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Kathleen M. Schaefer  
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**A PILOT STUDY OF THE RELATIONSHIP BETWEEN CHILDHOOD  
TRAUMA AMONG PRISONERS AND THE TYPES OF CRIMES COMMITTED  
BY THOSE PRISONERS**

by

**KATHLEEN SCHAEFER**

**DISSERTATION**

Submitted to the Graduate School

of Wayne State University

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

**DOCTOR OF PHILOSOPHY**

2019

MAJOR: COUNSELOR EDUCATION

Approved By:

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Advisor

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Date

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## **DEDICATION**

This project is dedicated to my family who inspired me each day by their example and genuine commitment to make the world a better place.

## ACKNOWLEDGEMENTS

I would like to thank Dr. JoAnne Holbert for her guidance. Dr. Holbert's advice was instrumental in helping me complete my doctoral training. I thank my dissertation committee, Dr. John Pietrofesa, Dr. JoAnne Holbert, Dr. A. Antonio Gonzalez-Prendez and Dr. Thomas Michalos. Their support and advice were fundamental elements to completing my dissertation project. An enormous debt of gratitude to my parents, Martin and Esther Thomas for the values they instilled in me. I want to thank my brother, James C. Thomas, J.D., my sister, Mariann Bielski, Educator and my (late) brothers, Martin J. Thomas, Youth Counselor and Joseph Thomas. All were incredible teachers and counselors throughout my life, my career and doctoral studies.

I would like to thank Dr. Steven R. Miller, a forensic psychologist who inspired me to pursue doctoral studies in the Counseling program at Wayne State. Dr. Miller provided valuable training and counsel in my private consulting/counseling practice in the correctional setting for the past 16 years. I am exceedingly grateful to Barbara Levine, J.D., Jonathan Sachs, J.D., and former Michigan Department of Corrections Director, Robert Brown, Jr. for the many ways they contributed to my thinking and the focus of my studies. Their advocacy and unwavering dedication to promote public policy and legislative reform in areas surrounding Michigan prison spending, parole, and sentencing were inspiring. I want to acknowledge the 24 men and women who were willing to talk about their lived experiences and make a contribution to this study. Finally, to my spouse, William Schaefer, for his patience and unflagging support. I am forever thankful for his love and support.

## **PREFACE**

### **Past Research Interests and Experiences**

Public policy reforms concerning the social and economic costs of prison expansion were the focus of my past interests in research. I began my career in the criminal justice system in 1977 as a prison counselor. I worked in various capacities since then, both in the public and private sectors. Through my observations and experiences in working with adult offenders, I found that many of their mental health conditions were either undiagnosed or left untreated. At best, there was only a cursory acknowledgement of what adult offenders had previously experienced in terms of their child maltreatment, adverse risk factors, and adult trauma histories, including post-traumatic stress disorder (PTSD).

I was active as a member of the board of Citizens Alliance on Prisons and Public Spending (CAPPS) from 2004 to 2018. CAPPS was a nonprofit public policy organization concerned about the social and economic costs of prison expansion. I became interested in examining the relationship between childhood trauma among adult prisoners and the types of crimes committed. Over the years, I had become curious about the patterns observed among offenders and the crimes committed especially involving health care fraud, computer/internet child pornography crime and other crimes where gaps remained in the literature. For example, the relationship between childhood sexual abuse and sexual deviancy is well-established, in the literature. However, the relationship between a prolonged economic hardship during childhood and the crime of health care fraud had not yet been explored.

Many of the widely held assumptions about incarceration were contradicted by Michigan data and national research (CAPPS, 2009). Needed public policy reforms in Michigan had become clearer. “U.S. prisoner population continued to grow from 419,000 in 1983 to roughly 1.5 million at year-end 2017. The population of jail inmates in the U.S. was 745,000 at midyear 2017” (BJA, 2017).

A more effective approach was needed to address prison growth, recidivism, and the needs of offenders within the system. The concerns about the economic and social after-effects of the growing dependence on incarceration led to calls for improvements and a restructuring of the nation’s criminal justice system (National Research Council, 2014). I believed as professionals who were working within the criminal justice system (including judges, prosecutors, defense lawyers, mental health professionals, law enforcement and correctional officials), we all could be doing more to address the needs of one of our most vulnerable minority populations; while still holding them accountable and motivating them toward responsibility and rehabilitation.

