrete construct. Assessment of the English language version found that by removing two items (suicide and sexual assault) the measure displayed factorial validity, internal reliability (α = .93),

[33] The initial research focused on German population and was subsequently validated using an English language version (McKenzie, et al., 2018).

concurrent validity with the Aggression Questionnaire (AQ; Buss & Perry, 1992) and test-retest reliability ($r(27) = .77$, $p < .001$).

Finally, the role of rumination is key in relation to thoughts perpetuating an already challenging emotional state into the potential for an act of harm. ***The Dissipation-Rumination Scale*** (Caprara, 1986) comprises 20-items (including 5 control items) and considers a continuum of dissipation and rumination as *'a function of a lapse of time between the instigation to aggress and the moment in which it becomes effectively possible to react aggressively'* (p. 765). ***The Revised Dissipation-Rumination Scale*** (Barnett, 2011; Wakeling & Barnett, 2009) is routinely administered as part of a battery of measures pre- and post-treatment in the English and Welsh prison service for sexual offenders. The alterations from the original scale appear five-fold: (i) removal of 5 control items (e.g., 'I like people who are free'); (ii) rewording of certain items for accessibility; (iii) rewording of items for reverse coding; (iv) alter the rating scale from a 6-point Likert style to a dichotomous No / Yes (0 or 2) response; and (iv) changing the wording of items from statements to questions. The revised scale is reported to demonstrate good internal consistency ($\alpha = .78$) and moderate test-retest reliability ($r = .64$), good detection of treatment impact but poor construct and predictive validity. However, Wakeling and Barnett (2011) state this does not preclude the use of the scale with sexual offenders within a wider battery of measures.

The Anger Rumination Scale (ARS; Sukhodolsky, Golub & Cromwell, 2001) comprises 19 items measuring the tendency for angry thoughts to provoke current situations and memories. The scale comprises four sub-scales: (i) Anger afterthoughts (6 items; $\alpha = .86$); (ii) Thoughts of revenge (4 items; $\alpha = .72$); (iii) Angry memories (5 items; $\alpha = .85$); and (iv) Understanding causes (4 items; $\alpha = .77$). The scale test-retest reliability

coefficient for one month was adequate (r = 0.77), correlated with validity measures (e.g., STAXI-2) and is considered appropriate for clinical practice (See Sukhodolsky, et al., 2001).

The Rumination about an Interpersonal Offense Scale (RIO; Wade, Vogel, Liao & Goldman, 2008) is a 6-item measure (α = .90; test-retest: r = .51 (10 weeks)) created to focus on situation-specific rumination about an interpersonal offence from the past 7 days. This is based on an adaptation of the Rye Forgiveness Scale (Rye, et al., 2001). The scale is different in construct from the ARS (Sukhodolsky, et al., 2001) and correlates in the predicted directions with related variables – trait forgiveness (r = -.38), hostility (r = .40), and anger (r = .21). The scale is reported as sensitive to change where change was anticipated in a clinical sample undertaking 'treatment' for an interpersonal transgression (Wade, et al., 2008).

It is apparent that the foregoing measures of fantasy, rumination and harmful ideation vary in their applicability to forensic populations and whether they could inform risk assessment.

Table 5.2: Measures of Fantasy, Rumination and Harmful Ideation

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Sustaining Fantasies Questionnaire **(SFQ; Zelin, et al., 1983)**	Identification of fantasies that help people 'feel better'. A range of subscales which highlight positively focused fantasies and those which are more negative and could relate to acts of harm to self or others.	**134 items** 10 subscales Aesthetics (10 items; α = .85) Use of God (9 items; α = .88) Power and Revenge (14 items; α = .87) Admiration of Self (17 items; α = .90) Dying and Illness (9 items; α = .83) Withdrawal and Protection (6 items; α = .74) Love and Closeness (6 items; α = .79) Suffering (5 items; α = .67) Competition (4 items; α = .76) Restitution (7 items; α = .81) **5-point scale** 'Hardly at all' (1) to 'Extremely' (5)	**Aesthetics:** *'The thought of getting together with a friend and having a really absorbing conversation'* **Use of God:** *'Knowing God will take care of me'* **Power and Revenge:** *'Thinking I can kill the person who is making things difficult for me'* **Admiration of Self:** *'Doing something really great and important and being looked up to by other people'* **Dying and Illness:** *'Knowing I can always kill myself if things get too bad'* **Withdrawal and Protection:** *'Thinking of hiding myself away within a shell or wall where I am safe and no one can hurt me'* **Love and Closeness:** *'Finding someone who I can love a great deal'* *'The thought of having someone to take care of me'* **Suffering:** *'Thinking that everything is a dream so I will wake up some day and everything will be all right'* **Competition:** *'Thinking about the excitement or pleasure of my favourite games, like cards or chess'* **Restitution:** *'The thought of being better able to control my behaviour'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Creative Experiences Questionnaire **(CEQ; Merckelbach, Horselenberg & Muris, 2001)**	Measure of fantasy proneness in relation to childhood and how it is experienced in adulthood.	**25 items** (α = .79) **Test-retest** (6 weeks; *r* = .95) Yes / No response	*'As a child, I had my own make-believe friend or animal'* *'Many of my fantasies have a realistic intensity'* *'I spend more than half the day (daytime) fantasizing or daydreaming'* *'I often have the experience of thinking or someone and soon afterwards that particular person calls or shows up'*.
The Fantasy Questionnaire **(FQ; Weibel, Martarelli, Häberli & Mast, 2018)**	Measurement of imaginative and creative fantasy. Distinctions in ratings between fantasy engagement that is imaginatively driven and more creative fantasy.	**27 items** 2 subscales Imaginative Fantasy (16 items; α = .88) Creative fantasy (11 items; α = .90) **Test-retest** (12 weeks; *r* = .79, p < .01 (Imaginative Fantasy); *r* = .82, p < .01 (Creative Fantasy)) **5-point scale** 'Strongly disagree' (1) to 'Strongly agree' (5)	**Imaginative Fantasy:** *'My daydreams are often stimulating and rewarding'* *'Most of my fantasies have a realistic intensity'* *'Sometimes my thoughts seem as real as actual events in my life'* *'I have gone through the motions of living while the real me was far away from what was happening to me'* **Creative Fantasy:** *'I am a creative person'* *'A really original idea sometimes develops from a really fantastic dream'* *'My ideas are usually considered as very creative'* *'I have a lot of fantasy'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Fantasy Engagement Scale **(FES; Plante, et al., 2017)**	Measuring a perspective toward a self-derived fantasy. Identification of the impact that engaging in fantasy has on the respondent.	**8 items** 2 subscales Positive Fantasy Engagement (4 items; α = .90) Negative Fantasy Engagement (4 items; α = .82) **7-point Likert scale** 'Strongly disagree' (1) to 'Strongly agree' (7)	**Positive Fantasy Engagement:** *'Fantasizing about this has had a positive effect on my life'* *'Fantasizing about this helps me express myself'* *'Fantasizing about this makes me more creative'* **Negative Fantasy Engagement:** *'My fantasies about this have interfered with my relationships'* *'Important people in my life have told me that my fantasizing about this is problematic'* *'My interest in fantasy has caused problems with me and my family'*
The Schedule of Imagined Violence **(SIV; Grisso, Davis, Vesselinov, Appelbaum & Monahan, 2000)** **Developed for the MacArthur Foundation Research Network on Mental Health and Law.**	Schedule to capture information about experience of imagined violence (Violent thoughts).	**7 items** Recency Frequency Chronicity Similarity / Diversity Focus Escalating / Diminishing Proximity to Target Interview measure – variable due to options of responses quantified	**Similarity / Diversity in Type of Harm:** *'When you have these daydreams or thoughts, are they usually about the same each time you have them, or do you imagine all kinds of different ways of hurting someone?'* **Escalating / Diminishing:** *'Since the time you first started having these thoughts, have the injuries that you think about gotten more serious, less serious, or have they been about the same?'* **Proximity to Target:** *'In the past two months, have you ever had these thoughts while actually being with or watching the person whom you imagine hurting?'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Violent Ideations Scale **(VIS; Murray, Eisner & Ribeaud, 2016)**	Measure focusing on thoughts, dreams or fantasies about inflicting harm on others.	**12 items** (α = .92) **5-point scale** 'Rarely' (1) to 'Very Often' (5)	*'I thought about having sex with somebody as they try to fight me off'* *'I thought about using violence to get back at someone who harmed a person close to me'* *'I thought about killing someone I know'* *'I thought about humiliating someone I despise'*
The Dissipation-Rumination Scale **(DRS; Caprara, 1986)**	Measure of the propensity to ruminate / dissipate in regard of a transgression.	**15 items** (α = .79-.87) 5 control items **Test-retest** (*r* = .81; p < .001) **6-point scale** 'Completely false for me' (0) to 'Completely true for me' (5)	*'I will never help those who do me wrong'* *'If somebody harms me, I am not at peace until I retaliate'* *'I still remember the offences I have suffered, even after many years'* *'I do not forgive easily once I am offended'*
Revised Dissipation-Rumination Scale **(Barnett, 2011; Wakeling & Barnett, 2009)**	Revised version of the original Caprara (1986) scale. For use within battery of psychometric measures administered pre- and post-treatment for sexual offenders.	**15 items** (α = .78) **Test—retest** (*r* = .64) Yes (2) or No (0)	*'Can you remember very well the last time you were insulted?'* *'Does it take many years for you to get rid of a grudge?'* *'When something outrages you, does thinking about it only make you angrier?'* *'Do you ever help those who have done you wrong?'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Anger Rumination Scale **(ARS; Sukhodolsky, Golub & Cromwell, 2001)**	Measures the tendency to think about anger provoking current situations and memories linked to anger.	**19 items** 4 subscales Anger afterthoughts (6 items; α = .86) Thoughts of revenge (4 items; α = .72) Angry memories (5 items; α = .85) Understanding causes (4 items; α = .77) **Test-retest** (*r* = .77) **4-point scale** 'Almost Never' (1) to 'Almost Always' (4)	**Anger Afterthoughts:** *'I re-enact the anger episode in my mind after it has happened'* *'Whenever an argument is over, I keep fighting with this person in my imagination'* **Thoughts of Revenge:** *'I have long living fantasies of revenge after the conflict is over'* *'I have difficulty forgiving people who have hurt me'* **Angry Memories:** *'I keep thinking about events that angered me for a long time'* *'I ruminate about my past anger experiences'* **Understanding Causes** *'When someone provokes me, I keep wondering why this should have happened to me'* *'I think about the reasons people treat me badly'*
The Rumination about an Interpersonal Offense Scale **(RIO; Wade, Vogel, Liao & Goldman, 2008)** **Adapted from the Rye Forgiveness Scale (Rye, et al., 2001)**	Measures situation-specific rumination about an interpersonal offence from the past 7 days.	**6 items** (α = .90) **Test-retest** (10 weeks; *r* = .51) **5-point scale** 'Strongly Disagree' (1) to 'Strongly Agree' (5)	*'I find myself replaying the events over and over in my mind'* *'I try to figure out the reasons why this person hurt me'* *'The wrong I suffered is never far from my mind'* *'Memories about this person's wrongful actions have limited my enjoyment of life'*

5.3.2.3 Measures of Affect – Anger, Trauma and Embitterment

One of the most routinely reported experience of affect that follows a transgression is anger. However, there is wider evidence to suggest that the experience of traumatic events (Field & Chhim, 2008) and the development of post-traumatic stress and embitterment (Linden, Baumann, Lieberei & Rotter, 2009; Linden, Rotter, Baumann & Lieberei, 2007) can result in thoughts and acts supportive of revenge motivations. Table 5.3 presents an overview of the measures of affect and potentially relevant to revenge which are further described below.

The Novaco Anger Scale and Provocation Inventory (NAS-PI; Novaco, 2003) was originally developed for use with mentally disordered populations and is a two-part self-report measure comprising an anger scale (60 items) and provocation inventory (25 items). The Novaco Anger Scale (NAS) comprises four sub-scales of Cognitive (COG – justification, suspicion, rumination and hostile attitude), Arousal (ARO – intensity, duration, somatic tension and irritability), Behavioural (BEH – impulsive reactions, verbal aggression, physical confrontation and indirect expression) and Anger Regulation (REG – regulation of anger engendering thoughts, self-calm somatic arousal and agitation, and engagement in constructive behaviour when faced with provocation) and the total score. Items are rated on a 3-point scale of 1 (never), 2 (sometimes true) and 3 (always true). Alpha scores (α = .76-.89), test-retest reliability, concurrent (e.g., the STAXI-2), discriminant (e.g., depression and anxiety) and predictive (e.g., incidents) validity is reported as excellent (Novaco, 2003).

The Provocation Inventory (PI) (25 items) is rated on a 4-point Likert scale from 1 (Not at all angry) to 4 (Very angry) and identifies five situations that can result in anger: disrespectful treatment; unfairness; frustration; annoying traits of others; and irritation. The scale produces a single score (Moeller, Novaco, Heinola-Nielsen & Hougaard, 2015) and

the stability and validity of the NAS-PI has been supported across samples, including prisoners (Baker, Van Hasselt & Sellers, 2008; Mills, Kroner, & Forth, 1998) and mentally disordered offenders (Novaco & Taylor, 2004). The internal reliability has been assessed for normative populations (α = .95), civil psychiatric sample (α = .92) (Monahan, et al., 2001) and intellectually disabled forensic patients (α = .92) (Novaco & Taylor, 2004).

