

Offence-related trauma in those who commit violent offences: What do we know, and what can we do?

Dr. Helen Thomas

Victoria University

Helen.Thomas@vu.edu.au



Case Example



- Jacob (25 years)
- Serving prison sentence for armed robbery
- PTSD symptoms resulting from the offence

Offence-Related Trauma

- High rates of trauma and posttraumatic stress disorder (PTSD) among violent offenders are well-established
- Offenders can also experience trauma symptoms **as a result** of committing a violent offence – **offence-related trauma**
- Offence-related trauma is thought to be the second most prevalent trauma contributing to PTSD in violent offender cohorts (Ternes et al., 2020)
- PTSD prevalence rates range from 33% to > 50% (Pink & Gray, 2022)

Offence-Related Trauma Cont'd

Bruce Harry,¹ M.D. and Phillip J. Resnick,² M.D.

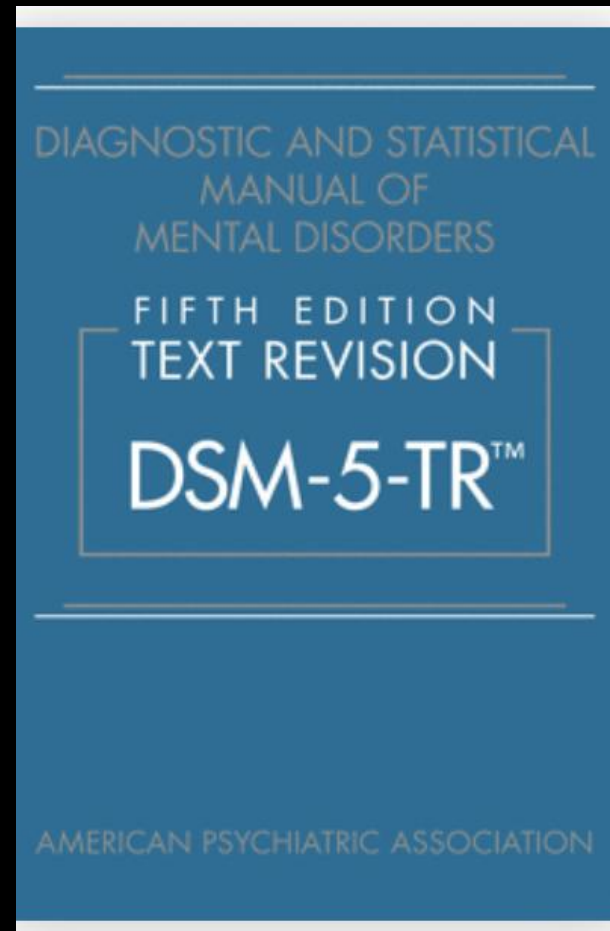
Posttraumatic Stress Disorder in Murderers

REFERENCE: Harry, B. and Resnick, P. J., "Posttraumatic Stress Disorder in Murderers," *Journal of Forensic Sciences*, JFSCA, Vol. 31, No. 2, April 1986, pp. 609-613.

- First conceptualised by Harry & Resnick (1986)
- Described case histories of three men who suffered PTSD after committing homicides
- Symptoms included:
 - Intrusive thoughts and memories of the killing
 - Nightmares
 - Flashbacks
 - Intense guilt
 - Thoughts triggered by external stimuli that aroused recollection of the offence (e.g., reading murder mysteries)
- Authors concluded that the offence constituted the traumatic event
- Focused on trial and sentencing implications

PTSD Diagnostic Criteria

- **Criterion A:** Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
 - **Directly experiencing the traumatic event(s)**
 - **Witnessing, in person, the event(s) as it occurred to others**
 - Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).



PTSD Diagnostic Criteria Cont'd

- **Criterion B:** Intrusion symptoms
- **Criterion C:** Persistent avoidance of stimuli associated with the traumatic event
- **Criterion D:** negative alterations in cognitions and mood associated with the traumatic event(s)
- **Criterion E:** Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred
- *Specify dissociation and/or delayed expression*

How I Care For Serial
Killers At High Security
Hospitals | Minutes With

I WORK WITH KILLERS



Offence-Related Trauma Cont'd

- Onset of symptoms can be immediate or delayed
- Symptoms can endure over time
- Compounds existing mental and physical health issues
- Increases risk of victimisation, aggression and further violence – implications for recidivism
- Contributes to poor treatment response, and may prevent offender from engaging in, or benefitting from, offence-specific treatment
- Aspects of offence specific treatment can retraumatise (e.g., offence mapping process)

(Pink & Gray, 2022; Rew et al., 2022; Ternes et al., 2020)

What do we know?