A review of the literature on these topics revealed, there was a movement toward both trauma-informed decision-making and treatment for offenders, in the juvenile justice system. Recently, there has been some interests in using social science factors in sentencing decisions and improved treatments for adults in the criminal justice system. Allsopp (2019), has called for mental health professionals “to think beyond diagnoses and consider other explanations of mental distress, such as trauma and other adverse life experiences.” Allsopp (2019) declared, “almost all diagnoses mask the role of trauma and

adverse events,” and emphasized that “diagnoses tell us little about the individual patient and what they need.”

I hoped the recognition of a prisoner’s past experiences could be a more effective way of both understanding the causes of their criminal behavior and in the development of more effective and meaningful treatments.

### **Aims and Goals of Current Research Project**

The purpose of the study is to examine the adverse childhood experiences of prisoners, the relationship between childhood traumas among prisoners, and the types of crimes committed by those prisoners as adults. The research questions that have guided the study are: What is the relationship between childhood trauma histories of prisoners and the types of crimes those prisoners committed? What, if any, are the apparent themes between types of traumas and types of crimes? What, if any, are the occurrences that are similar between more than one participant and how do they relate? Are there implications for practice or prevention? What moderators are influencing the relationship between traumas and types of criminal acts? What are the mediating mechanisms between certain types of trauma exposure and certain types of criminality? Are the types of crime committed unique or consistent with what is known about traditional crime trajectories? The findings of the study may provide a deeper understanding of the participants’ childhood trauma histories and contribute to future research.

The future trajectory of my research was intended to explore the extent to which a prisoner’s childhood trauma history, exposures to socio/psychological risk factors and events of human distress, directly precede criminal behaviors and types of crimes

committed by those prisoners. Sound scientific knowledge about the relationship between childhood trauma histories and criminal behavior is integral to an informed policy discussion of effective treatment programs, rehabilitation, and crime control.



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## **CHAPTER I: INTRODUCTION TO THE STUDY**

### **Introduction**

Trauma during childhood has been found to be associated with negative outcomes for mental health, resulting in psychological problems such as task orientation problems, issues with processing social information, low self-efficacy; disrupted interpersonal relationships; and developmental hindrance to emotional self-regulation. As a result, trauma during childhood has also been linked to various mental-health problems and psychiatric disorders in adulthood, including depression, violence, and substance abuse. The focus of this study is on the examination of the relationship between childhood trauma and adult behavioral outcomes among adult offenders. Despite the research exploring the relationship between childhood trauma and incarceration, there is a lack of research on how childhood traumas manifest in specific crimes by adult offenders.

### **Background**

Sexual, physical, or emotional trauma during childhood has significantly adverse, though often variable, impacts on the development of personality and behavioral outcomes, including antisocial disorders, post-traumatic stress syndrome, depression and anxiety, and substance abuse among adults (Ballard, et al., 2015; Faulkner, Goldstein, & Wekerle, 2014; Hovens et al., 2012; Stimmel, Cruise, Ford, & Weiss, 2014). More specifically, instances of childhood trauma are notably elevated among incarcerated individuals of both genders, in juvenile and adult offender populations alike (Dierkhising et al., 2013; Fuentes, 2014; Levenson, Willis, & Prescott, 2014; Tripodi & Pettus-Davis, 2013).

A significant body of literature has been devoted to examining the relationship between childhood trauma and subsequent aggressive and criminal acts (Skowrya & Coccozza, 2006; Smith,