The Interpersonal Reactivity Index (IRI; Davis, 1980; 1983) is a 28-item self-report scale designed to measure cognitive and emotional empathy and has four subscales rated on a 5-point scale from 0 (does not describe me well) to 4 (describes me very well). The Fantasy subscale focused on 'imaginative involvement' with fictional characters and situations (7 items; α = .78-.79); the Perspective-Taking subscale focuses on the tendency to adopt another person's viewpoint (7 items; α = .71-75), the Empathic Concern subscale identifies the capacity to experience feelings of concern toward others (7 items; α = .68-.73), and the Personal Distress subscale identifies levels of distress experienced when observing emotional distress in others (7 items; α = .75-.77). This measure has been used in forensic settings, however difficulties were identified in regard of the 'readability' resulting in *'unacceptable reliability indices… deficits in verbal intelligence, literacy, and insight, which are considered necessary for self-report measurements of empathy'* (Beven, O'Brien-Maline, & Hall, 2004, p. 39).

The Risk of Eruptive Violence Scale (REV; Mehrabian, 1997) is a 35-item measure designed to identify those with a general tendency to act violently or who experience sudden eruptive episodes of violence. The items are rated on a 9-point scale from -4 (Very strongly disagreement) to +4 (Very strongly agreement). The internal consistency of the REV is considered excellent (α = .98) and the measure can distinguish between prisoner and general public samples. Convergent validity was evidenced between the violent history

scores of prisoners and the scores on the REV while concurrent validity was shown between the REV and similar measures of anger and aggression, for example, the Brief Anger-Aggression Questionnaire ($r = .74$, $p < .05$). The measure has already shown utility in forensic settings, and as a measure to consider propensity for violence, eruptive or otherwise.

The link between trauma and negative emotional states is measured by the ***Trauma-Related Anger Scale*** (TRAS; Sullivan, Jones, Hauenstein & White, 2017) developed from consideration of survival mode and fear avoidance theories. The 72-item measure is rated on a 4-point scale from 0 (Not at all true) to 3 (Definitely true) and is reported to have excellent internal consistency ($\alpha = .94$) (Sullivan, et al., 2017). Evidence of convergent and divergent validity was found with anger measures (STAXI-2 and NAS-PI), PTSD measures (Life Events Checklist), and depression and anxiety (Patient Health Questionnaire-9 (PHQ-9); Generalized Anxiety Disorder (GAD-7)). The scale is argued to have applicability for clinical work, specifically for assessing and monitoring of anger symptoms linked to diagnoses of PTSD. This has further relevance to the consideration of human-induced trauma and revenge.

The Impact of Events Scale (IES; Weiss, 1997; Weiss & Marmar, 2007) is a 22 item self-report measure designed to identify symptom severity in regard of trauma and specifically Intrusion, Avoidance and Hyperarousal. Items are rated on a 5-point Likert scale from 0 (Not at all) to 4 (Extremely). The scale distinguishes between clinically relevant, probable PTSD diagnosis and increased concern (immune suppressant impact) although is not used to formally diagnose patients. The measure is reported to have high internal consistency (Intrusion: $\alpha = .87 – .94$; Avoidance: $\alpha = .84 – .87$, Hyperarousal: $\alpha = .79 – .91$) and test-retest reliability over a 6-month period was between .89 to .94 (Weiss & Marmar,

1997). The three factors correlate with broader measures of anxiety (Beck Anxiety Inventory (BAI); Beck, Epstein, Brown & Steer, 1988), and depression (Beck Depression Inventory (BDI); Beck, Steer & Brown, 1996). In regard of relevance for forensic and clinical clients, the measure has utility in regard of assessment (as part of a battery) to measure traumatic stress symptom severity (Komarovskaya, Booker-Loper, Warren & Jackson, 2011; Kristiansson, Sumelius & Søndergaard, 2004).

The Trauma Symptom Inventory (TSI-2; Briere, 2011; Godbout, Hodges, Briere & Runtz, 2016) is a 136-item measure assessing a wide range of relevant symptomatology (e.g., posttraumatic stress, dissociation, somatization, insecure attachment, impaired self-capacities and dysfunctional behaviours) (p. 1). The measure contains 12 clinical scales: (i) Anxious Arousal (10 items; *Anxiety* (5 items) *Hyperarousal* (5 items)); (ii) Depression (10 items); (iii) Anger (10 items); (iv) Intrusive Experiences (10 items); (v) Defensive Avoidance (10 items); (vi) Dissociation (10 items); (vii) Somatic Preoccupations (10 items; *Pain* (5 items) *General* (5 items)); (viii) Sexual Disturbance (10 items; *Sexual Concerns* (5 items) *Dysfunctional Sexual Behaviour* (5 items)); (ix) Suicidality (10 items; *Ideation* (5 items) *Behaviour* (5 items); (x) Insecure Attachment (10 items; *Relational Avoidance* (5 items) *Rejection Sensitivity* (5 items)); (xi) Impaired Self-Reference (10 items; *Reduced Self-Awareness* (5 items) *Other-Directedness* (5 items)); (xii) Tension Reduction Behaviour (10 items; $\alpha = .82$). There are a further 16 items relating to an atypical response to capture over-reporting or mis-representation of traumatic stress symptoms. Items are rated by respondents on a 4-point scale from 0 (Never) to 4 (Often) and this captures the severity of the experience of trauma related symptoms.

Aligned but distinct from post-traumatic stress, is the relatively new concept of embitterment. ***The Bern Embitterment Inventory*** (Znoj, Abegglen, Buchkremer & Linden,

2016) comprises 18 items and considers bitterness as a unique emotional reaction to distressful life events (p.213) rated on a 5-point scale from 0 (Does not apply) to 4 (Fully applies). The scale captures (i) Disappointment (being treated unjustly by others) (α = .86); (ii) Lack of acknowledgement (mismatch between own efforts and external appreciation) (α = .81); (iii) Pessimism (thoughts and perceptions of hopelessness) (α = .65); and (iv) Misanthropy (a general contempt for human beings) (α = .89). Embitterment is a dimensional construct, distinct from anger or sadness, and differs in degree of severity across individuals. Znoj, et al. (2016) argue that depending on personal resilience and situational constraints, the outcome of a serious life event could be personal growth, aggression, depression or embitterment (p.214).

In taking a categorical approach, ***The Post-Traumatic Embitterment Disorder Self-Rating Scale*** (PTED; Linden, Baumann, Lieberei & Rotter, 2009) responds the diagnostic category of Post-Traumatic Embitterness Disorder and can screen for reactive embitterment and severity. There are two subscales: (i) psychological status; and (ii) emotional response and thoughts of revenge and the 19 items are measured on a 5-point scale. Respondents are asked to indicate the degree to which the statement applies to them from 0 (Not true at all) to 4 (Extremely true). The authors argue the scale has good internal reliability (α = .93) and convergent validity was tested using scores from the Bern Embitterment Scale (Znoj, et al., 2016) and discriminant validity with a matched control group. The two embitterment scales are relevant to perspectives of revenge, whether considered in a dimensional or categorial way and have substantial utility for work with clinical and forensic clients (e.g., Lee, et al., 2012).

Table 5.3: Measures of Anger, Trauma and Embitterment

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Novaco Anger Scale **(NAS; Novaco, 2003)**	Measures anger across different elements of experience.	**60 items** (α = .94) 4 subscales (α = .76-.89) **Cognitive** (16 items) - justification, suspicion, rumination, and hostile attitude **Arousal** (16 items) - intensity, duration, somatic tension, and irritability **Behavioural** (16 items) - impulsive - reactions, verbal aggression, physical confrontation, and indirect expression **Anger Regulation** (12 items) **Test-retest** (NAS; 2 weeks; *r* = .84; 4 weeks; *r* = .89) **3-point scale** 'Never True' (1) to 'Always true' (3)	*'I feel like smashing things'* *'I get annoyed when someone interrupts me'* *'I know that people are talking about me behind my back'* *'When someone yells at me, I yell back at them'* *'People act like they are being honest when they really have something to hide'* *'My head aches when people annoy me'* *'When I start to argue with someone, I don't stop until they do'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Novaco Provocation Scale **(PI; Novaco, 2003)**	Measures types of situations that produce anger in an individual.	**25 items** (α = .95) 5 subscales Disrespectful treatment Unfairness Frustration Annoying traits of others Irritations **Test-retest** (2 weeks; *r* = .86; 4 weeks; *r* = .85) **4-point scale** 'Not at all angry' (1) to 'Very Angry' (4)	*'You see someone bully another person who is smaller and less powerful'* *'You get cold food that is supposed to be hot'* *'People who think that they are always right'* *'Someone who is always disagreeing with you'* *'You lend something to someone and they fail to return it'*
The Interpersonal Reactivity Index **(IRI; Davis, 1980)**	Measuring cognitive and emotional aspects of empathy including items on fantasy.	**28 items** 4 subscales Fantasy (α = .77) Empathic Concern (α = .72) Perspective Taking (α = .72) Personal Distress (α = .74) **Test-retest** (60-75 days; *r* = .61-.79) **5-point scale** 'Does not describe me well' (0) to 'Describes me very well' (4)	**Fantasy:** *'I daydream and fantasise, with some regularity, about things that might happen to me'* **Empathic Concern:** *'Sometimes I don't feel very sorry for other people when they have problems'* **Perspective Taking:** *'I try to look at everybody's side of a disagreement before making a decision'* **Personal Distress:** *'I sometimes feel helpless when I am in the middle of a very emotional situation'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
Risk of Eruptive Violence Scale **(REV; Mehrabian, 1997)**	Measure to identify individuals who erupt with sudden and unexpected episodes of violence. Includes Violence history scoring (non-violent offences to extreme violence, torture / murder)	**35 items** (α = .98) **9-point scale** 'Very strong disagreement' (-4) to 'Very strong agreement' (+4) Positively and negatively worded items	**Negative responses:** *'People who know me well would not describe me as an angry person'* *'I would not watch an execution'* *'If I had the ability, there are some people I definitely would hurt physically'* *'I can think of at least two people that I wish were dead'* *'I sometimes experience smouldering pent-up anger that I am unable to express'* *'My violent daydreams and thoughts give me energy and make me feel better'*
Trauma-Related Anger Scale **(Sullivan, Jones, Hauenstein & White, 2017)** **(Based on Sullivan, Jones, White & Hauenstein, 2015)**	Measure of survival mode anger and fear-avoidance anger.	**19 items** (α = .98) 4 subscales Threat (3 items; α = .89) Energy (7 items; α = .93) Thought / Emotional Avoidance (7 items; α = .90) Pity (2 items; α = .89) **4-point scale** 'Not at all true' (0) to 'Definitely true' (3)	**Threat:** *'I got mad at friends that I thought were threatening me'* *'When I felt threatened, I got furious'* **Energy:** *'Anger helped me feel in control when I felt threatened'* *'Anger gave me the energy to act quickly'* **Thought / Emotional Avoidance:** *'Times when I was alone with my thoughts I got angry'* *'I got angry if I could not get scary thoughts out of my head'* **Pity:** *'People pitying me made me angry'* *'I got enraged when people pitied me'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
Impact of Events Scale-Revised **(Weiss & Marmar, 2007)**	Measures experience of symptoms relevant to consideration of post-traumatic stress.	**22 items** 3 subscales Intrusion (8 items; α = .87-.94) Avoidance (8 items; α = .84-.87) Hyperarousal (6 items; α = .79-.91) **Test-retest** (6 months; *r* = .89-.94) **5-point scale** 'Not at all' (0) to 'Extremely' (4)	**Intrusion:** *'Any reminder brought back feelings about it'* *'Other things kept making me think about it'* *'I found myself acting and feeling like I was back at that time'* **Avoidance:** *'I avoided letting myself get upset when I thought about it or was reminded about it'* *'I felt watchful, on-guard'* *'I tried not to think about it'* **Hyperarousal:** *'I felt irritable and angry'* *'I had trouble concentrating'* *'I had trouble falling asleep'*
Trauma Symptom Inventory - 2 **(Briere, 2011)**	Measures traumatic symptoms and behaviour.	**136 items** 12 Clinical scales 12 subscales 2 Validity scales Anxious Arousal (10 items; α = .89) Anxiety (5 items; α = .83) Hyperarousal (5 items; α = .76) Depression (10 items; α = .94) Anger (10 items; α = .92) Intrusive Experiences (10 items; α = .91) Defensive Avoidance (10 items; α = .86) Dissociation (10 items; α = .86) Somatic Preoccupations (10 items; α = .84)	**Anxious Arousal:** *'Feeling afraid of certain things, even though there probably wasn't and real danger'* *'Watching out for danger'* **Depression** *'Feeling worthless'* *Not enjoying things that other people enjoy because you were so depressed'* **Anger** *'Getting angry about something that wasn't very important'* *'Starting arguments and picking fights'* **Intrusive Experiences** *'Sudden disturbing memories when you were not expecting them'* *'Violent dreams'* **Defensive Avoidance** *'Trying not to think or talk about things in your life that were painful'*