- Unpublished scoping review (Doak, 2025)
- 23 studies (1986 – 2023), mixed methods
- Populations included prison, forensic hospitals, community samples
- Studies explored prevalence and predictors of offence-related trauma
- Prevalence:
 - Prevalence rates for full PTSD criteria ranged from 2.3% - 58%
 - Most studies reported higher rates for meeting full rather than partial PTSD criteria
 - Proportion of offenders who endorsed their offence as traumatic ranged from 14% - 100%

Predictors of Offence-Related Trauma

Prior exposure to
trauma

Mixed findings

Form of violence
(instrumental vs
reactive)

Severity and
nature of offence

Mixed findings

(Doak, 2025)

Other Predictors

Relationship
to victim

Guilt

Shame

Appraisal of
offence

Emotional
processing

Dissociation

Time lapsed

Other Factors

- Unrelated factors:
 - Substance use
 - Psychopathy

(Ternes et al., 2020)

- What we don't know:
 - Offence-related trauma and gender
 - Offence-related trauma and culture
 - Pathways/mechanisms by which offence-related trauma develops



Case Examples



- **Mary (30 yrs)**
 - Convicted of recklessly causing injury after stabbing partner
 - Offence-related trauma symptoms compounded by complex trauma history
- **Claire (36 yrs)**
 - Convicted of assault on mother in law
 - Previous conviction of recklessly cause injury (ran over former partner in a vehicle)
 - Offence-related trauma symptoms presented as an obstacle to engagement in offence-specific intervention

Treatment of Offence-Related Trauma

Behavioural
Therapy

TF-CBT

EMDR

Treatment Cont'd

- Rew et al. (2022) presented interpretative phenomenological analysis of two forensic patients (1 male, 1 female), both with offence-related PTSD following manslaughter
- Both patients completed EMDR and no longer met PTSD criteria
- Qualitative analysis revealed two themes:
 - Journey to self-forgiveness (chronic feelings of remorse ongoing, became background noise)
 - Living with the whole me (victim vs perpetrator)

Treatment Cont'd

- Case study (Fleurkens et al., 2018)
- 35 yr old forensic psychiatric patient - narcissistic PD with antisocial and borderline features, and PTSD resulting from murder he committed
- PTSD symptoms interfered with offence treatment
- Offered EMDR x 12 sessions
- Targeted offence-related imagery, and war related images from previous combat experience – vividness of images decreased and accompanying distress disappeared
- No adverse events (aggressive bx, self-harm, substance use) occurred during treatment
- Following treatment and at 8 month follow up the patient no longer met criteria for PTSD
- Patient was then able to engage in DBT



Clinical Implications

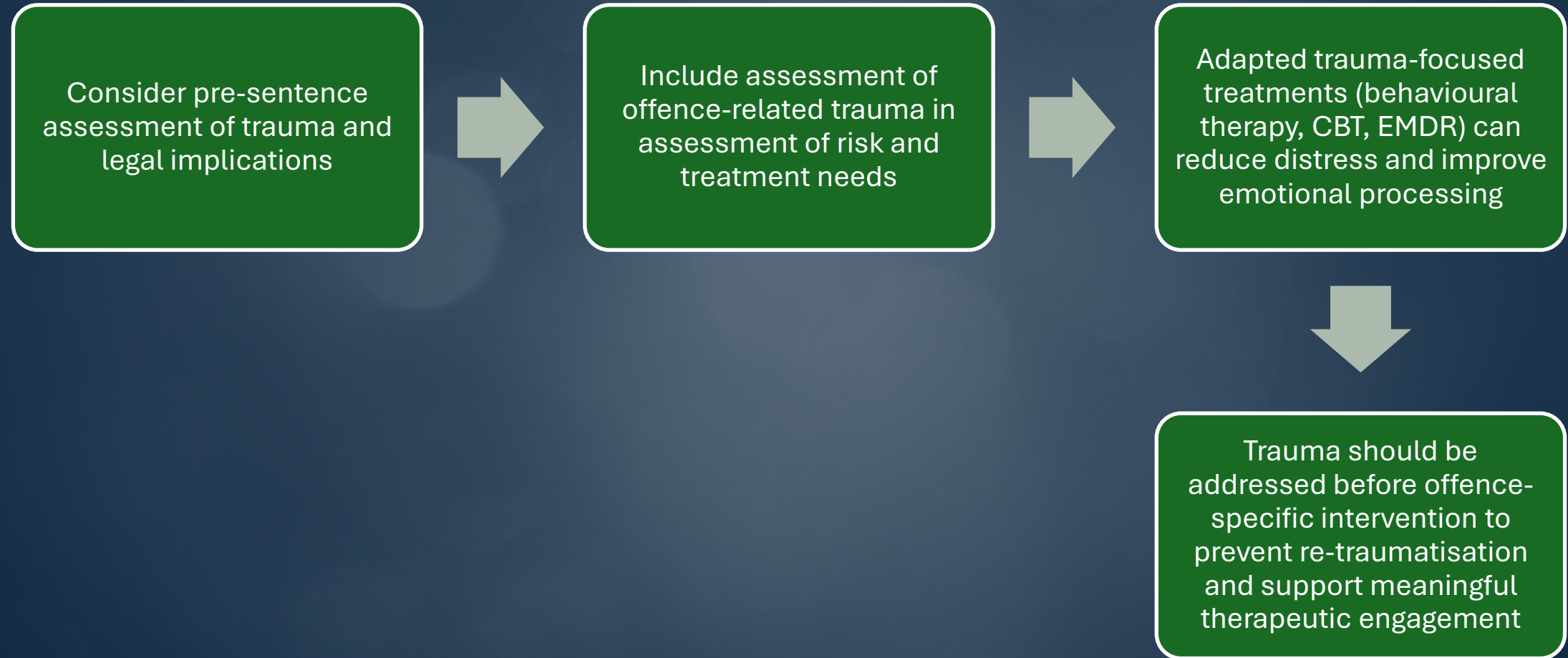
- It is common for perpetrators of violence to experience psychological consequences of their own acts
- Need for trauma-informed approaches in forensic settings (recognised by Corrections Victoria Correctional Practice Framework, 2024)
- **But also ...**
- Need for offence-related trauma/PTSD to be recognised as a distinct clinical and forensic concern
- Assessment of offence-related trauma/PTSD essential to avoid neglecting key psychopathology
- Treatment of offence-related trauma is required

