CHAPTER 5

EMPIRICAL STUDY AND FINDINGS OF THE QUANTITATIVE PHASE OF THE STUDY

5.1 INTRODUCTION

The aim of this chapter is to report on the findings of the quantitative research of the study. The psychosocial functioning inventory on recidivism (PFIR) (see Attachment 1) was developed and utilised as data gathering instrument for the quantitative research.

In this chapter, the research methodology used for the study will be briefly outlined and the design and the development of the PFIR scale will be discussed. Finally the findings of the analyses of the quantitative data will be presented and interpreted.

5.2 RESEARCH METHODOLOGY

5.2.1 **Research approach**

As indicated in Chapter 1 the study followed a combined quantitative-qualitative approach. This research approach was chosen due to the complexity and multi-facetness of the phenomena, recidivism. In this regard Denzin as quoted by De Vos (1998b: 359) postulates that the use of multi methods of data collection increases the reliability of observations. By making use of a combined quantitative-qualitative

approach recidivism as phenomenon could therefore be explored extensively and holistically.

This study used triangulation, specifically the two-phased model whereby the study was divided in a separate quantitative and qualitative phase. De Vos (1998b:360) is of the opinion that the advantage of this approach is that the researcher is able to thoroughly present the assumptions underlying each phase. Cresswell's two-phase model was used in this study (compare De Vos, 1998b:360 and Creswell, 1998:202). For the purpose of clarity the quantitative research will be referred to as phase one and the qualitative research as phase two of the study.

In the quantitative phase of the study the PFIR, a standardised eco-metric scale, was developed and used in order to compile a profile of the South African recidivist. In the second qualitative phase of the study an interdisciplinary action plan was compiled as result of data collected through interviews with experts in the field of crime prevention and management.

5.2.2 T**ype of research**

Knowledge development was utilised to compile a profile of the South African recidivist and to design an inter-disciplinary action plan for the prevention and management of recidivism.

5.2.3 **Research design**

The research design of this study was exploratory in nature. Grinnell and Williams (1990:150) is of the opinion that the aim of an exploratory research study is to " …explore, nothing more – nothing less". Bless and Higson-Smith (1995:42) concur, adding that the purpose of exploratory research is to seek explanations for the relationship between variables. Rubin and Babbie (1989:86) further indicated that exploratory research is utilized when limited information is available on a phenomenon. Recidivism, a phenomenon on which limited research was done in South Africa was explored in this study.

5.2.4 **Pilot study**

Strydom (1998:179) posits that a pilot study acts as the "dress-rehearsal" of the main investigation. Strydom (1998:179) states that a pilot study comprises a literature study, the experience of experts, a preliminary exploratory study and finally an intensive study of strategic units. Each of the aspects that a pilot study consists of will subsequently be addressed individually.

- **Study of the literature**

For the purpose of the research study local as well as international literature were explored. The Internet also proven to be a valuable resource.

- **Experience of experts**

National and international experts, as mentioned in Chapter 1 (point 1.10), were utilised during the pilot study.

- **Preliminary exploratory study**

By means of the preliminary exploratory study practical situations associated with the study was assessed.

Study of strategic units and testing of the questionnaire

The PFIR eco-metric scale is a standardised questionnaire that was developed for the multi-dimensional population of South Africa. The scale was tested for validity as well as reliability during its development. As stated in Chapter 1, the researcher assisted with the identification of constructs for the scale as well as during the standardisation process.

5.2.5 Research population, sample and sampling method

A research population can be defined as ". the totality of persons or objects with which a study is concerned" (Grinnell & Williams, 1990:118). For the purpose of the study correctional facilities within Gauteng province where more than twenty-five percent of the population consisted of re-offenders were identified as the research population. The correctional facilities that were included in the study were Baviaanspoort Maximum and Medium prison, Leeukop Medium C and Maximum, Modderbee prison, Pretoria

Central prison and Zonderwater Medium A and B prison. The research population comprised of 4237 possible respondents.

The research sample was drawn by means of non-probability sampling, specifically accidental sampling. Strydom and De Vos (1998:198) posit that any person that cross the researcher's path and has something to do with the phenomenon, gets included in the sample until the desired number of respondents are obtained.

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A computerised list of all the re-offenders in a specific correctional facility was obtained from the identified research sample. Inmates who responded to the invitation to participate in the research project were briefed by the researcher and were given the choice of participating in the study. Of the inmates briefed, 198 agreed to participate in the study and were included in the research sample to complete the PFIR scale. As a result of the data analyses and interpretation a profile of the South African recidivist was compiled.

5.3 DESIGN AND DEVELOPMENT OF THE PSYCHO-SOCIAL FUNCTIONING INVENTORY FOR RECIDIVISM

The aim of the PFIR scale is to assess the recidivist's social functioning from a multidimensional perspective and functioning in the broader community. The constructs utilized for the design of the PFIR scale were based on the literature study of this research.

The PFIR scale was developed in a partnership between the researcher and the Perspective Training College.

The PFIR provides for the measuring of both positive and negative constructs regarding the recidivist's interpersonal and social functioning. The difference between positive and negative constructs lies in the attributes that are measured. Positive constructs focus on areas of positive social functioning, for example perseverance and satisfaction. A high frequency in the measured behaviour is an indication of effective functioning while a lower frequency indicates less effective functioning or social dysfunctioning (Faul & Hannekom, 2002:14).

On the contrary, a negative construct, for example anxiety and isolation, measures areas that can be associated with social dysfunctioning. In this case a high frequency of measured behaviour indicates social dysfunction whilst a lower measurement can be associated with effective social functioning (Faul & Hannekom, 2002:14). In order for a person to function optimally it is therefore necessary to maintain a balance between positive and negative attributes. This entails that a healthy level of negative and positive attributes should be present when a person's social functioning is assessed. If that is not the case it is an indication that the measured construct has a negative impact on the person's everyday functioning. A clinical cutting score is used in eco-metric

scales to provide an indication of the influence of a construct on a person's social functioning.

Faul (1995:93) postulates that the clinical cutting score establishes a therapeutic criterion to evaluate whether the severity or magnitude of a problem reaches levels that can be deemed as clinically significant. In this regard Hudson, as quoted by Faul (1995:94), emphasises that the issue is not whether a person is free of interpersonal or social dysfunction but whether the severity or magnitude of the problem reaches a level that is regarded as clinically significant. The clinical cutting score allocated to each construct therefore gives an indication whether the construct has a positive or negative influence on a person's social functioning. The clinical cutting scores for the PFIR scale are between seventy to eighty percent for the positive constructs and for the negative constructs between twenty to thirty percent. Hudson in Faul (1995:346) emphasises that the cutting score must be viewed as a sample statistic and can therefore not be viewed as a fixed parameter. In this regard Faul (1995:348) elaborates as follows: "…good clinical judgement on the part of practitioners with regard to the presence or absence of a problem in significant areas must always be regarded just as important as the clinical cutting score". The researcher is therefore of the opinion that it is of importance to assess the recidivist's social functioning holistically. This implies that constructs should not be evaluated individually

but that information gathered from the PFIR should be assimilated and assessed holistically.

In order to analyse the gathered data, each individual construct was assessed with the aim of determining typical personality characteristic and behaviour patterns that can be associated with recidivism.

Data acquired from the PFIR was analysed in order to determine patterns that may point to universal characteristics within the social functioning of the recidivist. Faul (1995:158) describes social functioning as:

> "…behavioural patterns of the individual in the different roles and systems that the individual forms part of in his environment. The individual reacts with congruence among the four dimensions of his inner world to situations in his environment. The individual experiences himself and his world on two distinct levels that relate to achievement, satisfaction and expectations on the one hand and to frustration, stress and helplessness on the other hand. Optimal social functioning assumes that the positive forces will be stronger than the regressive forces. The social functioning of the individual always takes place in a specific time frame that is integrated with the developmental phase in which the individual is functioning".

From the perspective of Faul's description of social functioning it can be deducted that a person's behavioural patterns lies on a continuum with optimal social functioning on the one side and social dysfunction on the other side. Optimal functioning can be associated with emotions and cognitions related to achievement, satisfaction and future expectations. Social dysfunction on the other hand are characterised by emotions and cognitions associated with feelings of anxiety, stress and helplessness. Faul furthermore refers to the influence that developmental phases as well as the environment can have on a person's social functioning.