		Pain (5 items; α = .74) General (5 items; α = .76) Sexual Disturbance (10 items; α = .84) Sexual Concerns (5 items; α = .80) Dysfunctional Sexual Behaviour (5 items; α = .83) Suicidality (10 items; α = .88) Ideation (5 items; α = .88) Behaviour (5 items; α = .85) Insecure Attachment (10 items; α = .91) Relational Avoidance (5 items; α = .88) Rejection Sensitivity (5 items; α = .87) Impaired Self-Reference (10 items; α = .88) Reduced Self-Awareness (5 items; α = .84) Other-Directedness (5 items; α = .81) Tension Reduction Behaviour (10 items; α = .82) **4-point scale** 'Never' (0) – 'Often' (3)	*'Not letting yourself have upsetting thoughts'* **Dissociation** *'Finding yourself someplace and not knowing how you got there'* *'Having trouble remembering the details about something that happened to you'* **Somatic Preoccupations** *'Muscle spasms'* *'Ringing in your ears'* **Sexual Disturbance** *'Sexual problems'* *'Getting into trouble because of sex'* **Suicidality** *'Feeling so hopeless that you wanted to die'* *'Doing something dangerous and hoping you might die'* **Insecure Attachment** *'Avoiding relationships with people'* *'Worrying that someone didn't like you anymore'* **Impaired Self-Reference** *'Not knowing yourself very well'* *'Your opinions changing when you were with other people'* **Tension Reduction Behaviour** *'Throwing or hitting things because you were out of control of your feelings'* *'Doing something exciting to stop yourself from having bad feelings'*
Post-Traumatic Embitterment Disorder Scale **(PTED; Linden, Baumann, Lieberei & Rotter, 2009)**	Measurement of embitterment response to a severe and negative life event.	**19 items** (α = .93) **Test-retest** (6-8 days; *r* = .71) **5-point scale** 'Not true at all' (0) to 'Extremely true' (4)	**During the last years there was a severe and negative life event…** *'that hurt my feelings and caused considerable embitterment'* *'that I see as very unjust and unfair'* *'that led to the feeling that there is no sense to strive or to make an effort'* *'that makes me feel helpless and disempowered'* *'that means that I must distract myself in order to experience a normal mood'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
Bern Embitterment Inventory **(Znoj, Abegglen, Buchkremer & Linden, 2016)**	Measures embitterment across different aspects as a response to negative life events.	**16 items** (α = .89) 4 subscales Disappointment (α = .86) Lack of acknowledgement (α = .81) Pessimism (4 items; α = .65 Misanthropy (4 items; α = .65) **Test-retest** (*r* = .74-.81) **5-point scale** 'Does not apply' (0) - 'Fully applies' (4)	**Disappointment (4 items):** *'Embittered about unfulfilled goals'* *'Unhappy with the way things turned out'* **Lack of acknowledgement (4 items):** *'Make one mistake and get criticised'* *'Working really hard, nobody sees it'* **Pessimism (4 items):** *'Feeling of not meeting expectations'* *'A pessimistic view of the future'* **Misanthropy (4 items):** *'Hold people in contempt'* *'Annoyed by the ignorance of others'*

5.3.2.4 Acts of Harm

Although revenge-oriented acts occur across a breadth of offences (e.g., arson, stalking, physical and sexual aggression), the primary focus of assessment is on aggression. Aggression has been somewhat captured in the measures already discussed (See Table 5.3) although in regard of specifically considering acts of harm, three further scales are relevant (See Table 5.4). It is important to consider aspects of aggressive behaviour underpinned by more complex beliefs, which may not be conscious to the perpetrator but relate to a need to punish an 'other'. In some cases, the initial trigger or source of subsequent responses of aggression and harm is apparent, whereas in others, the trigger for acts of revenge is less overt.

The State-Trait Anger Expression Index (STAXI-II; Spielberger, 1988) is a 57 item scale constructed to measure state and trait anger and anger expression and has solid psychometric properties in varied settings (See Schamborg, Tully & Browne, 2016 for a comprehensive review). Spielberger (1999) reports data from 1,600 normal adults and 274 hospitalized psychiatric patients and the administration of the measure is across a range of research and practice settings (e.g., Martin & Dahlen, 2007; Stuckless, Ford, & Vitelli, 1995). Regarding validity, the STAXI differentiates between healthy and clinical participants and is established for use in forensic settings.

The Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957) preceded ***The Buss-Perry Aggression Questionnaire*** (BPAQ; Buss & Perry, 1992) which is a revised version comprising 29 items and four sub-scales of Physical Aggression (9 items; $\alpha = .85$), Verbal Aggression (5 items; $\alpha = .75$), Anger (7 items; .83) and Hostility (8 items; $\alpha = .80$). The measure is rated on a 5-point Likert scale from 1 (Uncharacteristic of me) to 5 (Very characteristic of me). Test-retest reliability and internal and construct validity for the scales

has been found to be high (Buss & Perry, 1992; Harris, 1995, 1997) along with convergent validity with similar self-report measures (Harris, 1997). In regard of utility with clinical or forensic clients, the BPAQ has been administered in research with forensic populations, for example, in relation to driver aggression (Smith, Waterman & Ward, 2006) and with mentally ill male prisoners (Diamond, Wang & Buffington-Vollum, 2005). The BPAQ has since been developed into an additional measure – ***The Brief Aggression Questionnaire*** (BAQ; Webster, et al., 2014) (See Table 5.4).

The individual way revenge orientations can manifest highlight difficulties in responding to situations where an individual develops a previously lacking disposition of vengeance toward an 'enemy', whether another group, organisation, or society. This can be present in the context of hate crime, whether far right extremism or broader radicalization, including terrorist interpretations of religious texts. ***The Militant Extremist Scale*** (Stankov, Saucier & Knežević, 2010; Stankov, Higgins, Saucier & Knežević, 2010) is a 24 item self-report measure comprising three sub-scales: (i) Pro-violence (10 items; α = .80); (ii) Vile world (6 items; α = .79); and (iii) Divine Power (8 items; α = .74). The scale considers beliefs in a manner that may be helpful for those who are newly identified as at risk of radicalization. The measure is rated on a 5-point Likert scale from 1 (Strongly and completely disagree) to 5 (Strongly and completely agree) and has been developed with a cross-cultural samples from four world regions: North America (USA), Eastern Europe (Serbia, Slovakia and Belarus), South America (Chile and Guatemala), and Asia (Malaysia, Korea and China) (Stankov, et al., 2010).

In regard of acts of aggression, one relevant consideration of trauma fuelled acts of harm concentrates on the appetitive nature of acts of harm displayed in conjunction with trauma exposure were identified. This form of aggression (Elbert, Weierstall & Schauer,

2010) is distinct from expressive and proactive and defined as *'perpetration of violence or the infliction of harm to a victim that is aimed to experience violence-related enjoyment by the exposure to violence cues*' (p. 104). ***The Appetitive Aggression Scale*** (AAS; Weierstall & Ebert, 2011) is a 15-item measure administered in research with veterans, combatants, internally displaced refugees, genocide perpetrators and survivors and has high internal reliability (α = .85). The measure is rated on a 5-point Likert scale from 0 (disagree with the given question) to 4 (agree with the given question) and has convergent and divergent validity in regard of similar aggression scales (e.g., the Aggression Scale). This measure has application for use in clinical and forensic settings with populations who have engaged in or been exposed to conflict related trauma, including individual and group violence.

Table 5.4: Measures of Aggression

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The State-Trait Anger Expression Index **(STAXI-II; Spielberger, 1999)**	Measures anger applicable to normal and problematic personality and how different anger components contribute to various conditions.	**57 items** (α = .81-.93) 6 scales; 5 subscales **State Anger** (15 items; α = .92-.94) **Trait Anger** (10 items; α = .84-.87) **Reactions when Angry** Anger Expression–Out (α = .74-.80) Anger Expression–In (α = .74-.82) Anger Control–Out (α = .84-.87) Anger Control–In (α = .91-.93) Anger Expression Index (32 items) **Test-retest** (8 weeks; *r* = .70 (Trait Anger); *r* = .32 (State Anger)) **4-point scale** 'Almost Never' (1) to 'Almost Always' (4)	*'I control my temper'* *'I do things like slam doors'* *I try to be tolerant and understanding'* *I'm irritated a great deal more than people are aware of'* *'I strike out at whatever infuriates me'*
The Buss-Perry Aggression Questionnaire **(BPAQ; Buss & Perry, 1992)** **Revised from the Buss-Durkee Hostility Inventory**	Measure of aggression including hostility and anger.	**29 items** (α = .85) 4 subscales Physical Aggression (α = .81-.85) Verbal Aggression (α = .72-.81) Anger (α = .72-.83) Hostility (α = .68-.78) **7-point Likert scale** 'Extremely uncharacteristic of me' (1) to 'Extremely characteristic of me' (7)	**Physical Aggression (9 items):** *'Given enough provocation, I may how another person'* **Verbal Aggression (5 items):** *'I often find myself disagreeing with people'* **Anger (7 items):** *'I am sometimes eaten up with jealousy'* **Hostility (8 items):** *'Other people always seem to get the breaks'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
Brief Aggression Questionnaire **(BAQ; Webster, et al., 2014)**	Brief version of the Buss-Perry Aggression Questionnaire (BPAQ; Buss-Perry, 1992)	**12 items** (α = .79) 4 sub-scales Physical Aggression (α = .83) Verbal Aggression (α = .62) Anger (α = .67) Hostility (α = .65) **Test-retest** (3 weeks; *r* = .66) **7-point Likert scale** 'Extremely uncharacteristic of me' (1) to 'Extremely characteristic of me' (7)	**Physical Aggression (3 items):** *'Given enough provocation, I may hit another person'* *'There are people who pushed me so far that we came to blows'* **Verbal Aggression (3 items):** *'I tell my friends openly when I disagree with them'* *'When people annoy me, I may tell them what I think of them'* **Anger (3 items):** *'Sometimes I fly off the handle for no good reason'* *'I have trouble controlling my temper'* **Hostility (3 items):** *'Other people always seem to get the breaks'* *'I sometimes feel that people are laughing at me behind my back'*
The Militant Extremist Scale **(Stankov, Saucier & Knežević, 2010)**	Measures levels of extremist beliefs and support for violence.	**24 items** 3 subscales Proviolence (α = .80) Vile World (α = .79) Divine Power (α = .74) **5-point scale** 'Strongly and completely disagree' (1) to 'Strongly and completely agree' (5)	**Proviolence (10 items):** *'Armed struggle is the only way that youths can redeem themselves and their society'* **Vile World (6 items):** *'Our people are in danger, everybody is trying to divide us and hurt us'* **Divine Power (8 items):** *'Martyrdom is an act of a true believer in the cause, not an act of terrorism'.* *'All suffering in this life is small in comparison to the eternal pleasures one will receive after death'*

PSYCHOMETRIC MEASURE (AUTHORS / YEAR)	PURPOSE AND FOCUS OF MEASURE	PSYCHOMETRIC PROPERTIES	EXAMPLE ITEMS
The Buss-Durkee Hostility Inventory **(BDHI; Buss & Durkee, 1957)**	Measures aspects of anger / hostility and aggression.	**75 items** (α = .72-.79) 8 subscales **6-point scale** 'Strongly Disagree' (1) to 'Strongly Agree' (6) Two-choice Agree / Disagree	**Assault (10 items):** *'I have known people who pushed me so far that we came to blows'* **Indirect (9 items):** ***'****I sometimes spread gossip about people I don't like'* **Irritability (11 items):** *'I can't help being a little rude to people I don't like'* **Negativism (5 items):** *'When someone is bossy, I do the opposite of what he asks'* **Resentment (8 items):** ***'****Other people always seem to get the breaks'* **Suspicion (10 items):** *'I tend to be on my guard with people who are somewhat more friendly than I expected'* **Verbal (13 items):** ***'****Even when anger is aroused, I don't use 'strong language'* **Guilt (9 items):** *'The few times I have cheated, I have suffered unbearable feelings of remorse'*
The Appetitive Aggression Scale **(Weierstall & Elbert, 2011)**	Measures attraction to violence and aggression in war-affected populations.	**15 items** (α = .85) **5-point Likert scale** 'disagree with the given question' (0) to 'agree with the given question' (4)	*'Do you like to listen to other people telling you stories of how they killed others?'* *'Is it exciting for you if you make an opponent really suffer?'* *'Did you harm others, just because you wanted to, without having a reason / order?'* *'Do you know what it is like to feel the hunger / thirst to fight?'* *'Do you feel powerful when you go into a fight?'*

5.3.3 The Context and Objective of the Assessment

The context in which any battery of psychometric measures is administered is directly related to the objective of the assessment (e.g., pre- and post-treatment interventions, clinical formulation, and risk assessment). The imposition of assessments on clients in clinical and forensic contexts can influence the potential for accurate reporting of affect, cognition or behaviour. The items contained in the scales outlined in this critique are predominantly overt in their objectives, however, further potential limitations in the use of such measures are apparent, irrespective of the psychometric qualities of an individual measure. This illustrates the importance of Structured Professional Judgement approaches (Bow, Flens & Gould, 2010; Knapp & VandeCreek, 2001; O'Rourke, et al. 2009) triangulating evidence, for example, to focus on collateral file information, clinical interview and the administration of psychometric measures.

In regard of predictive validity of measures based on reconviction rates, Hart (1998) outlined challenges with such data due to assumptions about accuracy and levels of missing information. A full picture of criminality including the nature and prevalence of revenge-oriented thoughts and acts cannot be truly known across all samples, for example, due to no sanctions being received despite offences being committed (e.g., lack of victim reporting, attrition rates, not guilty verdicts), an individual not fully disclosing their past, or the clinician not asking the right questions. Furthermore, evidence that attitudes supportive of sexual offending can be predictive of recidivism (Helmus, Hanson, Babchishin & Mann, 2013) may inform 'PfR' considerations if one considers attitudes supportive of violence / revenge may increase propensity for acts of harm. Despite this, individual differences remain key to interpreting, predicting and managing risk within clinical and forensic, secure and community settings.