Legal & Rehabilitation Implications

- **Legal injustices:** Missed PTSD symptoms misinterpreted as deceit or lack of remorse
- **Incorrect responsibility assessment:** Misdiagnosis can distort criminal responsibility, impact sentencing
- **Impaired participation/competence:** Dissociation, avoidance, intrusive memories, emotional regulation etc. affect recall and trial engagement
- **Plea bargains:** Offenders may accept deals to avoid re-traumatisation in court
- **Sentencing stressors:** Sentencing and incarceration processes can worsen PTSD symptoms
- **Reduced rehabilitation engagement:** Untreated PTSD limits program participation
- **Higher reoffending risk:** Unresolved trauma harms offenders and society



What can we do?



What can we Do? Cont'd

Identifying Key Issues in Cases of Offence- Related PTSD:

1. Was the index offence violent?
2. Was the crime reactive or impulsive as opposed to planned?
3. Did the offence result in death or serious injury?
4. Was there a personal relationship with the victim?
5. Is there an experience of pre- existing trauma in the past?
6. Were previous traumatic incidents interpersonal in nature?
7. If yes, was this a single (or simple) trauma or did it represent multiple and complex trauma?

(Pink & Gray, 2022)

References

- Doak, F. (2025). *Offence-related post-traumatic stress disorder in adult offenders: A scoping review of the evidence*. [Unpublished master's thesis]. Victoria University
- Fleurkens, P., Hendriks, L., & van Minnen, A. (2018). Eye movement desensitization and reprocessing (EMDR) in a forensic patient with posttraumatic stress disorder (PTSD) resulting from homicide: A case study. *The Journal of Forensic Psychiatry & Psychology*, 29(6), 901-913.
- Harry, B., & Resnick, P. J. (1986). Posttraumatic stress disorder in murderers. *Journal of Forensic Sciences*, 31(2), 609-613.
- Moeller, S.B., Bo, S., Arendt, IM. (2023). Linking Trauma-Exposure with Violent Offending: Narrative Review and Clinical Implications. In: Martin, C.R., Preedy, V.R., Patel, V.B. (eds) *Handbook of Anger, Aggression, and Violence*. Springer, Cham. https://doi.org/10.1007/978-3-031-31547-3_42
- Papanastassiou, M., Waldron, G., Boyle, J., & Chesterman, L. P. (2004). Post-traumatic stress disorder in mentally ill perpetrators of homicide. *Journal of Forensic Psychiatry & Psychology*, 15(1), 66-75.
- Pink, J. & Gray, N. S. The traumatic impact of violent crime on offenders, in Willmot, P., & Jones, L. (Eds.). (2022). *Trauma-Informed Forensic Practice* (1st ed.). Routledge. <https://doi.org/10.4324/9781003120766>
- Rew, G., Clark, L., & Rogers, G. (2023). Making sense of offense-related trauma: Exploring two patients' lived experience. *Journal of EMDR Practice and Research*, 16(4), 228-238.
- State of Victoria Department of Justice and Community Safety (2024), *Correctional Practice Framework*. <https://files.corrections.vic.gov.au/2025-03/Correctional-Practice-Framework.pdf>
- Ternes M., Cooper B. S., Griesel D. (2020). The perpetration of violence and the experience of trauma: Exploring predictors of PTSD symptoms in male violent offenders. *International Journal of Forensic Mental Health*, 19(1), 68–83. <https://doi.org/10.1080/14999013.2019.1643428>