The researcher supports Faul's conceptualisation of social functioning. In addition to Faul's research the researcher, by means of a literature study, identified additional emotions and cognitions that could be associated with the social functioning of the recidivist. For the purpose of this research study the following constructs were developed and measured:

Table 6: Constructs measured in **PFIR** eco-metric scale

Biographical analysis
• **Age distribution** • **Qualifications** • **Employment history** • **Marital and family history**
Positive indicators of social functioning
• **Perseverance /achievement** • **Satisfaction** • **Future perspective / Expectation** • **Problem solving ability** • **Moral values / Empathy**
Negative indicators of social functioning
• **Anxiety** • **Guilt feelings** • **Lack of self-worth** • **Isolation** • **Stigma** • **Frustration** • **Helplessness** • **Alcohol abuse** • **Drug abuse**
Functioning within the environment
• **Family relations** • **Relationship with care giver** • **Relationship with partner** • **Relationship with child** • **Relationship with colleagues** • **Relationship with friends** • **Peer pressure** • **Social support** • **Integration into society** • **Responsibility towards others**

The above-mentioned constructs were included in the standardised eco-metric PFIR scale that was developed by the Perspective Training College for the purpose of this research study. The respondent's social functioning was analysed by means of a personal

assessment of the individual's interpersonal functioning as well as the respondent's cognitions of his interaction with meaningful systems within society.

The aim with the quantitative research was to identify characteristics that are synonymous with the general behavioural profile of the South African recidivist. Subsequently, the research findings of the quantitative study will be presented.

5.4 RESEARCH FINDINGS OF QUALITATIVE STUDY

In this section the research findings of the quantitative study will be presented and interpreted and where applicable, integrated with literature.

5.4.1 Biographic interpretation

For the purpose of the biographical analyses of the research sample attributes included were the age, educational qualification, and the employment, marital and family history of the respondents.

- **Age distribution of respondents**

The research sample consisted of 198 male prisoners between the ages of twenty one to eighty-two years. The composition of the sample in relation to age can be divided as follows:

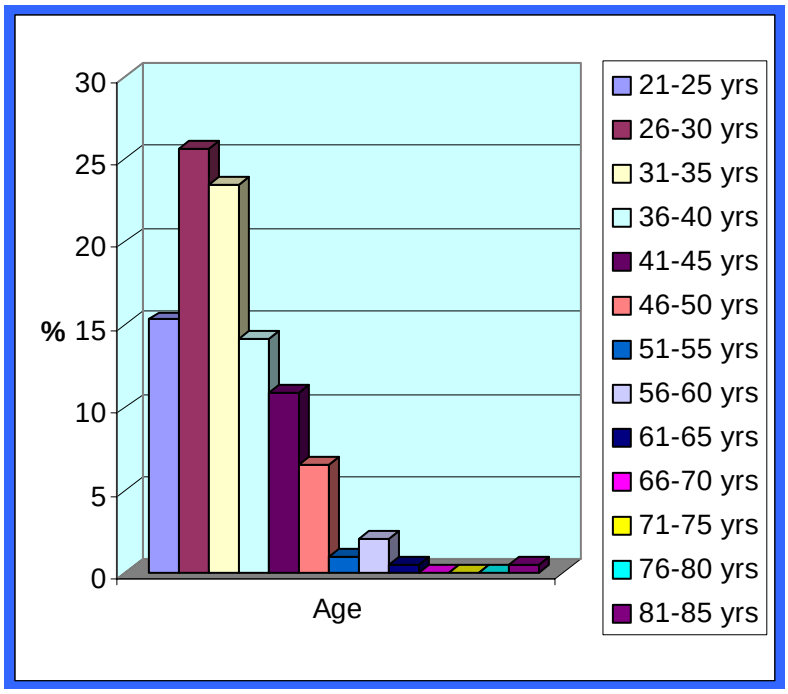


Figure 9: Age of the respondents

From the mentioned chart it is evident that the majority of the respondents, and therefore recidivists, fall within the age group from twenty-six to thirty-five years. The decrease in the amount of respondents per age group from the age of thirty-six years onwards to eighty-five years is evident from the findings.

Two aspects in relation to the age and criminal behaviour that was discussed in Chapter 2 (point 3.2) were the onset and aging out of criminal behaviour. It was indicated that early onset of criminal behaviour is universally viewed as one of the strongest predictors of re-offending (compare Siegel & Senna, 2001:59; Bartollas et al., 1998:104-105; Bartollas, 1997:86; Brannigan, 1997:409; Maguire *et al.*, 1997:375 and Conklin, 1995:320).

The decrease in the number of respondents per age group could possibly be associated with the aging out of crime theory. As stated in Chapter 2 (point 3.2) various contradictory views exist regarding the aging out of crime. These contradictions can be ascribed to different the factors contributing to the phenomenon of aging out of crime (compare Farral, 2000:225-226; Brown et al. 1998:151; Bartollas, 1997:59; Dejong, 1997:564 and Greenberg, 1991:18). Even though a decrease in the number of respondents per age group can be noted it should also be taken into consideration that the oldest respondent who participated in this study was eighty-two years old. This supports Farrington's views quoted in Maguire *et al*. (1997:373) that cessation of offending can only be determined with certainty after the offender dies. Although the majority of respondents fall within the age of twenty-six to thirty, the findings indicated that there is no age where respondents desisted from crime.

It is apparent that the largest group of recidivists that participated in this study came from the age group twenty-six to thirty-five. From a human developmental perspective this age group falls in the developmental phase that could be associated with entering and building a career in the occupational market as well as marriage and having children. It can be assumed that criminality and imprisonment will act as a major disruption in the expected developmental phases of these offenders. In this regard Siegal and

Senna (2000:185-186) postulate that disruptions in developmental tasks can promote criminality.

- **Educational qualification of respondents**

Findings in this research study indicated that the majority of the respondent's educational qualifications, namely 78% were lower than grade twelve. The qualifications of the respondents can be depicted as follows:

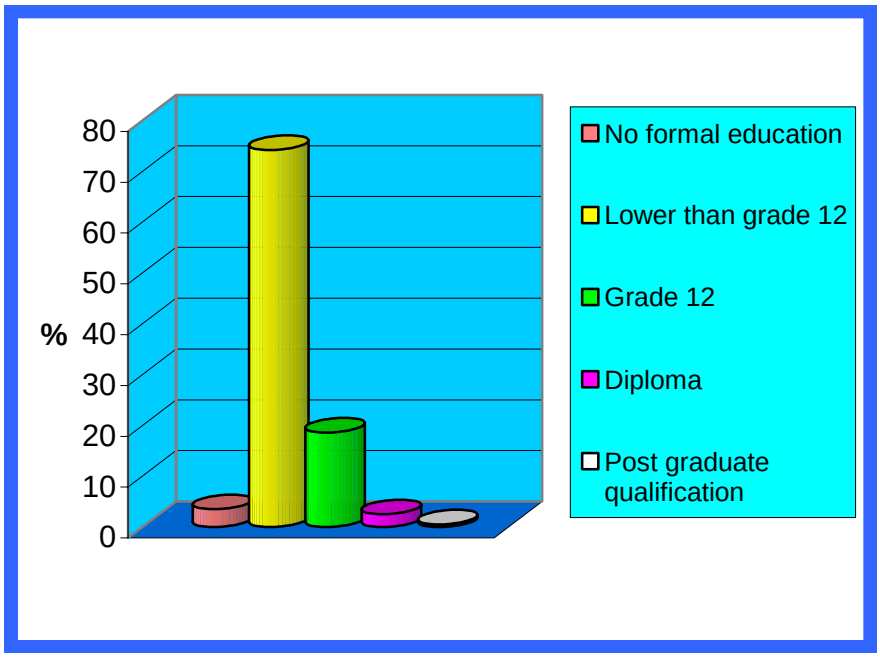


Figure 10: Educational qualifications

From Figure 10 it can be concluded that the majority of recidivists have a less than basic, or a basic educational qualification. In this regard research indicated that poor scholastic performance and the inability to function in school, a low degree of commitment to school, as well as an inability to form relationships with teachers

and peers were found to be risk predictors for re-offending and recidivism (compare Bartollas & Miller, 1998:104; Bartollas, 1997:84 & 86; Jones & Sims, 1997:336 and Maguire *et al.*, 1997:375). The impact of inadequate educational qualifications could furthermore restrict the choice of career opportunities affecting the scope of income earned by the respondents.