5.3.4 Considering the Client

The administration of psychometric measures to forensic clients, requires focus on impression management, response bias and malingering (Helmes, Holden & Ziegler, 2015), particularly when informing decisions about clinical change or risk. The consideration of 'stakes' is crucial when clients may have heightened need to enhance chances of parole or movement to a lower security establishment, progress within a secure setting or be perceived as less risky in a courtroom trial setting – ultimately, influencing perceptions of risk, severity of psychopathology or their progression. Hare, Hart and Harpur (1991) advised against the administration of self-report measures to forensic clients without additional focus on social desirability. The potential for individuals to engage in 'self-serving misrepresentation' (Lanyon, 2001) has resulted in the more routine incorporation of deception detection techniques into test batteries. A response style of 'faking good', 'social desirability', 'defensiveness' or 'other deception' can occur in psychiatric patients (e.g., Gudjonsson & Moore, 2001) and in forensic contexts, for example, where increased sexual offence disclosures can occur post-conviction (Ahlmeyer, Heil, McKee, & English, 2000).

Presenting a false appearance of positive change can occur during pre-and post-treatment assessments. Rogers (2008) identified two methods of positive impression management – defensiveness (denial of severity of symptoms of psychological impairment) and social desirability (presenting an enhanced positive image). Such methods of deceiving are problematic in forensic settings due to the range of possible objectives clients may have to alter the impression they provide – such considerations are therefore critical to any assessment.

The development of the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) was followed by the Balanced Inventory of Desirable Responding (BIDR; Paulhus, 1981; 1986; 1991; 1994), the revision to the Paulhus Deception Scales (PDS; Paulhus, 1998), and more recently, the Bidimensional Impression Management Index (BIMI; Blasburg, Rogers and Paulhus, 2014). The MCSDS was developed into a range of short forms to reduce the original 33 items and has been evaluated comprehensibly (e.g., Fischer & Fick, 1993). The PDS (or BIDR) measures two aspects of responding: (i) Impression Management (IM); and (ii) Self-Deceptive Enhancement (SDE) – the former measuring a deliberate misrepresentation to others and the latter, an unconscious favourable bias of the self (Helmes, Holden & Ziegler, 2015). The IM and SDE scales are widely regarded as reliable for internal consistency and test-retest (α = .70-.84; 5-week test-retest = .65-.69) and have convergent, concurrent, divergent, discriminant, criterion and predictive validity (See Helmes, et al. 2015; Lonnqvist, Paunonen, Tuulio-Henriksson, Lonnqvist & Verkasalo, 2007; Paulhus, 1998). Normative data for the scales has been derived from the public, university students, incarcerated offenders and military personnel. Tentative evidence suggests that the efficacy of identifying impression management (faking) is greater using the MCSDS than the IM scale of the PDS with university students (Lambert, Arbuckle & Holden, 2016), however, the extent to which such findings translate to more complex forensic populations is unknown. Furthermore, the IM scale of the PDS has been identified as measuring positive impression management and does not capture faking a less than favourable impression (Holden, Lambert, D'Agata & Book, 2017). In identifying norms for UK sample, Tully and Bailey (2017) found high IM scores were associated with lower anti-social personality and high SDE scores indicated increased levels of narcissism. Over-

claiming knowledge has been linked to higher scores on the SDE scale (Paulhus, Harms, Bruce & Lysy, 2003) which may further be relevant to forensic populations who can develop a 'meta-knowledge'[34] of assessment process and scales over time. The Bidimensional Impression Management Index (BIMI; Blasburg, Rogers and Paulhus, 2014) helps to enhance the understanding of SDE by partitioning responses in relation to agency and communion which is considered an egoistic and moralistic division. In contrast to the PDS measure, this focuses on striving for achievement and the need to differentiate oneself from others (agency) and integrating with and concern for others (communion) (Blasberg, et al., 2014).

The growing 'meta-knowledge' in relation to the range of measures deployed in the evaluation of risk and treatment need can be observed in 'treatment speak[35]. This highlights an awareness of optimal responses, whether used for a specific assessment or across time to evidence change to practitioners. The presentation of psychological knowledge contained in reports illustrates the potential for clients, were they so minded, to manipulate responses – further increasing the need for an approach that considers veracity holistically. Notably, in assessing the utility of psychometric measures for the prediction of recidivism in sexual offenders, Barnett, Wakeling, Mandeville-Norden and Rakestrow (2012) concluded pre-treatment scores were the more accurate. The confidence practitioners place in their interpretation of psychometric measures requires more than discussion of the purpose or context of the assessment, but additionally

[34] Meta-knowledge refers to the development of insight into the purpose and content of measures used by clinicians in forensic settings. This is especially emphasised when clients have sight of their reports and can share these with peers in secure settings, for example, prison.

[35] 'Treatment speak' is the language used by clients who become aware of the requirements of therapeutic programmes or the likely expected response to discussions relating to risk and can employ the use of relevant buzz words to present as though they have progressed and developed more understanding of themselves or their risk than is based in reality.

ensuring conclusions are further corroborated with information from other sources, for example, multi-disciplinary reports, or discussions with personal officers in prisons and named nurses and other staff in secure hospitals.

Responses which illustrate 'faking bad' relate to the intentional choice to present in a manner that emphasises greater psychopathology than reality, whether in regard of psychiatric diagnoses or in presentations of suggestibility (Boon, Gozna & Hall, 2008). Although this appears counterintuitive, elevations of faking-bad can occur where individuals wilfully seek to sustain a level of dependency within a secure setting to maintain the consistency, structure and care provided rather than progress toward the uncertainty that can come with discharge / release (Thomas-Peter, Jones, Campbell & Oliver, 2000). This is identified as more common for those with diagnoses of personality disorder (Franke, 2002). However, for individuals who want to avoid presenting a heightened level of psychopathology, the potential to 'fake good' and present more positively will depend on the level of insight an individual has – into their own behaviour – and the measures administered. The utility of self-report measures is dependent on the level of insight the client displays which might not be readily known prior to administration (depending on the purpose of an assessment). Further difficulties can emerge when clients struggle to understand the meaning of language used or the meaning of items, but do not feel comfortable reporting this at the time of an assessment. Although this might result in a questionable response pattern, it is also possible that clients who struggle to form an opinion about certain concepts will provide a response style that effectively places them 'on the fence', for example, neither agreeing or disagreeing with an item. This illustrates the benefit of understanding clients in regard of their baseline affect, cognition and behaviour prior to commencing assessments. This

is more challenging for practitioners completing 'independent' psychological assessments for parole hearings and meet clients for substantially less time than those working directly within the forensic setting, for example, in a prison or hospital.

5.3.5 The Practitioner-Assessor / Decision-Maker

Heilbrun (1992) argued for a range of considerations relevant to the purpose, choice, administration and evaluation of measures in forensic contexts, which was further developed by O'Rourke, Hammond, Devonshire and Taylor (2009). The outcome (O'Rourke et al., 2009) is to ensure flexible, defensible and informed choices that fulfil the British Psychological Society's Code of Ethics (2018), the Human Rights Act (1998), and in the forensic / clinical mental health settings, the National Service Framework (1999). Hence it is important for practitioners to acknowledge that *'the use of a psychometric device for decision support that does not have a good evidence base is professionally indefensible'* (O'Rourke, et al., 2009, p. 9).

Undertaking forensic assessment further requires awareness of including individual differences in approaches to the administration of psychometric batteries. The emphasis placed on quantitative results and wider qualitative data (e.g., the overall presentation of an individual reported by prison officers or psychiatric nursing staff). Practitioner reports involving psychometric assessment have varying influence on the ultimate decisions in regard of treatment progress, risk and the relevance for predicting recidivism. This differs in temporality and across settings and in relation to knowledge held by decision-makers about any individual. This could be routine internal decisions during sentence / treatment or in higher stake contexts including Parole Board hearings, Mental Health Review Tribunals (MHRTs), Multi-Disciplinary Team (MDT) decisions about

unescorted leave (forensic mental health), and community management through full Multi-Agency Public Protection Arrangements (MAPPA) or Probation and Police. Ultimately, decisions may not always be taken by those who know the client well but instead rely on accurate reporting from practitioners and psychometric data. In addition, the role of assessments conducted by practitioners who are not routinely working with the client, can be especially vulnerable to impression management and a sanitised version of events.

Finally, the practitioner perspective toward a forensic client approaching, during and following an assessment is critical to consider. Preconceived ideas about risk or other aspects of an individuals reported presentation has the potential to influence the choice of measures and may bias the approach taken. Whether a practitioner is heavily involved in psychological work or naïve in their fulsome knowledge of a client, the range of challenging personality and behavioural presentations has the potential to impact on considerations of risk. The complexities of personality disordered presentations require practitioners to ensure assessments remain objective and evidence-based and are impartial in terms of personal perspectives toward clients.

Although considered in the context of in-patient psychiatric care and the risk of suicide, malignant alienation (Watts & Morgan, 1994) relates to difficulties working with clients who evoke negative responses in practitioners. This is especially relevant to personality disordered clients and can result in staff creating an interpersonal barrier where distance becomes greater (physically and psychologically) because they are 'hard to like'. The relevance of this for forensic assessments is apparent and it is important to identify in the context of fair and accurate reporting of client risk and need.

5.3.6 The Implications

The challenge of predicting 'PfR' remains difficult due to the breadth of offending covered and in capturing a comprehensive, realistic picture (cf. the index offence). Certainly, the influence of the histories of participants (See Chapter 2) on the experience of revenge illustrate the ease by which revenge can become integral to lifestyles. This can be fuelled by criminality and occur within a culture where dominance and retribution is core to identity. This can be human-induced traumatic events which result in intolerable, ongoing psychiatric symptoms, or an individual's vulnerability to being exploited within the context of a revenge narrative.

The implications of identifying a vengeful disposition, prevalence of fantasies, ruminative thinking or harmful ideation, and the capacity to embark on acts which will result in offending are significant, both to the client and the practitioner conducting assessments. The need to justify the choice and limitations of measures within an evidence-based process of decision-making is key to effectively communicating and informing risk scenario planning. This has implications for public protection in community community settings in addition to understanding complex clients in secure forensic settings.

5.4 Chapter Conclusion

The benefits of understanding fully 'PfR' can ensure risk is fully understood and managed, whether as part of a treatment process or considerations of release. The range of psychometric measures available (See Tables 5.1-5.4) offer varying utility in regard of their application to forensic domains, especially when transposing scales developed with normative populations onto incarcerated or community offending. However, many have

utility for clinical formulation approaches if used for the basis of collaborative risk assessment. Practitioner awareness of the range of trajectories contributing to revenge-oriented dispositions and acts is crucial, both in terms of individuals and community, societal and religious influences.

In Chapter Six the preceding work in this thesis is considered in addition to a model of revenge which is informed by the research interviews in Chapter Two, the case study in Chapter Three, the scoping review in Chapter Four and is informed by the focus on assessment presented in the current chapter.

Chapter Six

The Composition of Revenge and Discussion

6.1 Thesis Overview

The initial aims and objectives of this thesis were to understand experiences of revenge from a first-person perspective within the context of forensic domains – in relation to those who commit acts of harm or may be 'at risk' of doing so. The starting point was the exploration of the patterns, meanings and mindsets of individuals who committed revenge-oriented acts (See Chapter Two). The outcome of the interview research informed the development of an initial model of revenge and emphasised a critical need to consider exposure to traumatic or critical events (one-off and cumulative) as influential to the interpretation of individual responses to transgressions.

The focus on an individual trajectory of revenge formed the basis for the case study presented in Chapter Three of a female mentally disordered client with a history of harassment and arson. This illustrated the importance of understanding a breadth of difficulties (attachment; birth order, dethronement and sibling rivalry; dual-cultural influences and clashes (British Indian); honour, shame, gender and ostracization; and broader childhood adversity and trauma) resulting in a constellation of relational challenges while increasing responses to real or perceived slights.

Following the focus on forensic mental health, the exploration of revenge broadened to diverse populations and settings globally, for example, refugees, survivors of genocide, child soldiers, military veterans. The resulting systematic scoping review presented in Chapter Four sought to develop a broader understanding of the impact of human-induced trauma on post-traumatic stress and embitterment (PTSD and PTED) and

the influence on thoughts, fantasies and acts of revenge, in populations exposed to traumatic events.

Finally, establishing a method to assess 'Propensity for Revenge' (PfR) was developed in Chapter Five which presented a critique of psychometric measures. This further identified the requirement for practitioners to tailor their choice of assessments while ensuring regard for the veracity of any responses given, especially in clients where impression management may be vital.

6.2 The Composition of Revenge

The process of developing the model of revenge comprised five stages: (i) the initial analysis based on the transcripts of interviews and the development of initial categories using a grounded theory approach (Chapter Two); (ii) the validation and revision of the initial model based upon individual participant feedback (Chapter Two); (iii) the incorporation of broader meanings taken from the researcher's holistic perspective and from participant file information (Chapter Two); (iv) the psychological intervention with Ms. A and the identification of salient case details to contribute to the model (Chapter Three); and (v) the process of conducting and presenting the systematic scoping review focusing on diverse populations (Chapter Four).