In the interpretation of these findings, it should be taken into consideration that ample opportunities are available within correctional services to acquire basic and advanced educational and skills related qualifications. This finding might be an indication that the respondents do not make use of these opportunities for self-development. This can possibly be associated with the recidivist's general attitude and cognitions regarding everyday life. In this regard research indicated that the recidivist's attitudes and cognitions are often based on feelings of frustration, helplessness, isolation and stigmatisation but on the other hand also an unrealistically positive future perspective (compare Bartollas & Miller, 1998:104-105; Bartollas, 1997:144; Zamble & Quincy, 1997:48 and McGuire, 1995:144). The dynamics between these contradictory emotions often result in thoughts on self-improvement not being implemented and that the recidivist inevitably denies him- or herself the opportunity to develop educational and occupational skills.

- **Employment history of respondents**

Of the respondents 67% indicated that they were unemployed and had no history of stable employment. Of the remaining33%, 44% indicated that they were employed for a cumulative period of five years or less. It is therefore clear that the respondents have an unstable to non-existing employment history.

Unemployment can be linked with economic deprivation and poverty. In this regard research indicated that the acquiring of material gain was the most common motive for property offences (Maguire *et al.*, 1997:380). The Commission on Behavioural and Social Sciences and Education (1995:44) states that even though poverty cannot directly be linked with criminality, the possibility exists for crime to act as an economical and psychological escape from poverty.

From the perspective of the control theory the high rate of unemployment can also be associated with idleness (Siegel & Senna, 2000:179). Idleness can facilitate offending in so far that the recidivist has ample time to be involved in criminal activities. Idleness can also be linked with boredom as well as being a motive for juvenile offending (Maguire *et al.*, 1997:382).

It can therefore be stated that poverty could be attributed to unemployment. The lack of economic means as well as idleness

associated with unemployment could be identified as risk factors associated with criminal causation.

- **Marital and family history of respondents**

An analyses of the research findings for this study indicated that the majority of respondents were not involved in any meaningful relationships. The distribution of respondents per marital status can be depicted as follows:

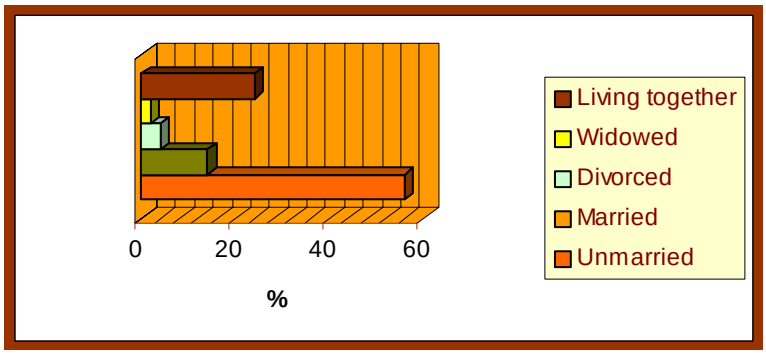


Figure 11: Marital status of respondents

Those respondents who are unmarried, divorced and widowed (62%) can be considered as not having a meaningful emotional relationship.

In accordance with the control theory, attachment to stable support systems within a relationship where an intimate emotional bond exists, serve as deterrence for deviant behaviour (compare Hesselink-Louw, 2001:107; Siegel & Senna, 2000:177 and Barlow, 1996:474-475). In this regard research indicated that a marriage could contribute to the reduction of offending behaviour due to the greater loss that is at stake for the offender when he commits

crime (Dejong, 1997:564). In contrast, isolation from meaningful relationships with systems in conventional society can be viewed as a risk predictor for offending and re-offending (compare Siegel & Senna, 2000:176 and Conklin, 1995:218). It can therefore be stated that respondents had limited attachment to stable support systems in society.

Findings indicated that 65% of the respondents had one or more child. Based on the fact that the respondents are prisoners it can be assumed that a large number of these children are growing up in broken homes and single parent families. Research indicated that there is a positive link between recidivism and parental absence, as well as growing up in a broken home (compare Siegel & Senna, 2002:280, Barkan, 1997: 203 and Bartollas, 1997:232). The assumption can therefore be made that the recidivist's absence as a parent creates the predisposition for a continuation of a criminal behavioural pattern from father to child. The probability of this predisposed transference of a criminal behavioural pattern is strengthened by parental imprisonment (compare Bartollas, 1997:86 and Maguire *et al.*, 1997:375).

In summary of the biographical findings it can be concluded that the respondents participating in this research study were males between the ages twenty-one and eighty-two. From the age distribution of the respondents it is apparent that no age limits could be linked to recidivism.

If these findings are compared with findings from literature, similarities could be identified between the general profile of the recidivist and the South African recidivist. Findings indicated that the majority of recidivists' educational level is below grade 12 and, there is a correlation between inadequate educational qualifications and unemployment. Idleness and boredom resulting from unemployment are risk factors that could be associated with criminal causation, and the majority of respondents are not involved in meaningful emotional relationships.

5.4.2 Social functioning of respondents

The social functioning of respondents were analysed by exploring positive as well as negative indicators of social functioning. The aim of analysing these constructs was to determine the respondents perceived level of their interpersonal functioning.

5.4.2.1 Positive indicators of social functioning

The positive indicators of social functioning that were analysed in this study were perseverance, satisfaction, future perspectives/ expectations, problem solving ability and moral values/empathy. These constructs were identified from the literature study as being indicators of optimal social functioning (compare Maguire *et al.*, 1997:386 and Faul, 1995:158). They are positive constructs implying that a clinical cutting score between seventy and eighty

percent will give an indication of effective social functioning within these areas. Each of these areas will henceforth be discussed.

- **Perseverance**

From the analyses of the PFIR scale it can be noted that the majority of respondents were of the opinion that their ability to persevere was above average. The clinical score for this construct was 88% . The score therefore falls outside the area of the clinical cutting score of between 70% and 80%. This is an indication that the respondents have an unrealistically high perception of their functioning in relation to perseverance. Results obtained from analysing the questions associated with this construct can be depicted as follows.

Table 7: Analyses of the construct – Perseverance

Question	Scale	Analyses
I keep on trying until I succeed	Never	5%
	Sometimes	10.6%
	Half of the time	7.1%
	Often	9.1%
	Always	68.2%
I keep on doing my work until it is done	Never	4.6%
	Sometimes	10.7%
	Half of the time	4.1%
	Often	10.2%
	Always	71.4%

Question	Scale	Analyses
It is important to me to understand my work	Never	1.5%
	Sometimes	6.7%
	Half of the time	2.6%
	Often	9.7%
	Always	79.5%
I complete my work even if it is difficult	Never	2.6%
	Sometimes	16.6%
	Half of the time	6.2%
	Often	15%
	Always	59.6%
It is important for me to do better and better	Never	1%
	Sometimes	9.7%
	Half of the time	3.1%
	Often	10.2%
	Always	76%
I work hard	Never	1%
	Sometimes	11.7%
	Half of the time	6.1%
	Often	7.6%
	Always	73.6%
It is important to me to do my work correctly	Never	1%
	Sometimes	4%
	Half of the time	3.5%
	Often	6.7%
	Always	84.8%
It is important to me to do well	Never	1%
	Sometimes	6.6%
	Half of the time	5.1%
	Often	9.1%
	Always	78.2%

It is of interest to note that the majority of respondents chose option five, namely always, as response to all of the asked questions.

Faul (1995:175) posits that perseverance can be associated with achievement, as achievers are people who have willpower to persevere with tasks in order to achieve an identified goal. Findings in this construct indicate that the respondents' perception of their levels of perseverance is unrealistic. This was reflected in the findings of the educational (point 5.4.1.2) and employment (point 5.4.1.3) history constructs. Both the constructs *educational* and *employment* history contradict the respondents' perceptions of themselves as being people who persevere in tasks.

- **Satisfaction**

The construct satisfaction aims to determine the level of satisfaction that the respondent experience in relation to everyday life and activities. Faul (1995:176) defines satisfaction as:

> "…the unique experience of an individual as to the feelings of well-being he attaches to his life. These feelings have no "objective" roots, but are characterized by the unique interaction of the individual with his environment. It represents an overall judgement of a person's life satisfaction that has to do with a person's cognitions and a person's affects".

A person's experience of satisfaction can therefore be viewed as being based on cognitions in relation to an evaluation of everyday life.