6.2.1 Trauma Fuelled Revenge

The relevance of trauma exposure in understanding revenge was illustrated through the process and outcome of the grounded theory interview study and further explored in the client case study and scoping review. In the interview study, it was apparent that adversity in childhood and traumatic events contributed to the

development of difficulties including personality traits which were relevant to understanding revenge (for example, anti-social, emotionally unstable and paranoid personality disorders and psychopathy). In the psychometric evaluation, the relevance of administering a range of measures formed part of the holistic overview. The emphasis on PTED outlined the relevance of embitterment when considering revenge, and how this may (along with PTSD symptoms) increase the potential to engage in such acts. This widened and deepened the traditional consideration of revenge as primarily fuelled by anger and instead included the role of psychopathology and the influence of trauma exposure. Therefore, the trajectories toward revenge-oriented acts are interpreted as more complex and challenging, requiring greater practitioner awareness and knowledge. The important focus here is on vulnerable populations who may commit acts of harm but for whom risk of harm may not be entirely acknowledged or assessed, e.g., refugees and asylum seekers, and victims of crime. Although aggression and violence has been reported in veterans, there is a further potential to consider the influence of exposure to traumatic events and how this might influence revenge-oriented acts. Figure 6.1 presents the Composition of Revenge and is described in more detail in the next section.

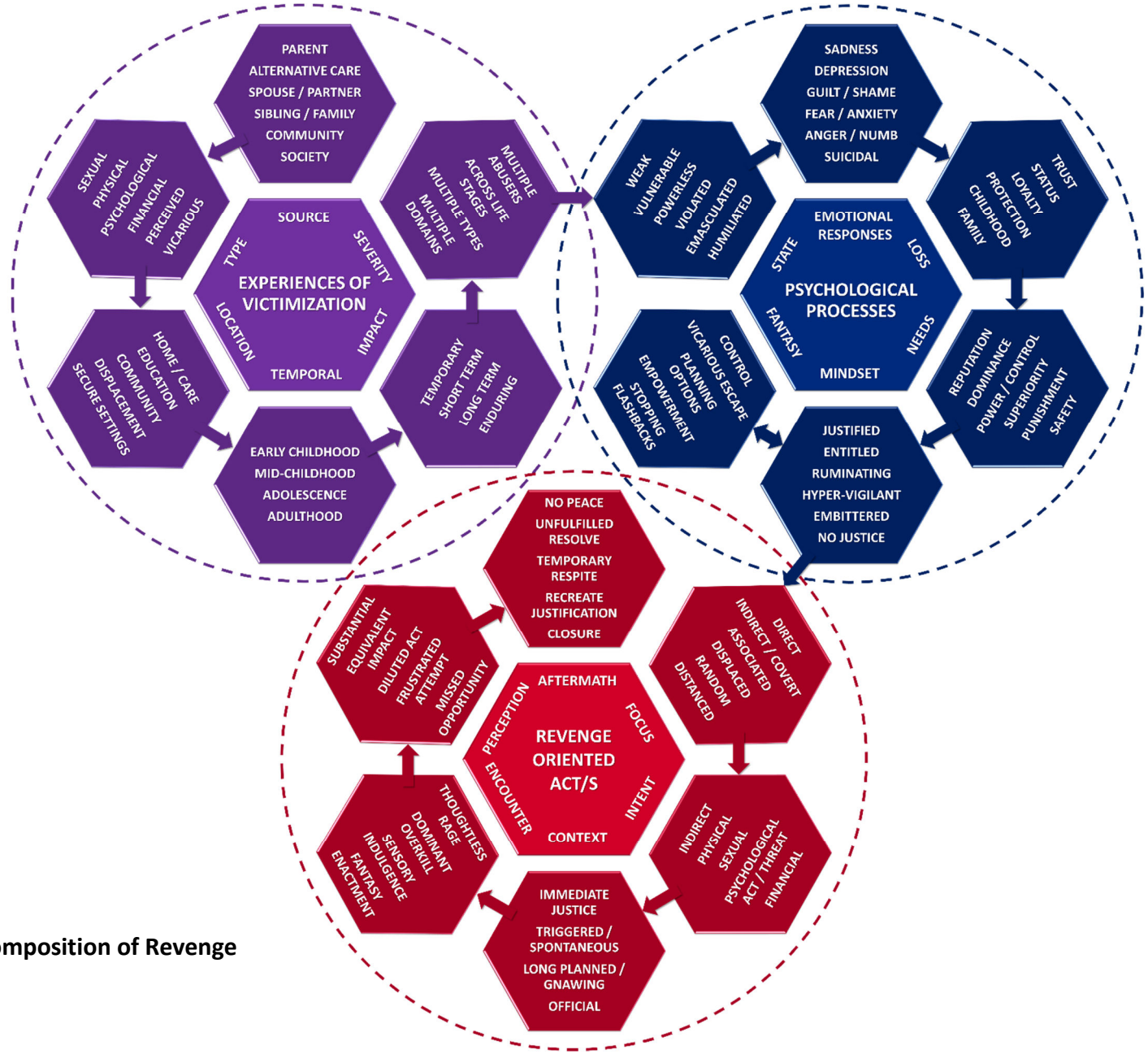


Figure 6.1: The Composition of Revenge

6.2.2 Describing the Process – The Model

The Composition of Revenge (human-induced transgressions) is presented as three intertwined wheels which can influence each other in a cyclical way. The wheels show an individual trajectory where processes can occurs sequentially, although the experience will differ between clients in terms of personal histories, their experience of the psychological processes, and how they have engaged in (historically), or commit acts of revenge in the future. The portrayal of the model in Figure 6.1 is helpful when considering the wheels in their entirety.

The first wheel (denoted in purple) focuses on the **'Experiences of Victimization'** beginning with the 'Source' and the arrows progress, initially anti-clockwise and then clockwise. This wheel includes events which could be experienced as traumatic and considers the perception and reality of victimization in regard of six core elements: (i) the ***Source*** of harm; (ii) the ***Type*** of victimization experienced; (iii) the ***Location*** where this occurred; (iv) the ***Temporal*** nature of the victimization; (v) the ***Impact*** of the victimization; and (vi) the ***Severity***. The core elements of this wheel provide a context of what may have happened to someone in the form of victimization and the corresponding impact. In the present thesis, increased difficulties occurred when those in positions of trust (e.g., parents, family) were directly or indirectly (e.g., placing a child in local authority care where they were subsequently abused) responsible for the adversity experienced. The type of victimization that was most impactful was invasive and cumulative, for example, in the case of physical, sexual and psychological abuse.

It was reported in the present thesis (Chapter Two) that the predictability of victimization over time was important in regard of managing the impact and surviving this on a routine basis. Any lack of consistency in the perpetration of abuse resulted in

individuals experiencing a perpetual state of uncertainty which was reportedly more damaging. The magnification of the impact was further observed when abuse or adversity occurred in multiple locations and / or during different developmental stages, resulting in no respite, for example, at home, in the community and at school and over years. Overall the severity of the experience/s of victimization is understood by considering the culmination of the related factors presented in the first wheel and illustrates individual differences.

The relevance of the first wheel is that it sets the scene for understanding the psychological impact of victimization and the subsequent interpretation of thoughts, emotions and behaviour. At this stage, acts of revenge are not inevitable due to the potential for alternative trajectories and whether someone has the means and opportunity. For example, if there is any power and / or control differential in regard of victimization (e.g., a child being victimized by an adult or someone abusing a position of authority), revenge is less likely to be an immediate response, due to the inability to act. This reduces the capacity to respond and may further result in the continuation of or proliferation of victimization which becomes more severe. It is predicted that difficulties in self-protection or any capacity to respond could enhance the development of early maladaptive schemas. Such schemas and associated coping strategies may further become embedded and long-term (e.g., emotional numbing) to manage adversity. When trauma exposure and other adverse events are cumulative, this has the potential to multiply the number of potential targets of revenge whether due to a broader number of perpetrators or difficulties in targeting the original 'perpetrators'. Hence the psychological processes occurring after a transgression/s can influence any outcome of harm. This is additionally where the personality structure of those victimized can be

relevant to whether they engage in revenge or find alternative strategies. In the forensic populations considered in the present thesis, the opportunity for practitioners to intervene and divert someone away from a revenge trajectory were limited.

The second wheel of the model progresses from the first and moves the focus from victimization and progresses to identify the **'Psychological Processes'** (denoted in blue). This wheel has six core elements: (i) the ***State*** (psychological) an individual perceives themselves to be or is in following experience/s of victimization; (ii) their ***Emotional Response*** to victimization; (iii) any sense of ***Loss*** experienced in regard of a reaction to events – this including the loss of significant elements of their life; (iv) the ***Needs*** that develop to replace any sense of loss; (v) the ***Mindset*** that becomes oriented toward revenge; and (vi) the role / use of ***Fantasy*** during this process.

Depending on whether victimization has been reported (i.e., to the police or trusted parties), the first three elements (State, Emotional Response and Loss) of the psychological processes could provide practitioners with an opportunity to intervene and support. When one considers how the impact of victimization can variously result in internal perceptions of weakness, vulnerability, violation and powerlessness, emasculation and humiliation, it is possible to understand the breadth of challenging emotional responses experienced. The responses impact individuals differently, manifesting variously through a combination of extreme levels of anger, suicidal ideation, depression, guilt and shame and fear. An acknowledgement of loss was not always identified immediately but relates to challenging emotional responses and overwhelming difficulties. Once some form of loss is recognised and processed, the potential for a

different trajectory away from revenge toward post-traumatic growth[36] may occur. This is likely to require third party intervention to enable an individual to engage in trauma-informed, strength-based work while developing future resilience. Trajectories away from revenge were not investigated in the present research but form a significant element of any intervention and support provided to clients.

The next three elements of the Psychological Processes wheel (Needs, Mindset and Fantasy) are argued to be critical for revenge to occur. The psychological processes may be experienced in the period immediately during or following victimization or become apparent over a greater length of time. Again, this depends on the capacity for any disclosures of victimization and any alternative options available. If someone is focused on their own psychological or physical survival at the time of the victimization, these elements may not be prominent. However, the identification of needs, the use of fantasy and a revenge-oriented mindset may additionally act as mechanisms to psychologically protect and provide an internal sense of control while a state of powerlessness remains. This could act as a positive psychological mechanism in regard of the use of fantasy. The first and second wheels can therefore occur in parallel, such as if adverse events are multiple and result in substantial psychological difficulties over time. Likewise, the processes that move someone toward act/s of revenge can transpire over varying lengths of time depending on the individual circumstances affecting any person or group. Therefore, the identification of needs, the mindset (including embitterment) and the use of fantasy enhances the likelihood that the trajectory continues toward revenge acts.

[36] Post-Traumatic Growth can reframe the experience of trauma toward a path where positive psychological transformation can occur (Woodworth & Joseph, 2010).

The final wheel (denoted in red) is the **'Revenge Oriented Act/s'** and considers six further core elements: (i) the ***Focus*** of the revenge act; (ii) the ***Intent*** in terms of harm; (iii) the ***Context*** in which the act/s occur; (iv) the nature of the ***Encounter***; (v) the post hoc ***Perception*** of the revenge act; and (vi) the ***Aftermath*** in regard of the psychological state. The potential for a cyclical nature of revenge is determined by the content of fantasy or thoughts about revenge and whether the means and opportunity are available to someone.

The first three elements of this wheel identify the target of the revenge, the nature of what will be done and the context in which this happens. This may include varying degrees of planning depending on levels of expressed emotion or impulsivity. Although it may be assumed that revenge acts will be directed toward a transgressor (with no attempt to hide identity), it may also be indirect and / or covert. This might result in revenge toward someone associated with the original transgressor (e.g. a family member or a meaningful object), displaced onto a target that symbolises the original victimization (e.g., older males who are reminiscent of childhood perpetrators), seemingly random acts of revenge toward a community or society, or distanced by engaging the services of a third party (e.g., a contract killing).

The final three elements of the wheel become relevant to the potential for further acts of harm to occur in the future. This identifies the nature of the encounter, the perception of whether enough revenge has occurred, and an assessment of the aftermath. The encounter might variously be depicted as thoughtless rage, dominant overkill in regard of the severity of injuries sustained by the target, act as a form of sensory or visceral indulgence, and form an enactment of revenge fantasy. It is possible that acts which are fantasy dominant and visceral will incorporate higher levels of control

/ sadism to ensure a severity of harm that magnifies the original victimization experienced, including torture.

The post-hoc reflection on any act of revenge and the original intent of harm will influence whether any unresolved difficulties remain, that is, if the encounter that occurred was truly 'revenge'. In the aftermath it is possible for someone to evaluate whether the act of revenge has been 'successful' and if there has been a restoration of the loss (e.g., status) and any reduction in negative emotional response. At this point, it is possible that psychological processes could become dominant and the likelihood of revenge re-activated. Therefore, the wheels of Psychological Processes and Acts of Revenge may become intertwined when no ongoing victimization is occurring. This can result in further justifications for action, the use of fantasy and increased rumination about the needs of reputation, dominance, power and control, superiority and punishment.

6.2.3 Alternative Presentations of the Model

Although this model can be conceptualised as a linear trajectory, it is further proposed that all three wheels may occur in parallel. This is likely to be the more relevant when working with complex forensic clients where victimization, psychological processes and revenge acts are fuelled by multiple traumatic events and multiple 'perpetrators' (e.g., bullying, sexual abuse, physical assaults). These myriad difficulties can result in multiple co-occurring psychological states, emotions and losses, numerous rationales underpinning revenge including orientating to an appropriate mindset, and possible fantasy use. Finally, there can be multiple trajectories of revenge which may be planned

or impulsive. The difficulties for clients are multifaceted and the illustration of the three wheels occurring in parallel is illustrated in Figure 6.2.