Findings from this study indicated that the average clinical score for this construct was 70%. It therefore falls just within the clinical cutting score of between70% and 80%. This is an indication that the respondents may have areas that affect their level of satisfaction negatively. The findings that can be associated with the construct satisfaction can be depicted as follows.

Table 8: Analyses of the construct -Satisfaction

I am satisfied				
Never 17.6%	Sometimes 19.7%	Half of the time 14.5%	Often 6.7%	Always 41.5%
I feel cheerful				
Never 11.8%	Sometimes 23.7%	Half of the time 16.4%	Often 8.1%	Always 40%
I feel happy				
Never 13.3%	Sometimes 30.1%	Half of the time 8.2%	Often 7.7%	Always 40.7%
I enjoy living				
Never 29.1%	Sometimes 13.3%	Half of the time 14.3%	Often 2%	Always 41.3%
I do the things that I enjoy				
Never 3.6%	Sometimes 18%	Half of the time 8.2%	Often 8.3%	Always 61.9%
I like my life the way it is				
Never 29.1%	Sometimes 13.3%	Half of the time 14.3%	Often 2%	Always 41.3%

From the table it is clear that with the exception of one question the majority of respondent's do not always feel satisfied with their

lives. A comparison between findings regarding the levels of satisfaction, namely *never, sometimes, half of the time, often* and *always* indicated that an average of 37% of respondents *never* or only *sometimes* feels satisfied with their life.

Findings from literature indicate that recidivists often experience everyday life as a frightening, and frustrating battle for survival in a hostile environment. Life is experienced as being unfair and these offenders often view themselves as being the victim rather than the perpetrator (compare Bartollas & Miller, 1998:104-105; Bartollas, 1997:85-86 and Maguire *et al.*, 1997:145). From the high levels of frustration as well as anxiety experienced by the respondents in this study, it is apparent when compared with Faul's (1995:189) definition of satisfaction that respondents do not experience satisfaction within the context of their everyday life.

- **Future perspective /expectations**

The Collins Cobuild Student's Dictionary (1995:414) defines perspective as "a particular way to think about something". It therefore refers to a personal cognition attached to a certain situation, place or person. Faul (1995:203) is of the opinion that a future perspective can be linked with a person's expectations towards the future. She posits that:

> "Expectation is the positive orientation of the individual towards his future. It involves the emotional experience of hope, and the cognitive appraisal of one's life from an optimistic point

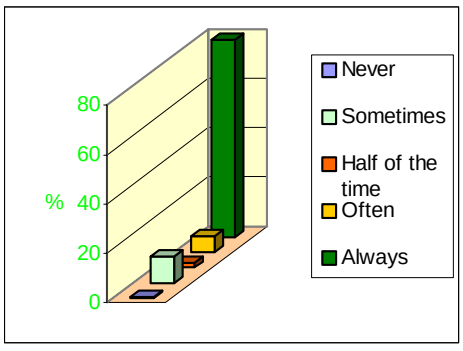
of view. It is the belief that one can create one's own future, and that one does matter in life. It is the belief that things are possible, even if they will mean great effort and faith in oneself and the situation. It is also the belief that evil can be overcome by good and that man is inherently good and must be protected from evil".

From Faul's perspective, expectations can be viewed as a reflection of a person's positive future perceptions.

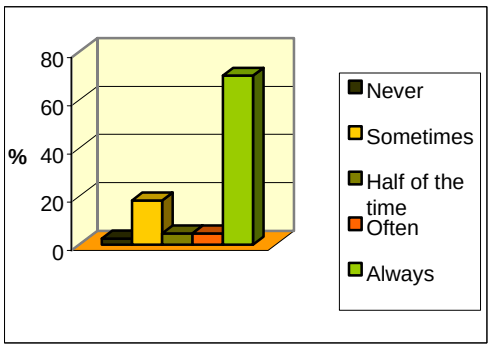
The analyses of the findings indicated a clinical score of 88% percent. This is higher than the clinical cutting score of between 70% and 80% implying an over activated perception regarding future expectation.

Questions measuring the construct *future perspective* can be depicted as follows:

I think of the time when I will be out of prison



Things will go well for me when I am out of prison



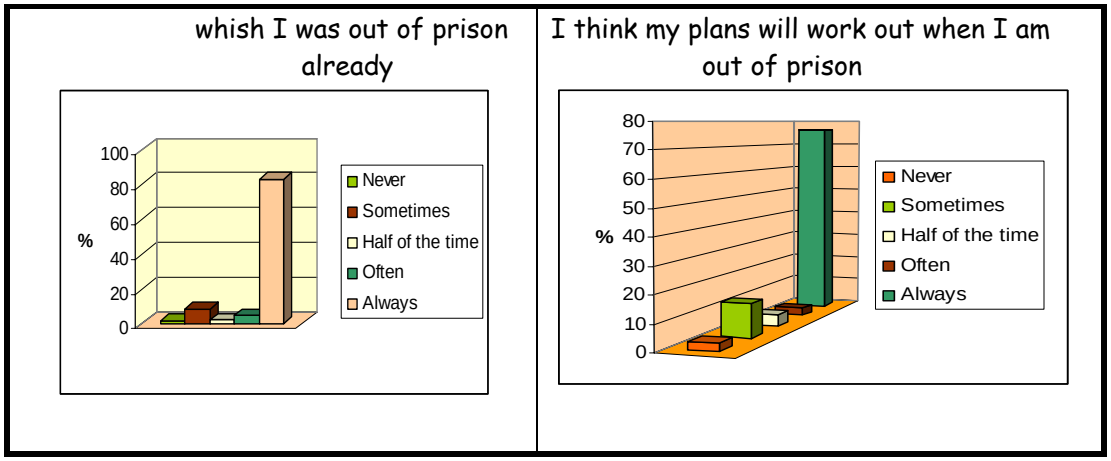


Figure 12: Analysis of the construct – Future Perspective

Similarly to Faul's findings the analyses of this construct indicated that respondents were excessively positive about their future. These findings concur with those of Zamble and Quincy's (1997:48) that were reflected in the general profile of the recidivist, namely that the recidivists were found to be overly positive about the future. In this regard Faul (1995:199) emphasises the danger that false expectations can have insofar that "…the skill is not to live in a dream, but to look upon real life with an open mind and with the will to experience the good and the evil". Zamble and Quincy (1997:48) concur, emphasising that the overly positive outlook of the recidivist was often found to be contrasted by negative cognitions surrounding the inevitability of returning to prison.

The researcher, from her experience working with recidivists, supports the findings of Zamble and Quincy. It is her experience that recidivists' future expectations in relation to various areas of

social functioning are unrealistic. As an example it can be mentioned that recidivists are often unable to understand their family's rejection as a result of their frequent incarceration. They furthermore tend to dream of being employed and earning a good salary whilst they possess no educational or employment related skills.

- **Problem solving ability**

The clinical score for this construct was 83% percent. This is above the clinical cutting score of between 70% and 80%. The questions utilised to measure this construct can be depicted a follows:

Tabel 9: Analysis of construct - problem solving ability

I make good decisions				
Never 1.6%	Sometimes 20%	Half of the time 5.5%	Often 12.9%	Always 60%
I handle problems effectively				
Never 2.6%	Sometimes 21.5%	Half of the time 7.3%	Often 17.3%	Always 51.3%
Failure makes me try harder				
Never 2.6%	Sometimes 19.3%	Half of the time 1.6%	Often 10.4%	Always 66.1%
I believe I can make a success of my life				
Never 1%	Sometimes 7.2%	Half of the time 3.6%	Often 2.6%	Always 85.6%
I feel in control of my life				
Never 3.6%	Sometimes 9.1%	Half of the time 4.6%	Often 7.6%	Always 75.1%

From the table it is apparent that the majority of respondents are of the opinion that they handle their problems effectively. These findings are in contrast with the findings from the literature study, namely that recidivists have inadequate problem solving skills. In this regard Zamble and Quincy's (1997) coping and relapse theory established a link between inadequate problem solving skills and recidivism. Inadequate problem solving skills often reflects in the person's inability and ineffective resolving of everyday problems and interpersonal conflict. This can result in problems being solved by means of pro-criminal actions (Zamble & Quincy, 1997:41). It was found that the poor verbal skills, often associated with recidivists, reduced their self-control and problem solving capacities. This can result in the use of aggression and more action-orientated solutions in order to compensate for social inabilities (compare Kuperminc and Allen, 2001:598; Zamble & Quincy, 1997:41 and Zeidner & Endler, 1996:45).