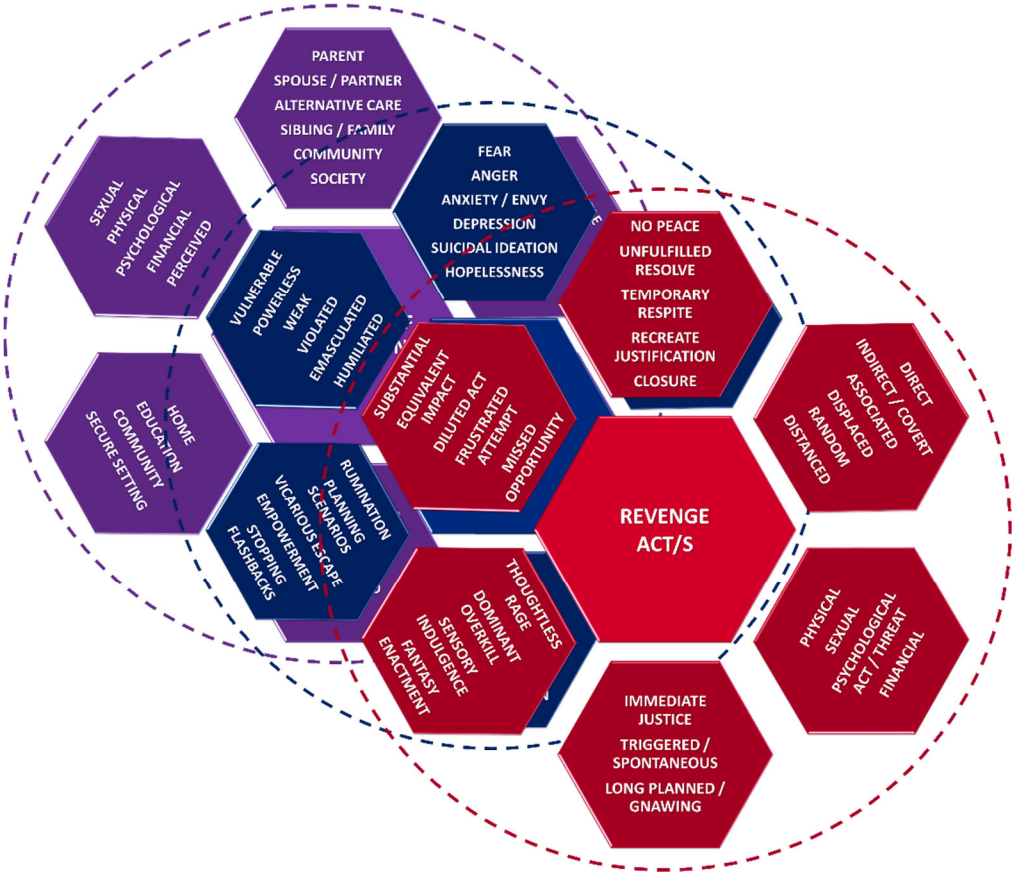


Figure 6.2: The Parallel Trajectory of Revenge.

In the present thesis it became clear that forensic clients do not exist in isolation of others (e.g., peers) who engage in revenge. While revenge can be cyclical as illustrated in Figures 6.1 and 6.2, occurring either as a linear trajectory or simultaneously depending on the difficulties and complexity of the client, it additionally has the potential to become intertwined with the revenge trajectories of others. It is therefore be beneficial for practitioners to consider how such cycles of revenge could collide, whether individually,

between groups or communities. Although not the specific focus of the present research, it was possible to identify how any escalation of harm has the potential to occur when revenge becomes merged with the strategies of other individuals or groups who are seeking redress for transgressions. This can lead to a destructive interaction whereby revenge escalates because parties are intent on responding iteratively to each prior transgression, for example, rival drug dealers.

A further consideration of the model is the impact it can have on previously uninvolved, 'innocent' people, when revenge is displaced from the original perpetrator onto unrelated third parties. It was not possible to clarify in the present thesis whether the displacement of an act of revenge onto a random third party triggered the initiation of another trajectory of revenge. It is likely this could have occurred in some cases when the movement from victimization to perpetration was illustrated by participants in this thesis. In the validation of the model (discussed in Chapter Two), participants reported its relevance to them in addition to being in receipt of harm from the victims of the revenge acts they had engaged in. In discussion with participants, reflecting on their own experiences further allowed them to consider the trajectories of those they had victimized and whether the impact of their own actions could have contributed to a snowball effect of revenge. This related to victims unrelated to those who had perpetrated acts of harm toward them, rather than any direct focus of revenge. When participants had engaged in revenge acts directed back at transgressors, their rationale was solid and lacked remorse, however, when targeting 'innocent' and unrelated victims as a form of displacement, there was a greater ability to identify harm and appreciate how this paralleled their own experience of victimization.

6.3 Practitioner Implications

6.3.1 Understanding Vulnerable Masculinity

The greater proportion of males represented (e.g., the research interviews versus the client case study) in this thesis highlights a gender disparity in how revenge has been conceptualised. There may therefore be some limitations in any extension of the model to represent female mentally disordered offenders and / or non-offending groups (See Future Directions). Equally, it is not possible to claim that the model would entirely map onto the experiences of non-offending male populations or those who have experienced traumatic events who do not pursue a trajectory of revenge.

Within and across some cultures and communities, the expectations on males to exhibit traditionally masculine emotions and behaviour (e.g., anger, hostility and dominance) rather than enabling a safe, consistent environment to express emotions can compound the difficulties in responding to victimization. Practitioners who either do not, or are prevented from, considering victimization or broader adversity in regard of males can potentially perpetuate a culture of silence and reduce disclosures of abuse. This has historically enabled substantial abuse to occur toward a range of victim groups and exacerbates the potential for severe mental health and criminal justice outcomes (e.g., abuse in local authority care homes, after school activities and religious institutions) and in more recent times, through online methods of victimization. The display of problematic verbal or physically challenging behaviour in boys and young men can be viewed as pathological or problematic – interpreting the resultant offending behaviour over that of underlying victimization (Allnock & Miller, 2013; Barnardos, 2016). This can result in the diagnosis of Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD) in childhood and adolescence moving to Anti-Social Personality and Psychopathy in

adulthood (Howard League for Penal Reform, 2007; Osofsky, 2003). This may create a perspective where males are considered troublesome more routinely than they are vulnerable – resulting in missed opportunities for timely intervention. In addition, the challenges faced by a range of communities globally who are subjected to significant traumatic events through war and other human-induced events creates the need to better understand the impact of victimization in non-forensic populations. The breadth and severity of adverse experiences in childhood and adolescence can lead to the development of enduring revenge-oriented beliefs and supports the provision of early intervention.

6.3.2 Psychological Processes

The development of justifications and rationales for revenge can occur with seeming ease following victimization – the use of fantasy forming a coping mechanism and a potential planning phase for acts of harm. Revenge fantasy, when combined with an adverse emotional state and complex personality characteristics, can increase the propensity for revenge and has a direct bearing on risk. The movement from a negative emotional state and feelings of loss toward a focus and intent to harm is where the potential for revenge-oriented behaviours increases. When considering any potential psychopathology underpinning such acts, symptom severity, especially in perceived loss of control through paranoid or hypervigilant dispositions appears to enhance the need to respond. In regard of any relationship PTSD and PTED to revenge, this may relate to the experience of intolerable intrusive thoughts and an embittered perspective of wrongdoing that requires redress. Therefore, the co-occurrence of post-traumatic symptoms with broader influences to engage in criminal harm can elevate the potential

for revenge. In forensic populations and settings, it is evident that revenge which has trauma at its core (historical or current), can occur as a direct response to an identified 'transgressor' or when triggers ignite past grievances or reminders of unresolved incidents. Hence the target of revenge cannot be entirely predicted because revenge can additionally occur in the context of spontaneous reuptake and may take multiple forms.

Higher levels of sadism and psychopathy indicate an increased level of risk of harm and a heightened capacity to identify vulnerability in others (e.g., Book, Quinsey & Langford, 2007), however, there is also evidence of childhood adversity and vulnerability in such clients (Craparo, Schimmenti & Caretti, 2013). The development of sadistic and psychopathic dispositions relates to a reduction of vulnerable emotional expressions, a need for control and dominance, and gratification derived from the suffering of others – this is posited to be a long-term defence mechanism employed following a range of traumatic and adverse events in childhood (Miller, 2014a, 2014b). The role of sadistic personality (and sexual sadism) in appetitive aggression and revenge-oriented acts of harm, especially in regard of sensory immersion in the visceral nature of acts (whether fantasy driven or not) requires further consideration. Criminal versatility in general and specifically the interpretation of revenge-oriented acts, may benefit from a richer consideration of a constellation of personality traits when practitioners are making decisions about risk. Hence looking solely at revenge in the absence of personality (normative, problematic or disordered) may limit the capacity to consider more fully the risk of harm posed.

In cross-disciplinary working, for example, Multi-Agency Public Protection Arrangements (MAPPA), it would be helpful for practitioners to consider the wider elements of the revenge model (e.g., the experiences of victimization and the

psychological processes) in addition to any propensity for revenge-oriented recidivism. This could enable a focus on the wider needs of clients through a trauma-informed approach which support the development of alternative options or opportunities that move individuals away from revenge. Equally, an awareness of the personalities that appear more inclined to engage in revenge and associated revenge trajectories can be helpful to understand alongside the breadth of targeting / offending that is possible (i.e., not only a repetition of the index offence).

6.3.3 Revenge-Oriented Acts

It is acknowledged that this research has not wholly captured individuals who were truly successful in their acts of revenge (e.g., those who sought revenge and avoided legal repercussions) and who may not have encountered the criminal justice system. However, it has been possible to develop insight into a sub-group of revenge-oriented clients who have been convicted of such offences.

The investigation and prosecution of offences motivated by revenge requires an understanding of numerous complexities – whether occurring in the context of criminal culture and / or fuelled by a range of traumatic / adverse events. Although legal 'points to prove' relate to the nature of the offence when presenting a case to the court (e.g., murder or arson), the model of revenge has the potential to aid a fuller understanding of the defendant and alleged offences. This has further implications for dispersal from court and whether a mental health route would be more applicable, for example, in cases where revenge is fuelled by trauma or linked to complex presentations of disordered personality. The model is as relevant to police investigation, prosecution, sentencing and the police management of offenders in the community as it is to practitioners working in

post-conviction forensic settings and those working more broadly with trauma with wider population groups.

Conducting a comprehensive assessment and formulation to include revenge relevant thinking and behaviour, both in relation to a specific index offence and offending behaviour more broadly, can assist in the completion of risk scenario planning. Focusing solely on 'grievance thinking' and 'angry rumination' without a broader psychological formulation limits the breadth of issues that may be relevant to revenge. The benefit in establishing the impact of client vulnerability and victimization while also engaging in discussions about feelings of revenge (and accompanying rumination and fantasy) are an integral part of the collaborative risk assessment process that incorporates the roots and routes of revenge – past, recent and future. Although it is possible that clients in forensic settings may not wish to be entirely open about their perspective toward revenge, especially when engaging in assessment, the completion of a comprehensive revenge formulation can inform accurate risk scenario planning. Practitioners can experience some challenges in obtaining a full picture of risk because forensic clients have often committed additional offences not formally dealt with by the criminal justice system, for example, offences not reported to police or where there is too little evidence to support prosecution. However, an awareness of the complexities of revenge and the link to any historic or recent trauma exposure can provide knowledge of difficulties that may be relevant when assessing future harm. Many forensic clients can hold beliefs which have been developed over years, since early childhood and present with complex and challenging personality characteristics. Training multi-disciplinary teams so that they have a greater understanding of the mindset of individuals who engage in revenge acts is key to responding appropriately to risk of harm.

6.4 Challenges and Limitations

One of the unforeseen challenges in this research thesis was the identification and conceptualisation of the breadth of elements that can inform an understanding of revenge. Capturing the elements presented in the model with enough depth and relevance was important to illustrate the complexities for practitioners interpreting risk and developing interventions for clients. Core to the approach taken throughout the thesis was ensuring that the work remained relevant for applied forensic practitioners and clients, was informed by research findings and evidence, and resulted in the creation of a meaningful model.

The interview research presented in Chapter Two focused primarily on a sample of personality disordered offenders due to the evidence base for higher levels of recidivism and the prevalence of revenge in serious crime. This meant that any focus on other disorders occurred when describing the sample, in the context of paranoia and revenge (e.g., paranoid personality disorder and paranoid schizophrenia), and when analysing the data (e.g., traumatic events / PTSD / PTED). The full review of literature occurred only following the interviews to remain compliant with the grounded theory approach. Hence the contribution of other psychiatric disorders to an understanding of revenge was not as comprehensive as it might have been. The presence of PTSD or PTED was not known during the interview study, primarily because this was not formally recorded as a diagnosis but instead as part of HCR-20 V3 assessments. Therefore, this was initially a peripheral consideration because personality disorder was reported as the prominent diagnosis. This illustrates a lack of focus on formally acknowledging separate trauma related diagnoses. Separating trauma impact (e.g., PTSD) from personality disorder would be beneficial moving forward. This would enable the incorporation of the concept

of embitterment in future research and increase the potential recognition of this disorder in forensic clients in the UK.

Ensuring adherence to the research definition of revenge was completed through discussions with five RCs. They were provided with the research definition of revenge and asked to identify potential participants from their caseload who met the criteria. It is possible that were the baseline perspective of revenge held by any of the RCs to differ from the definition provided, this might have influenced the generalisability of the results. However, all potential participants discussed met the research definition of revenge, and this mitigated any personal influences on participant selection.

Conducting research in a forensic mental health setting required an increased focus on ethical and logistical processes running smoothly, and an emphasis on safeguarding participants psychologically in regard of interview discussions. Participants reported their involvement in the research as cathartic and further felt listened to and validated in regard of their historic experiences. Although a captive participant pool, the need to ensure individuals could give informed consent and speak freely was critical to the research process. One limitation of interview research may be the extent to which it can be replicated. This would require focus on the strict criteria in terms of the definition of revenge and the structure of the processes which have been described in full. However, it is acknowledged that this approach also incorporates the influence of the researcher and their own interpretation of data – resulting in some influence which relates to the characteristics of the interviewer (e.g., gender, age, forensic experience, prior knowledge of the topic area, and interview dynamics). Although it is sometimes questionable the extent to which qualitative methodologies generate a trustworthiness in the data (Kornbluh, 2015), the importance of ensuring the results remained true to the

participant group was achieved through the immersive nature of analysis and the validation of the model. This provided confirmation that the model made sense to the population it was attempting to represent.

The sample of participants in the interview study was suitable for qualitative research, although this may be perceived as unduly small, particularly when health research so frequently equates 'research quality' with large datasets and quantitative control. In the early planning stages of the research, consideration was given to the administration of psychometric measures across a wider forensic population covering multiple forensic mental health sites. However, this was dismissed due to the overall paucity of relevant, reliable tailored measures of revenge, difficulties in fully gauging the authenticity of responses, and the depth of detail required for the development of the model. Hence it was considered impossible to capture pertinent and comprehensive data from Likert scale responses and interpret this in a manner suitable for use in clinical and forensic practice. Importance was instead placed on giving a voice to a marginalised population of males with extensive histories of victimization, criminality and revenge. This approach of developing detail and engaging in an in-depth interpretation of behaviour defined the remainder of the thesis.

The amount of data collected for each participant in the interview study included a full file review and intensive interviewing with detailed transcripts which enabled a comprehensive understanding of individuals and the entire sample. In relation to the potential to generalise the model to other forensic and non-forensic populations, it is considered that the focus on individuals diagnosed with complex and challenging personalities means there is relevance within and across forensic client groups. This has been confirmed via the dissemination of this research to academics and practitioners at

international conferences. These discussions illustrated the flexibility and utility of the model and the capacity for individual differences to be considered. The commonality the model has with non-forensic populations who have experienced adversity is through the focus on trauma. However, it is not currently possible to fully generalise the model onto those who may have experienced significant adversity but have not engaged in harm toward others. This relates to alternative trajectories that individuals may take which may result in a greater growth and resilience where the psychological focus becomes more positive and on the prevention of harm (See Future Directions).

In Chapter Three, the case study on revenge-oriented offending offered the only contribution of a female perspective to real and perceived transgressions and provided an in-depth insight into a trajectory of revenge. In the thesis overall, it would have been beneficial to explore the role of gender further and include a range of perspectives of female forensic clients in regard of revenge. The case study further outlined wider contextual factors which could be considered in the future but were not as fully incorporated into the present model of revenge. Although it was possible to consider the influence of culture and diversity within this chapter, the outcome was not comprehensive enough to fully inform the model in a culturally competent way. However, it was possible to identify the challenges forensic clients could face when marginalised in their communities. This related to the ways in which religion, cultural expectations (concepts of shame, honour and guilt), mental health stigma, and dual identity were not openly discussed and how this influenced wider childhood adversity (See Future Directions).

The scoping review presented in Chapter Four illustrated the range of extreme traumatic events experienced across population groups, including military veterans,

asylum seekers and refugees, child soldiers and those living in post-war communities. The breadth of populations considered in the review resulted in difficulties establishing conclusions that could be drawn when consolidating the findings. The focus on interpreting the potential for harm in regard of revenge and appetitive aggression resulted in several routes of trauma fuelled revenge being established. The contribution to the evidence base is varied due to the different experiences resulting in increased trauma symptom severity and comparisons between diverse populations. It was also difficult to establish the extent to which wider cultural differences contributed to the experiences of thoughts feelings and behaviours relevant to revenge, when participants originated from 45 different countries. Hence the limitation is knowing the extent to which cross-cultural barriers exist in regard of human-induced trauma or whether such diversity is truly relevant. This requires further consideration of the validity of Western developed psychometric measures when administered in other settings and individual differences across population samples. In some cases, the measurement of trauma was varied and could not be compared across studies, although it was possible to establish the severity of difficulties reported. Ultimately, the scoping review attempted to establish how humans, when subjected to extreme harm and adversity in the context of traumatic events, respond (See Future Directions). Although it was not possible to conclude any relevance definitively, it does appear that appetitive aggression would be beneficial future area of focus when considering individuals exposed to human-induced traumatic events.

Although not part of the methodology in Chapter Five, the use of psychometric measures to assess Propensity for Revenge can assist in regard of assessing therapeutic change and risk of harm. One of the limitations of the critique was the challenge in

mapping and evaluating the range of measures available when focusing on clients in clinical and forensic settings. The need to consider the applicability of individual measures and whether there is an optimum method for the most effective and accurate administration to a client. Tailoring measures for use with complex clients therefore alter from a 'one size fits all' approach and enhances the conclusions practitioners can make.

6.5 Future Directions

6.5.1 Contextualizing Revenge

It is considered essential for the content of this thesis to be taken forward into practice, inform future research and progress the application of knowledge in regard of revenge-oriented acts. Moving away from the perception that individuals and groups only engage in acts of revenge-oriented harm when directly responding to a transgression is paramount. The myriad contemporary global challenges – economic, political and military – in addition to individuals and communities coping with residual historic traumatic events illustrates the future potential challenges for practitioners working in clinical and forensic domains. However, these may only skim the surface of what is occurring in terms of the impact of traumatic events on often marginalised populations and how intervention should occur, whether it is through increased trauma-informed health and social care services or tailored programmes to support marginalised populations, for example, displaced persons. There is evidence to suggest that revenge orientations may develop or exacerbate and result in future harm.

Incorporating a holistic consideration of revenge (past offences, personality relevant links, and future propensity) into psychological formulations with client groups in forensic settings can be helpful for practitioners, especially when the model is used

collaboratively to enhance discussions. In cases where there is no forensic history but an identified trauma diagnosis (whether stress and / or embitterment in focus) it may be beneficial for the propensity for revenge to be considered, whether proactively generated or identified by third parties as an increased vulnerability to be exploited. For example, the potential to target and radicalize people who have developed vengeful thinking, revenge fantasy and an embitterment disposition following their own experience of adversity is elevated. Therefore, intervention can focus on supporting the mental health difficulties of possible future clients through early intervention or screening to identify those at risk of engaging in future harm, either self-motivated or if they are used as a vehicle for a third party. Likewise, the cultural and religious influences on revenge would be beneficial to consider in further iterations of the model and would provide helpful clarification as to whether the model has the potential to be applied universally across cultures.

The original definition developed for this thesis has been amended to account for the development of knowledge during this research, including the presentation of the model. There are now additional elements related to the context of the 'transgressions' where revenge is deemed a suitable response: (i) the use of revenge to additionally attempt to alter a challenging and ongoing psychological state; (ii) revenge being spontaneous or planned; (iii) the potential to be fuelled by rumination and fantasy; and (iv) the potential for the act/s not to alter the psychological impact of the original, cumulative or recent transgression. The revised version from that presented in Chapter One (p.7) encompasses greater detail and increased elements:

"An act or acts (legal or illegal) committed in isolation or over time, by the identified 'victim' or via proxy recruitment, with the intent of causing physical, sexual, or

psychological punishment or injury, in response to perceived wrongs, real or imagined. The act/s can be spontaneous and / or planned, follow long-standing rumination and fantasy, adversity or traumatic events (from childhood onward) and can be enacted directly or indirectly against the transgressor, or displaced toward an object or person. The potential for further revenge is influenced by the capacity to reduce or extinguish the psychological impact of the original transgression".

6.5.2 The Context of Aggression

The spectrum of offences that constitute revenge-oriented offending largely focuses on interpersonal acts which when involving violence and aggression are often considered to be directed toward a specific target but can also involve a range of indirect means, as discussed in the model. Such aggressive acts can be distinguished from 'reactive aggression' which is a direct response to a perceived threat to status or provocation and where the timescales are immediate. 'Appetitive Aggression' (Weierstall & Elbert, 2010), as discussed in Chapter Four, has been identified as relevant when working with populations who have been exposed to traumatic events. Therefore, aggressive acts can be revenge-oriented, whether they are fuelled by trauma, or appear as a more generalised form of aggression, with the process acting as a method of proactive protection, for example, by causing harm before being victimized. It remains unclear whether any appetite for or indulgence in aggression resulting in increased gratification (and potentially mitigating against traumatic stress responses), can be replaced with prosocial, less harmful options. Individuals engaged in military combat underpinned by a solid rationale are likely to display different 'appetites' from those immersed in the visceral nature of aggressive acts committed during genocide. It is

thought likely that within each population there will be those who struggle to transition back to a form of 'normality' following conflict and present with a potential to harm others. The psychological difficulties affecting veterans returning from combat zones are varied and in terms of acts of aggression, require a more sophisticated understanding than focusing on 'anger management' or emotional regulation due to any potential underlying traumatic stress responses. Furthermore, individuals who have been captured and held hostage or as prisoners of war, potentially experiencing diverse forms of torture, have still another layer of trauma exposure that should be fully understood.

6.5.3 A Trauma-Informed Approach

Traumatic events can underpin the histories of many clinical and forensic clients, especially those with adverse childhood experiences, although the focus on difficulties following trauma has not always considered the potential for harm through revenge. This broader perspective suggests a greater role for practitioners, not only in early intervention work but in a wider range of client groups who are not traditionally considered 'forensic' but who may have the potential to become involved with the criminal justice system. The expression of revenge across genders requires further focus in the future to consider fully how females in forensic services and beyond may engage in such acts. Although there is a substantial evidence base in regard of trauma and female offending, understanding the prevalence and nature of revenge-oriented acts in this context is limited. The potential to learn more about the experiences of women who have engaged in revenge remains an area for further investigation. A further consideration of gender should include an acknowledgement of the elevated levels of suicide in males (Office for National Statistics, 2018) which account for 75% of all related

deaths. Suicidal ideation became a factor in the psychological processes wheel of the model because it was relevant to participants in the present thesis. This was identified as entirely relevant to consider in clinical and forensic populations.

The level of exposure to traumatic events experienced by an individual has the potential to cloud any interpretation of future acts of revenge because of the range of possibilities in terms of targets and triggers. For example, if someone has experienced multiple, severe victimization over time, their possible targets for revenge could be wide-ranging, whereas an individual involved in drug dealing may respond directly to the person who stole their supply and associated paraphernalia. Therefore, it is possible that the greater experience of victimization and psychopathology symptom severity could increase the likelihood for harm through revenge becoming diverse and widespread. Cumulative victimization from multiple perpetrators creates difficulties in tailoring risk management plans in relation to the propensity for revenge. Although Structured Professional Judgements need a consideration of full offence histories, it is possible that the entire picture will not always be known or considered as fully as it might be. For example, revenge may not be considered separately in assessments because it is not always explicitly stated or described fully in manuals, leaving it to practitioner knowledge or discretion as to whether it is included. Further, the display of revenge-oriented acts in prison may not always be captured if behaviours are covert in focus, such as identified in the present thesis, the throwing of 'napalm' (boiling water with sugar to enhance burning effects) in the face of another prisoner while 'accidentally' slipping on butter.

Identifying ways to predict whether those with histories of trauma will engage in acts of revenge remains challenging, especially in terms of predictions of risk. Fantasy may be a protective factor for revenge when someone is less able to respond to

overwhelming thoughts and emotions, but it additionally could fuel acts of harm. Any risk assessment and management that considers the relationship between fantasy and acts of revenge, requires discussion of the functions of fantasy. Although fantasy routinely forms a core aspect for the interpretation of risk in sexual offending, in clients who have already committed revenge-oriented acts of harm, the influence of revenge fantasy may not be considered as frequently due to a reduced evidence base. An awareness of the potential for forensic clients to maintain such fantasies can be helpful in alerting practitioners to the potential for revenge. It is though possible that clients will not disclose such thoughts, particularly if they are working toward release into the community through parole. The use of the model therefore has the potential to provide a structure which offers a less threatening approach to the elicitation of risk information while acknowledging the potential for trauma-fuelled or criminally-driven revenge.

Serious acts of harm may be exacerbated further for those individuals and groups who already hold a vengeful mindset and are vulnerable to terrorist ideologies, for example, from far-right extremism, dissident Irish republicanism, and Islamic State (IS). The refocusing of a vengeful individual toward a rationale toward revenge can occur in isolation (self-radicalisation) or be targeted from groups. This can develop a perspective that is developed with a pseudo-veil of religious ideology / justification or xenophobic beliefs which may fuel the capacity to act. There is a critical need for practitioners to understand fully the psychological needs being met through destructive and controlling acts in addition to the vulnerability of those who may be preyed upon. This illustrates how the model may be beneficial in understanding any methods used in the exploitation of vulnerable individuals and groups, whether online or in the community. It is apparent

that less resilient, established or settled refugees and asylum seekers could be especially vulnerable due to their histories of trauma exposure and tenuous position.