- **Moral values / empathy**

  An analyses of the findings (Table: 10) indicated that the respondents are of the opinion that they adhere exceptionally well to moral values. It should be taken into consideration that the purpose of this construct is not to determine if the respondents adhere to pro-social or pro-criminal values but to analyse the respondent's attitude towards the moral value system they adhere to.

Findings underlying the construct of moral values / empathy can be depicted as follows.

Table 10: Analysis of construct – moral values/ empathy

I decide according to what I think is right or wrong				
Never 3.6%	Sometimes 17.9%	Half of the time 5.6%	Often 8.7%	Always 64.2%
I know when something is wrong				
Never 2.1%	Sometimes 8.3%	Half of the time 3.1%	Often 7.8%	Always 78.7%
I refuse to do something that I think is wrong				
Never 5.1%	Sometimes 15.8%	Half of the time 2.6%	Often 7.1%	Always 69.4%
I feel guilty when I do something wrong				
Never 2.6%	Sometimes 9.7%	Half of the time 1.5%	Often 5.2%	Always 81%

From the table it can be concluded that that there is a clear hiatus between the respondents' perception of their moral values, their current situation and their history of re-offending. This contradiction can possibly be ascribed to the pro-criminal moral system these respondents adhere to (compare McGuire, 1995:144).

During childhood and interaction with systems in the community a person is socialized to adhere to either a pro-social or a pro-criminal value system (compare Barkan, 1997:187 and Conklin, 1995:227). In this regard social support from meaningful systems in the community was found to promote pro-social

behaviour and the assimilation of moral values (Wright & Cullen, 2001:680). In contrast, a pro-criminal value system could be acquired by means of socialization in a society adhering to delinquent values (Brown, 2001:258).

A pro-social value system is further developed by the cultivation of a person's ability to empathise with others and to participate in and enjoy affectionate relationships (Lykken, 1995:8). Research indicated that there is a strong link between criminality and the inability to experience empathy (Compare Hill, 2002:135, Hunter & Dantzker, 2002:81, Siegel & Senna, 2000:182 and Maguire *et al.*, 1997:386).

The ability to experience empathy is a fundamental skill that enables a person to anticipate, understand and experience another person's emotional reactions or viewpoints. It furthermore enables a person to be part of a community by adhering to the shared moral value system within the community (compare McWhirter *et al.*, 2002:70-71 and Carr & Vandiver, 2002:411). In this regard offenders differ from non-offenders in so far that they have a deficiency in the ability to interpret social situations and moral values. They are also characterised by the inability to experience empathy (Bergeron & Valliant, 2001:38).

5.4.2.2 Negative indicators of social functioning

Negative indicators of social functioning give an indication of problem behaviour that can be associated with social dysfunction. The New Dictionary of Social Work (1995:59) defines a social problem as a " (S)ituation in which the social functioning of an individual, group or community is impeded by obstacles in the environment and/or that individual, group or community that prevent the meeting of basic needs, the realisation of values and satisfactory role performance". Negative indicators of social functioning can therefore be associated with dysfunctional behaviour and social problems displayed by a person within his/her interaction in environmental systems. For the purposes of this research study the following negative indicators were included in the PSIR scale and thus analysed: anxiety, guilt-feelings, lack of self-worth, isolation, stigma, frustration, helplessness, alcohol abuse and drug abuse.

- **Anxiety**

Anxiety is a harmful complex emotional condition that can be associated with acute tension, stress and mental breakdown (compare New Dictionary of Social Work, 1995:4 and Bloomsbury Thesaurus, 1993:919).

From an analyses of the construct anxiety, a clinical score of 59% were scored whereas the clinical cutting score is between 20% and 30%. As stated previously in this chapter (point 1) with a negative

construct a lower score gives an indication of optimal social functioning whilst a higher score is an indication of social dysfunction. Questions used to analyse this construct can be depicted as follow.

Tabel 11: Analyses of the construct - anxiety Levels

I feel like running away from things that scare me				
Never 14.7%	Sometimes 16.2%	Half of the time 4.6%	Often 6.6%	Always 57.9%
Things I don't know scare me				
Never 18.7%	Sometimes 21.8%	Half of the time 13.5%	Often 10.9%	Always 35.2%
I get stomach pains from stress				
Never 29.1%	Sometimes 25%	Half of the time 7.1%	Often 7.6%	Always 31.1%
I am afraid that things may go wrong				
Never 17.9%	Sometimes 34.4%	Half of the time 11.3%	Often 5.6%	Always 30.8%
There are places where I feel scared				
Never 11.2%	Sometimes 39.8%	Half of the time 7.1%	Often 10.3%	Always 31.6%
There are people who scare me				
Never 41.5%	Sometimes 26.4%	Half of the time 9.3%	Often 4.1%	Always 18.7%
I feel afraid				
Never 25.6%	Sometimes 38.5%	Half of the time 11.8%	Often 7.2%	Always 16.9%

From the mentioned table it is apparent that the respondents experienced exceedingly high levels of anxiety. Anxiety can be viewed as an indication that social problems exist within a person's social functioning.

Zamble & Quincy's (1997:43) research indicated that aggression, depression and anxiety were identified as destructive emotions experienced by the majority of recidivists. Findings from this research study concurred with those of Zamble and Quincy in relation to anxiety being an emotion that is commonly experienced by recidivists. In this regard Faul and Hanekom (2002:15) postulate that if such a high level of anxiety is present then it will have a negative impact on the respondents social functioning. They furthermore state that it is an indication that the respondents most likely also experience feelings of uncertainty. Feelings of anxiety and uncertainty stand in contrast with the findings in the construct that measured future perspective and expectations.

- **Guilt feelings**

Respondents clinical score for this construct was 54% with the clinical cutting score of between 20% and 40%. The high frequency of the clinical score indicates that the excessive amount of guilt feelings as experienced by the respondents should have a negative effect on their functioning. However, discrepancies exist when the findings on the questions used to measure this construct is analysed. The analyses of the construct is reflected in the following table:

Table 12: Analyses of the construct – guilt Feelings

I am to blame when things go wrong				
Never 14.2%	Sometimes 31%	Half of the time 9.6%	Often 8.1%	Always 37.1%
When something is wrong, I am to blame				
Never 18.5%	Sometimes 23.6%	Half of the time 10.8%	Often 8.6 %	Always 38.5%
I feel I do to many things wrongly				
Never 22.7%	Sometimes 35.6%	Half of the time 10.8%	Often 10.8%	Always 20.1%
I cause problems				
Never 35.4%	Sometimes 36.4%	Half of the time 9.2%	Often 4.6%	Always 14.4%
I feel I should be punished				
Never 18.5%	Sometimes 23.6%	Half of the time 10.8%	Often 8.6%	Always 38.5%

As mentioned, the table is characterised by discrepancies. On the one hand the respondents indicated that they are to blame when things go wrong and therefore should be punished. On the other hand the respondents indicated that they do not cause problems and that they neither do too many things wrong. Even though this could be interpreted that the respondents are of the opinion that they are to blame when things go wrong, it is not clear if the respondents take responsibility for their behaviour.

Research (compare Bartollas & Miller, 1998:104, Bartollas, 1997:84; Jones & Sims, 1997:336 and McGuire, 1995:145) indicated that these discrepancies could be associated with the assumption that recidivists think of themselves as the victim. They perceived this

as a grant to giving themselves the license to do as they please. From this perspective the recidivist views punishment as a further display of society's unfairness towards him.