The Inquiry by the Howard League for Penal Reform into veterans in prison (Nutting, 2011) and the development of Veteran Informed Prisons (Welsh Government, 2013) for ex-service personnel illustrates the importance of tailoring the provision of mental health and incorporating a trauma-informed approach. The current provision, e.g., HMP Parc which opened in 2016, enables veterans to be managed separately from the general prison population. However, such provision further requires consideration of PTSD and PTED, experiences of combat, adverse childhood experiences, and difficulties in transitioning from military to civilian life.

6.5.4 The Embittered Mind

The role of PTED remains less well understood in regard of acts of revenge despite the concept being robustly considered by several practitioners in the field over the past two decades (e.g., Linden, et al., 2007, 2009; Linden & Rotter, 2018; Maercker, et al. 2000; Nanni, et al. 2018; Rotter, 2009; Sabic, et al., 2018). Although PTED is not recognised in the UK, it is relevant to a range of populations who have or may engage in acts of harm. Certainly, embitterment is relevant to individual client formulations, whether presenting as part of a personality constellation (non-reactive), in response to multiple life events, as a reaction to a single traumatic event, or in the context of broader psychopathology (Linden & Rotter, 2018). The importance of investigating embitterment in future research is clear while addressing PTED within therapeutic interventions and when formulating risk for clinical and forensic populations is pertinent to ensure an integrated approach.

6.5.5 Distanced Revenge

Extending the consideration of distanced revenge still further from acts where contract killings might occur, there are broader options to harm individuals covertly online, where perpetrators can hide behind the mask of a computer, via a range of means. The presence of revenge can further permeate the surface web (e.g., the internet) into the deep web and dark web, comprising so-called 'revenge porn', and 'hurt core', both of which involve sadistically focused acts toward victims. Although there is a growing understanding of the way revenge can demean, humiliate and victimize using non-consensual imagery (e.g., Walker & Sleath, 2017), the concept of sadism remains little considered within this context. Online offending can involve, for example, child sexual exploitation, stalking and radicalization, however, how online targeting can enable revenge-oriented acts requires further exploration in terms of research and psychological interventions for offenders and the impact on victims. These offences can be challenging for law enforcement to identify and investigate and for practitioners to interpret if individuals and / or groups present anonymously, use aliases and communicating in closed or encrypted forums requiring a specific set of knowledge, hierarchy and offending competence to enter (e.g., dark web forums). Future considerations of revenge should therefore incorporate the cyber domain in addition to the physical world to understand better the breadth of challenges and to better enable forensic and clinical practitioners to intervene.

6.5.6 Alternatives to Revenge

The outcome of the present research was to develop further the understanding of revenge-oriented acts in the context of working with clinical and forensic clients. The

resulting model has illustrated the elements of a trajectory of revenge, however it has not identified alternative, pro-social options for those who have experienced victimization and transgressions. Research on post-traumatic growth has outlined a range of positive options for individuals to develop resilience and harness their historic life challenges toward a positive direction (Hartley, Johnco, Hofmeyr & Berry, 2016; Lev-Wiesel, Amir & Besser, 2004; Woodworth & Joseph, 2010). The mechanisms through which clients could be refocused from a lifestyle permeated by revenge to other alternatives depends on the availability of other options. What became apparent in the present research is that such alternatives were often not apparent, acceptable or possible for clients to use prior to their formal involvement in the criminal justice system. Moving forward from the present research, it would be helpful to explore alternative trajectories for individuals who have experienced a range of adversity. The forgiveness project (www.theforgivenessproject.com) has worked with individuals and groups globally collating their experiences, including those of forgiveness following substantial loss and trauma. This illustrates the potential for research and practice to explore a different trajectory from revenge and the importance of thinking about protective factors which may enhance the capacity for forgiveness and divert clients away from harming themselves and others.

6.6 Reflections

6.6.1 Thesis Rationale

The process of conducting the research presented in this thesis has been challenging and illustrates the breadth of considerations which were not wholly apparent when commencing this work. By taking a primarily motive-based approach to understand

offending behaviour, the intention was to consider acts across a spectrum of criminality to enable practitioners to gain a holistic conceptualisation of revenge. However, as will be apparent from the content presented, the sheer complexity of the elements informing the interpretation of revenge-oriented acts means this has created a base on which to build further work – in research, practice and training. The initial choice of criminal motive was influenced by experience conducting research in the field of investigative interviewing and psychological profiling where understanding ***why*** someone committed an offence was critical to aid practitioner decision-making. Revenge was chosen as a motive because it moved from the specifics of an offence type, like sexual offending, and considered instead the underlying reasons for committing acts of harm. The objective was to increase the utility of the research findings in the applied field while contributing to the academic evidence base. Although not the primary focus of the research, considering revenge across cultures offers further insights.

6.6.2 Expectations and Insights

6.6.2.1 Revenge Interviews

When initially embarking on the interview research, I chose to understand the experiences of forensic clients who engage in acts of revenge and hear and observe first-hand the role this had in their lives and offending. The purpose of interviewing was to collect meaningful data from experienced clients, but I was also aware of the potential for impression management and was uncertain about the openness of participants in speaking about their experiences. It was difficult to establish whether my role as an independent researcher would act as a barrier to discussions or enhance the potential to develop a comprehensive understanding of revenge as relevant for forensic settings.

Prior to the data collection, my experience of working directly with clients who had committed acts of revenge was varied and focused mainly on stalking, sexual and arson offences. This was helpful in applying the grounded theory methodology and using that structure meant I could be confident that I would not unduly influence my interpretation of the data and could maintain the perspective of the participants throughout. I therefore approached discussions in an open-minded way with an interview structure that was loosely and flexibly structured around research evidence.

What surprised me during the interviews was just how integral revenge was to lives of forensic clients, especially those with multiple diagnoses of personality disorders, for example, the co-occurrence of anti-social, borderline and paranoid. I was also struck by how candid participants were about their personal experiences of victimization and their engagement in acts of revenge. The detail in their accounts meant I could visualise their experiences while listening to them which was both enlightening and concerning because of the level of violence.

In some cases, I considered whether it would be possible to predict the trajectories of those who experience abuse when a powerless child and the development of a rationale underpinning revenge fantasy and / or associated offending behaviour. This was particularly when alternative, official options had been pursued (e.g., reporting to the police) and prosecution was not considered to be 'in the public interest'. This made me think about the number of people who may report offences but a lack of evidence or public interest, results in no further action being taken. I also concluded that revenge is likely to be substantially more prevalent than is officially reported. In certain cases, decisions not to prosecute by the Crown Prosecution Service may have the potential to influence the direction someone takes toward revenge, although this is often not part of

the consideration of progressing cases through formal routes and thinking about whether prosecution is in 'the victim's interest'.

Overall when undertaking the interviews, I felt fortunate to hear the first-hand perspectives of the participants and was grateful they were so engaged and motivated. The research provided participants with an opportunity they would not usually have to speak about revenge and to contribute positively to the research evidence.

6.6.2.2 The Case Study

In the direct clinical work that formed the case study, I learned a significant amount about the importance of cultural competence when working with clients in forensic settings and particularly when interpreting their difficulties from a different perspective, as a white female. This was a challenging piece of work because it required the capacity to consider many factors that appeared to have contributed to the client's presentation and relational difficulties. The opportunity to complete a case study in such detail was something I will cherish as part of the training because it allowed me the space and time to think about the approach and develop a collaborative formulation with the client. The time taken further enabled the intervention to be tailored to consider how revenge trajectories might be developed from significantly earlier in life than has been identified to date. I had not previously considered the role of EMSs in how clients might be the more prone to taking a perspective that is supportive of revenge. This is especially relevant when thinking about the forensic schema modes[37] relating to bullying, attacking and predatory acts.

Conducting this case study additionally illustrated the importance of evaluating interventions from different angles – I therefore considered qualitative and quantitative

[37] Bernstein, Arntz and de Vos (2007).

approaches which included my own perspective of change when reflecting on the changes in the therapeutic alliance throughout the work. Overall the case study required a depth and breadth of knowledge about a range of areas to fully understand the client and tailor the intervention to her specific needs. This has been and will remain with me as a valuable experience moving forward and the knowledge gained during this piece of work has been relevant and beneficial to apply to my work with subsequent clients.

6.6.2.3 Scoping Review

The review conducted enabled a focus on diverse populations who have experienced life events that many will never comprehend. My interest in cultural differences and anthropology meant this was a fascinating exploration into the human condition and how individuals, groups and communities cope with atrocities that are human-induced. I felt that there was greater potential here to think about the role of trauma in modern society and the importance of understanding and identifying the relationship between exposure to adverse events and the potential for harm. One of the striking aspects of conducting this review was the extent to which communities and populations globally are carrying the psychological effects of traumatic events without intervention or treatment. This illustrates the importance of ensuring approaches to supporting diverse populations (e.g., veterans, refugees and asylum seekers, child soldiers, genocide survivors) can be tailored, timely and beneficial.

6.6.2.4 Psychometric Critique

Considering the Propensity for Revenge (PfR) in regard of the administration of psychometric measures showed the breadth of options available to tailor an assessment while focusing on a forensic context. One assumption I made during this critique was that the client would be English speaking because measures are not always available in other

languages. In addition to the challenges with literacy in forensic populations, the difficulty in maintaining the core psychometric properties of measures when working with translators remains an area for further exploration.

The focus on risk is ever-present in forensic settings and considering the logistics of assessments was helpful to identify the challenges and difficulties in interpreting outcomes. The areas of post-traumatic embitterment and appetitive aggression are relevant to work with clients in clients in clinical and forensic domains albeit not fully considered in the UK. Notwithstanding the forensic and clinical utility of many of the measures discussed in this chapter, an emphasis on socially desirable responding showed the challenges practitioners face in assessing the veracity of responses and response styles.

6.6.3 Learning and Influences on Practice

In addition to the insights outlined above, the experience of conducting this research has supported my development as an independent practitioner in considering why forensic clients may present in a vengeful or embittered way and / or engage in acts of revenge. The opportunity to develop the model has been helpful in subsequent practice work to provide a structure when thinking about revenge and has been used as an indirect method to enable challenging conversations with clients who on viewing the model, can see that their personal experience is shared with others. The trauma-informed model of revenge has broadened my understanding of acts of harm and the underlying needs being met. The potential for clients to benefit from more tailored interventions that acknowledge both victimization and the potential for harm is apparent

and provides validation for events in the past and permission to move forward using a strengths-based approach.

The potential to develop this work into tools relevant for practitioners has been considered in relation to an addendum for Structured Professional Judgements and to factor into risk scenario planning. Finally, the impact of the model has outlined the potential for its use in a wider set of work with clients and to focus on how it might be tailored to the needs of younger clients, for example, in early intervention or work in youth offending contexts. This would enable discussions with young people to begin sooner and has the potential to start discussions about victimization that can sometimes lie dormant for years.

6.7 Thesis Conclusions and Recommendations

This thesis has presented an investigation into the roots and routes of revenge and provided a range of ways of considering approaching this with forensic clients, whether assessment, formulation, intervention, or management. Moving forward, the combination of disparate areas relevant to revenge compels practitioners to tailor their approaches and focus on historic and current influences on acts of harm. The increase in trauma-informed approaches to practice should enable increased focus on trajectories that may follow a child's exposure to traumatic events in early life (the roots) and how this may influence later life courses (routes). Acknowledging the link between traumatic events, trauma symptom severity and the potential for harm in 'at risk' or 'atypical' forensic client groups, in addition to those in the criminal justice system, is one of the first steps to intervening to break the trauma-revenge link. The field of post-traumatic growth and the development of resilience in populations exposed to extreme traumatic events

has further potential to alter the focus from engaging in acts of harm to the capacity to define a new perspective which does not allow trauma to negatively define and control the futures of forensic and 'at risk'clients.

The contribution of this thesis to the field of forensic psychology has the potential to support novel approaches to work with clients and enable a greater consideration of trauma histories. It is recommended this could focus on: (i) greater exploration of early vulnerability and victimization experienced by male forensic clients; (ii) routine assessments of trauma symptom severity (residual and perpetration-induced); (iii) the role of personality, psychotic and austism spectrum disorders in individual perceptions of revenge; (iv) the prevalence and manifestation of embitterment (PTED) in clients; (v) a more thorough understanding of the detail and role of revenge fantasy use in clients who have experienced traumatic events; (vi) revenge formulations that consider multiple offence types rather than an index offence; (vii) cultural differences in client's baseline perspectives of revenge; (viii) the role of honour, shame, status, dominance and control and how this links to interpretations of revenge in clients; (ix) the presence of appetitive aggression in the offending histories of clients; (x) a tailored approach to working with veterans in forensic settings which consider multiple exposure to traumatic events; and (xi) interventions to support and develop trajectories toward post-traumatic growth.

Finally, this thesis outlines opportunities for practitioners to more effectively explore and support a greater number of clinical populations who may be at risk of progression toward forensic settings. It is recommended future work could focus on: (i) early interventions that consider revenge related trajectories with young clients who present with trauma symptoms and / or challenging behaviour (e.g., referrals to Child and Adolescent Mental Health Services – CAMHS); (ii) tailored interventions with refugees and

asylum seekers that acknowledge trauma exposure, PTSD and PTED, and provide support for historic and current difficulties; and (iii) developing bespoke assessments and interventions for veterans transitioning from military combat to the community.

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