- **Isolation**

One of the emotions according to literature that is often experienced by the recidivist is isolation. The analyses of the construct isolation indicated a clinical score of 63%. The individual questions associated with the construct can be depicted as follows:

Table 13: The analyses of the construct - isolation

When I am on my own, I feel less afraid				
Never 16.2%	Sometimes 25.9%	Half of the time 10.2%	Often 11.7%	Always 36%
I am scared to make new friends				
Never 34.4%	Sometimes 26.7%	Half of the time 10.3%	Often 5.5%	Always 23.1%
I am afraid of other people				
Never 35.1%	Sometimes 32%	Half of the time 9.7%	Often 6.7%	Always 16.5%
I like to be alone				
Never 28.7%	Sometimes 35.9%	Half of the time 10.8%	Often 4.6%	Always 20%
I do things alone				
Never 24.6%	Sometimes 27.2%	Half of the time 11.3%	Often 12.3%	Always 24.6%

From the table, as well as the mentioned clinical score, it is apparent that the respondents who participated in this study experience high levels of feelings of isolation. It was found in research (compare Bartollas & Miller, 1998:104, Bartollas, 1997:84 and Jones & Sims, 1997:336) that recidivists are often perceived

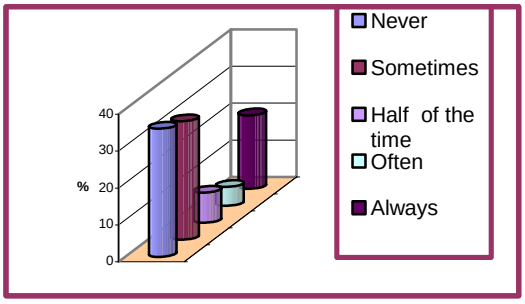
by themselves and other members of the community as the perennial misfits of society. These feelings of isolation could often be ascribed to a lack of social ties that often leads to emotions of loneliness. Feelings of isolation as well as loneliness can in turn lead to feelings of rejection and estrangement. This is also often accompanied by an inability to experience empathy and emotional intimacy. The inability to experience empathy can in turn lead to rejection by society (McWhirter *et al.*, 2002:70-71).

From the table it is apparent that the feelings of isolation can also stem from the respondents' mistrust of conventional society. In this regard Bartollas (1997:85) postulated that mistrust is a characteristic of recidivists. Mistrust can also stem from being stigmatised by society.

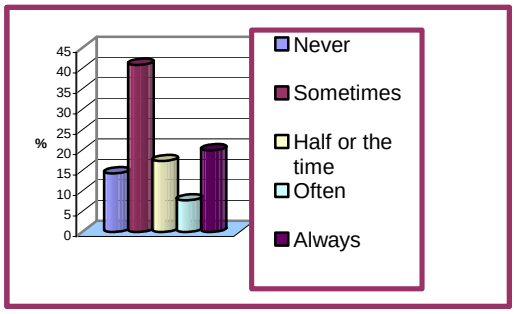
- **Stigma**

The clinical score of 55% gives an indication that stigmatisation has a negative impact on the respondents' social functioning. The individual questions can be depicted as follow:

Bad things only happen to me



Other people are getting on better than I do



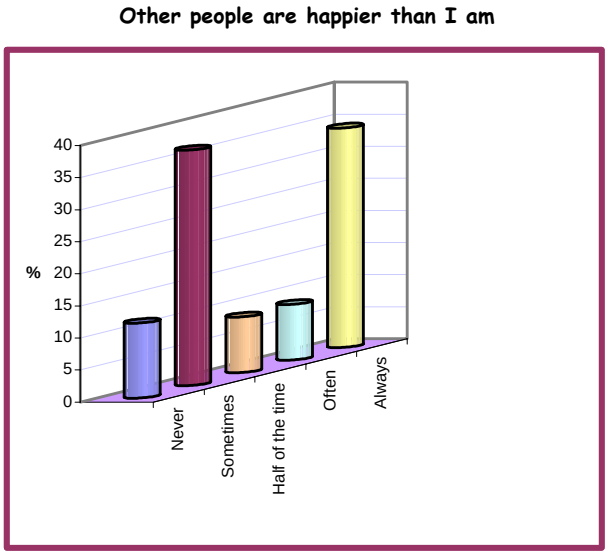


Figure 13: Analyses of the construct - Stigma

Findings from the graphs give an indication that the respondents are of the opinion that other people are happier and better of than they are. This can be ascribed to the respondents perceiving themselves as being labelled and hence stigmatised. The role of stigmatisation as causative factor of repeat offending and recidivism were established during the discussion of the labelling theory (Bartollas, 1997:184). Stigmatisation from formal and informal systems within society can lead to feelings of being isolated from society. The offender's acceptance of the deviant identity can lead to self-rejection that in turn is linked to feelings of worthlessness. This in turn may lead to social isolation, weakened commitment to conventional values and the acquisition of motives to deviate from social norms (Siegel & Senna, 2001:213).

- **Lack of self-worth**

The clinical score for this construct is 35% with a clinical cutting score of between 20% and 30%. From the analyses of this construct it can be stated that the clinical score falls within the area that would be rated as uncertain. Within this score area the assumption can be made that the respondents may experience problems with regard to this area of their social functioning. Faul and Hanekom (2002: 15) propose that it is advisable to verify the results with the respondent in order to assess the effect of the construct on his social functioning. The individual questions that the construct comprises of can be depicted as follows:

Table 14: Analyses of the construct - lack of self-worth

People like me				
Never 8.2%	Sometimes 10.7%	Half of the time 9.2%	Often 11.2%	Always 60.7%
I like myself				
Never 0.5%	Sometimes 3.1%	Half of the time 1%	Often 3.6%	Always 91.8%
I am important				
Never 4%	Sometimes 5.1%	Half of the time 4%	Often 6.6%	Always 80.3%
People love me				
Never 3%	Sometimes 13.2%	Half of the time 9.1%	Often 11.3%	Always 63.4%
I feel good about myself				
Never 4.1%	Sometimes 12.8%	Half of the time 5.1%	Often 7.7%	Always 70.3%
People listen to me				
Never 6.1%	Sometimes 27%	Half of the time 13.3%	Often 11.3%	Always 42.3%

From the findings reflected in Table 4 it seems as if the respondents hardly experience feelings that can be associated with a lack of self-worth. In contrast on the contrary it seems as if the respondents experience mostly positive feelings towards themselves. Furthermore it seems as if they are of the opinion that people in the community perceive them similarly. These findings should be read in conjunction with the findings from the construct isolation and stigma. It is rare to experience feelings of isolation and stigma and at the same time not experience feelings associated with a lack of self-worth.

- **Frustration**

Frustration is a further emotion that was found to be associated with recidivism (Zamble & Quincy, 1997:34). The clinical score for this construct was 45%, with the clinical cutting score of between 20% and 30%. The high clinical score is an indication that frustration has a negative influence on the respondents' social functioning. The construct can be depicted as follows:

Table 15: Analyses of the construct – frustration

I easily feel angry				
Never 23.9%	Sometimes 34.5%	Half of the time 8.1%	Often 7.1%	Always 26.4%
I bully my friends when they make me angry				
Never 51.5%	Sometimes 21.7%	Half of the time 5.1%	Often 5.5%	Always 16.2%

I get what I want by threatening my friends				
Never 67.2%	Sometimes 17.2%	Half of the time 3.5%	Often 3.5%	Always 8.6%
I say nasty things to my friends when they make me angry				
Never 48.5%	Sometimes 27%	Half of the time 5.1%	Often 5.1%	Always 14.3%
I feel like swearing when my friends make me angry				
Never 38.6%	Sometimes 38.6%	Half of the time 4.6%	Often 5.6%	Always 12.6%
When I'm angry I feel like breaking something				
Never 53%	Sometimes 21.7%	Half of the time 3.5%	Often 3.5%	Always 18.3%
I feel like shouting when I'm angry				
Never 44.4%	Sometimes 26.3%	Half of the time 3.5%	Often 5.1%	Always 20.7%

From the analyses of the table it is clear that the findings in this research study concur with that found in the literature, namely that respondents experience high levels of frustration (Zamble & Quincy, 1997:34).

Research indicated that feelings of frustration stem from a typical attitude characterised by self-centeredness, a low frustration toleration and instant gratification of needs. These attributes can be directly linked to the way that recidivists go about in problem resolution (compare Bartollas & Miller, 1998:104; Bartollas, 1997:84; Jones & Sims, 1997:336 and Zamble & Quincy, 1997:34). According to Faul (1995:219) the recidivist's methods of problem resolution gives an indication of an external locus of control insofar that responsibility for problem resolution is reflected on external agents. This concurs with Zamble and Quincy's (1997:11 - 13)

research findings, namely that recidivists experience difficulty in the resolution of problems. It can therefore be stated that the feelings of frustration could be linked with the respondent's inability to solve problems.

- **Helplessness**

Helplessness was the fourth emotion that in conjunction with frustration, isolation and stigmatisation that could characteristically be associated with recidivism (Bartollas & Miller, 1998:104 and Bartollas, 1997:84). The construct can be analysed as follows:

Table 16: Analyses of the construct - helplessness

I have stopped laughing				
Never 35.4%	Sometimes 31.3%	Half of the time 9.7%	Often 9.2%	Always 14.4%
I feel down-in-the-dumps				
Never 35.2%	Sometimes 25.9%	Half of the time 7.8%	Often 10.9%	Always 20.2%
I feel tired				
Never 19.3%	Sometimes 34.6%	Half of the time 8.6%	Often 9.1%	Always 28.4%
I feel sad				
Never 18.5%	Sometimes 39.5%	Half of the time 6.2%	Often 8.2%	Always 27.6%
I feel like a failure				
Never 29.9%	Sometimes 35%	Half of the time 8.6%	Often 8.2%	Always 18.3%
I feel alone				
Never 24.2%	Sometimes 32.8%	Half of the time 8.1%	Often 8.1%	Always 26.8%

Findings from Table 16 indicate that the respondents experience high levels of feelings of helplessness. The clinical score for this

construct is 55%. It is apparent that these feelings are affecting the respondents social functioning negatively.

Research indicated that feelings of helplessness could be associated with an external locus of control or anti-social logic (Faul, 195:219 and Maguire *et al.*, 1997:145). Both of these are based on the assumption that recidivists think of themselves as the victim, which grant themselves a license to do as they please. This becomes a learned behavioural pattern that is used as a problem-solving tool (Faul, 1995:219 and McGuire, 1995:146).

- **Alcohol and drug abuse**

From research, a strong association between crime and alcohol abuse were established (Conklin, 2001:315, 318). In their study Zamble and Quincy (1997:35) found that alcohol and drug abuse were of the most frequent behavioural problems the recidivist experienced. The recidivist's inability to solve problems in a socially accepted manner was often associated with substance abuse. It was furthermore found that alcohol and drugs were in the most cases present before the recidivist re-offended (Zamble and Quincy, 1997:51). The construct can be analysed as follows:

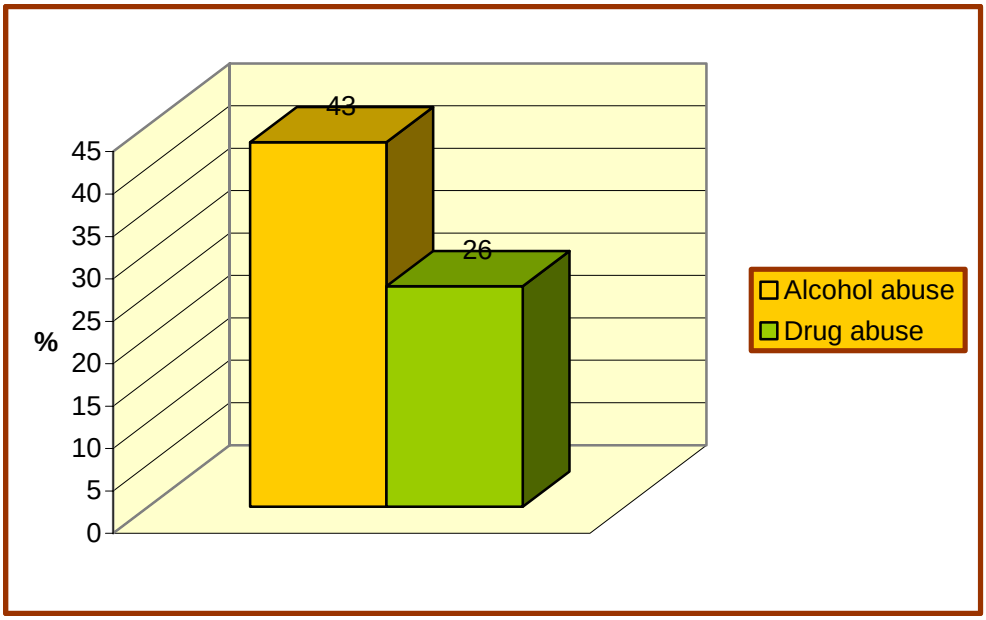


Figure 14: Alcohol and drug abuse of respondents

From Figure 14 it is clear that a clinical score of 43% in relation to alcohol abuse and 26% in relation to drug abuse were scored. It should be noted that the clinical cutting score is between 20% and 30%. It can therefore be stated that alcohol abuse has a negative impact on the respondents' social functioning. In relation to alcohol abuse Conklin (2001:316-317) postulated that alcohol abuse reduces perception of the consequences of crime and reduce anxiety or built up courage to commit a crime.

In contrast with alcohol abuse the respondents indicated that drug abuse does not have an effect on their social functioning. In this regard no direct link could be established between drug abuse as causative factor of crime. Research indicated that drugs and crime are part of a common lifestyle characterised by a sub-culture

associated with the tendency to pursue immediate pleasure and short-term goals (compare, Conklin, 2001:319; Barman, 1997:431 and Buikhuisen & Mednick, 1988:21). It can be further stated that both offending and substance abuse can be associated with ineffective strategies for interpersonal conflict and general problem resolution (Kuperminc & Allen, 2001:598, 615). Even though drug abuse can not be linked directly with the causation of crime the fact that it is associated with a pro-criminal life style is still of importance for this study.

5.4.3 Functioning within the environment

For the purpose of this research study the respondents perceived quality of their relationship with their family, care giver, partner, children, colleagues and friends were measured. In relation to their perceived interaction with these mentioned systems the following constructs were analysed: peer pressure, social support, integration into society and responsibility towards others.

- **Relationship with meaningful systems in the respondents' environment**

For the analyses of this construct it should be kept in mind that, as indicated previously, 62% of respondents have no meaningful relationship with a partner. Of the respondents 65% indicated that they had one or more child. It should furthermore be noted that 67% of the respondents indicated that they were unemployed and had no history of stable employment. The clinical scores for this

construct therefore reflect the perception of the respondents who have a stable relationship, a child(ren) and who is employed.

The respondents perceived the quality of their relationships with meaningful systems in their environment as follows:

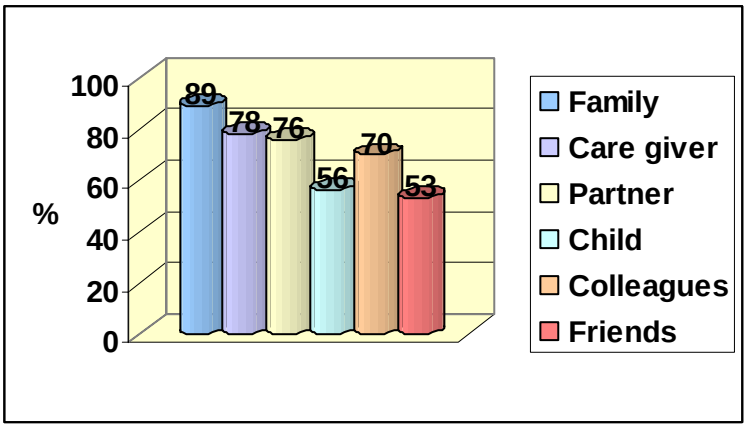


Figure 15: Respondents' meaningful relationships

The clinical cutting score for this construct is between 70% and 80%. From an interpretation of the graph it is apparent that the respondents perceive their relationship with their partner and care giver as satisfactory. In both cases respondents indicated that their caregivers and partners support them. Their relationship with colleagues were also experienced as being satisfactory, but it should be noted that if the clinical score of 70% were any lower, it would indicate possible problems within this area. It is interesting to note that even though the respondents experience their relationship with their partners as being satisfactory they indicated that problems exists in their relationship with their

children. They further indicated that their children frustrate them and that a lack of trust exists between themselves and their children. This can possibly be ascribed to the fact that the respondents are absent parents due to their frequent incarceration.

Relationships with friends scored the lowest with a clinical score of 53%. This is an indication that respondents perceive friends as having a negative impact on their social functioning. This will be further explored when the concept peer pressure is analysed.

Lastly, respondents indicated that they had the best relationship with their family members. A clinical score of 89% was measured for this construct. Faul and Hannekom (2002:16) postulate that this is an indication that a person is over emphasising positive areas in their functioning and is rationalizing a negative element in their lives. From her experience the researcher tends to concur with Faul and Hannekom insofar that recidivists' relationship with members of their family often tend to be unstable. This often results in family members' not making contact with the recidivist or even complete rejection.

An analyses of the findings of this construct indicated that the majority of the respondents do not have meaningful relationships with systems in their environment. The respondents who do have

relationships are generally satisfied with their relationship, excluding those with their children and friends. When findings from this construct are compared to those of the constructs isolation and stigma contradictions can be noted. In the case of both isolation and stigma findings indicated that the respondents lack of meaningful relations have a negative influence on their social functioning.

Further constructs, namely peer pressure, social support, integration into society and responsibility towards others further assess the quality of the respondents' relationships with meaningful systems in their community.

- **Peer pressure**

Research indicated that groups, amongst others, family, friends and peers have a powerful influence on the learning of pro-criminal behaviour and attitudes (Siegel & Senna, 2000:169). A clinical score of 40% was measured in this construct. The clinical cutting score for this construct is between 20% and 30%. This can be interpreted as an indication of respondents opinion that peer pressure has a negative impact on their social functioning.

Individual questions in the construct supports the abovementioned opinion and can be depicted as follows:

Table 17: Analyses of the construct - peer pressure

I say no to bad things that my friends want me to do				
Never 10.2%	Sometimes 18.9%	Half of the time 4.6%	Often 4.1%	Always 62.2%
I show my friends when I dislike something				
Never 8.1%	Sometimes 13.8%	Half of the time 6.6%	Often 8.2%	Always 62.8%
I tell my friends when I think they are wrong				
Never 6.1%	Sometimes 10.7%	Half of the time 2%	Often 9.8%	Always 71.4%
I am scared to tell my friends what I think				
Never 44.4%	Sometimes 27%	Half of the time 8.2%	Often 7.1%	Always 13.3%
In front of my friends I pretend to be satisfied				
Never 44.4%	Sometimes 25.5%	Half of the time 7.7%	Often 7.1%	Always 15.3%
I keep quite even when I think my friends are wrong				
Never 60.1%	Sometimes 18.7%	Half of the time 6.1%	Often 5.6%	Always 9.5%

Research identified peer pressure as a risk factor that could be associated with criminal causation (Siegel & Senna, 2001:210; Barlow, 1996:476). These findings are supported by the findings regarding relationships, namely that respondents are of the opinion that friends have a negative impact on their social functioning.

Findings indicate that respondents are scared to tell their friends what they think and that they mostly pretend to be satisfied with life. This finding will be explored further in the analyses of the next construct, namely social support.

- **Social support (Buddy system)**

In contrast with respondents' perception of their relationships with friends, findings indicated that respondents have someone that they can rely on. The clinical score for this construct is 81% with the clinical cutting score being between 70% and 80%. Findings of the analyses of the concept are indicated in the following table.

Table 18: Analyses of the construct - social support

There is a special person that respects me				
Never 3.6%	Sometimes 12.8%	Half of the time 3.6%	Often 6.7%	Always 73.3%
There is a special person who cares for me				
Never 5.6%	Sometimes 11.7%	Half of the time 2.6%	Often 5.1%	Always 75%
I can count on a special person when things go wrong				
Never 8.2%	Sometimes 25.1%	Half of the time 6.7%	Often 7.2%	Always 52.8%
I can talk about my problems with a special person				
Never 3.6%	Sometimes 20.9%	Half of the time 5.6%	Often 7.7%	Always 62.2%
There is a special person who understands my problems				
Never 9.7%	Sometimes 13.3%	Half of the time 4.6%	Often 8.6%	Always 63.8%
There is a special person who is always there for me				
Never 8.7%	Sometimes 11.3%	Half of the time 5.2%	Often 5.6%	Always 69.2%
I have a special person who is a real source of comfort to me				
Never 6.6%	Sometimes 12.8%	Half of the time 4.1%	Often 10.7%	Always 65.8%

From the table it is clear that the majority of respondents are of the opinion that they have a stable emotional support system that supports and respects them. The findings in this construct need to be read in conjunction with the findings of meaningful emotional

relationships as well as high levels of feelings of isolation. These findings do not correlate with the high levels of stable emotional support, which is reflected in Table 18. It is not possible to have a stable emotional support system and at the same time experience intense feelings of isolation.

In this regard Faul and Hannekom (2002:16) postulates that a clinical score of 81% could be an indication that respondents are over emphasising a positive part of their functioning and are rationalizing negative feelings.

- **Responsibility towards others**

The clinical score for this construct is 94% with the clinical cutting score being between twenty and thirty percent. Faul and Hannekom (2002:16) stated that such a high clinical score is an indication that the negative construct is too high in a person's life. They are of the opinion that it could lead to irrational behaviour as well as violence towards one self or other people.

Individual questions underlying the construct can be depicted as follows:

Table 19: Analysis of construct – responsibility for others

I must prevent others from becoming sad				
Never 6.1%	Sometimes 15.3%	Half of the time 10.7%	Often 8.6%	Always 59.3%
I must prevent bad things from happening to other people				
Never 4.6%	Sometimes 12.2%	Half of the time 4.6%	Often 6.5%	Always 72.1%

I am worried about other people				
Never 4.6%	Sometimes 17.3%	Half of the time 9.6%	Often 12.2%	Always 56.3%
I must make sure that other people are happy				
Never 2.1%	Sometimes 13.3%	Half of the time 6.7%	Often 8.2%	Always 69.7%
I must keep other people out of trouble				
Never 2%	Sometimes 17.8%	Half of the time 7.6%	Often 7.1%	Always 65.5%

From the table it can be concluded that the respondents have an over activated responsibility for other people's happiness. They are under the impression that it is their responsibility to keep other people out of trouble. The findings in this construct are in contrast with findings from the construct, which measure guilt feelings. Even though respondents indicate that they experience guilt feelings it was questioned by the researcher whether they accept responsibility for their criminal behaviour and the impact it has on the victims of their crimes.

- **Integration into society**

A clinical score of 74% was measured in this construct. The clinical cutting score is between 70% and 80%. This score indicates that the respondents perceive themselves as being involved in their communities, that they enjoy respect in their communities and that they have meaningful relationships with people in their communities. The findings of the analyses of the individual questions used to measure the construct indicated the following:

Table 20: Analysis of the construct – integration into society

I am involved in my community				
Never 10.7%	Sometimes 21.3%	Half of the time 8.1%	Often 5.6%	Always 54.3%
I have meaningful relationships with people in my community				
Never 6.7%	Sometimes 16.9%	Half of the time 7.7%	Often 9.2%	Always 59.5%
My community supports me				
Never 10.2%	Sometimes 24.4%	Half of the time 6.5%	Often 7.1%	Always 51.8%
I enjoy prestige in my community				
Never 9.9%	Sometimes 20.3%	Half of the time 10.4%	Often 7.8%	Always 51.6%
I care about my community				
Never 3.6%	Sometimes 10.7%	Half of the time 4.5%	Often 7.1%	Always 74.1%
I have a positive bond with my community				
Never 9.1%	Sometimes 11.2%	Half of the time 7.6%	Often 11.2%	Always 60.9%
I enjoy respect in my community				
Never 4.6%	Sometimes 4.6%	Half of the time 5.6%	Often 7.7%	Always 77.5 %

From Table 20 it is apparent that the majority of respondents perceive themselves as being integrated into the community. There is a discrepancy in the findings of this construct and the findings in the constructs measuring isolation and stigma for it is highly unlikely for respondents to perceive themselves as being integrated in society and at the same time experience feelings of isolation.

With regard to the respondents' functioning within their environment it can be deducted that the majority of respondents, namely 62%, do not have meaningful relationships with systems in their environment. Those respondents who indicated that they do

have relationships with a spouse or care giver seem to be satisfied with the relationship. It was of importance to note that the majority of the 67% of respondents who had children indicated that they are not satisfied with their parent-child relationship.

Respondents perceived their relationship with their family members, excluding their children, as being exceptionally good. In this regard the clinical score of the construct was over activated, indicating that respondents are over emphasising a positive area of their functioning in order to rationalize their negative feelings. This indicates that the respondents' family relationships have a negative impact on their social functioning.

The majority of the respondents experience their relationship with friends as being unsatisfactory. This was supported by the findings in the construct peer pressure, namely that the majority of the respondents are susceptible to being influenced by peers and friends.

Regarding respondents' perception of the construct *social support* and *integration into society*, findings indicated that they perceived themselves as being respected and having a meaningful relationship with people in their community.

5.5 CONCLUSION

This chapter presented the findings and interpretation of the quantitative data of the research study. The data were obtained from an analysis of the PFIR eco-metric scale.

The conclusions from the findings of the qualitative study will be presented in Chapter 6. These conclusions provided a framework for the profile of the South African recidivist.