Ireland & Thornberry, 2005). In a study conducted on a sample of 4000 incarcerated males, Wolff and Shi (2012) found a strong relationship between exposure to trauma in childhood and subsequent criminal behavior, as 44.7% of the participants were found to have been exposed to physical trauma during childhood compared to 4.5 % during adulthood. U.S. Department of Health and Human Services, USDHHS (2013) estimated that in 2012, 266,110 children were exposed to domestic violence and 62,936 children became victims in sexual abuse. Dudley (2015) estimated, based on previous findings, that these statistics indicated that approximately 93,139 children would develop difficulties resulting from trauma and as many as 56,642 children would experience difficulties resulting from sexual abuse. Based on the findings of researchers such as Wolff and Shi (2012), such difficulties could lead to aggressive and criminal behaviors among a significant portion of the population. Furthermore, specific types of trauma can predict certain psychopathological symptoms in adulthood (Ballard, et al., 2015; Faulkner, Goldstein, & Wekerle, 2014; Hovens et al., 2012). Child abuse, neglect, sexual molestation, poverty, as well as witnessing violence are some of the most common risk factors for aggression, post-traumatic reactions, and antisocial behavior (Dong et al., 2004; Finkelhor, 2008). Despite the existing literature linking childhood trauma and negative psychological outcomes, there is a lack of research on the destructive effects of childhood trauma as an elucidatory factor in the crimes committed by convicted criminals, as well as the long-term consequences of childhood maltreatment in terms of mental health and behavioral outcomes. The purpose of this study will be to contribute to the existing body of literature, an exploration of the relationship between trauma histories of prisoners and the type of crimes committed by them. The findings will contribute insights that will not only expand the existing literature and provide a deeper, more sophisticated understanding of the childhood trauma histories and how childhood traumas manifest in specific crimes, but will also



provide recommendations with practical implications such as improved interventions and treatments within the prison environments as well as more informed preventative measures.

### **Problem Statement**

The general problem to be studied is that despite the body of literature exploring the association between childhood trauma, revictimization, incarceration, and high rates of recidivism, in addition to the detrimental consequences of incarceration on children (Arditti, 2012; Arditti & Savla, 2013; Midgley & Lo, 2013), scholars have highlighted the need for further research on how childhood traumas manifest themselves in specific crimes by offenders as well as the long-term consequences of childhood maltreatment in terms of mental health and behavioral outcomes (Colman, 2011; Cuadra, Jaffe, Thomas & DiLillo, 2014; Lowe et al., 2016). The specific problem to be studied is the destructive effects of childhood trauma as an elucidatory factor in the crimes committed by convicted criminals.

### **Purpose of the Study**

The purpose of this study is to examine childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. The findings will contribute insights that will expand the existing literature and provide a deeper, more sophisticated understanding of the childhood trauma histories and how childhood traumas manifest in specific crimes. Further, from the counseling perspective, the findings of this study on the links between prisoner trauma histories and its influence on the types of crimes committed may be used to generate strategies for the prevention of sex offenses. Understanding the specific relationship between the types of trauma experienced and types of crimes committed can be used to address the specific needs of individuals affected by childhood traumas with respect to counseling. The

findings will provide recommendations with practical implications such as improved interventions and treatments within the prison environments as well as more informed preventative measures.

### **Research Question**

In order to examine childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed, the following research question and sub-questions were developed to guide this study:

RQ 1. What is the relationship between childhood trauma histories of prisoners and the types of crimes those prisoners committed, as an adult?

Sub-RQ 1. What, if any, are the apparent themes between type of trauma and type of crime?

Sub-RQ 2. What, if any, are the differences by gender between types of trauma and types of crime?

Sub-RQ 3. What, if any, are the differences by age of participants when the trauma occurred?

Sub-RQ 4. What, if any, are the occurrences that are similar between more than one participant and how do they relate?

Sub-RQ 5. What are the implications for practice and prevention?

Sub-RQ 6. What moderators are influencing the relationship between traumas and types of crimes committed?

Sub-RQ 7. What are the mediating mechanisms between certain types of trauma exposures and certain types of criminality?

Sub-RQ 8. Are the types of crime committed unique or consistent with what is known about traditional crime trajectories?

## **Theoretical Framework**

The theoretical framework of this study is based on the social learning theory developed by Bandura (1977). According to Bandura's (1977) social learning theory, learning takes place in the framework of a social environment and, as a result, the behavior that is learned by an individual is a result of expectations from the external environment as well as the reinforcement values for the learner. According to the social learning theory, learning is a product of observing the behavior of individuals in one's social environment and the consequences of the observed behaviors (Bandura, 1977). Modeling has been proposed as another important element of social learning theory. Bandura maintained that behavior of humans was a result of consistent interaction that is reciprocal in nature between behavioral, environmental, and cognitive aspects of the external world. In social learning theory, there are four important elements of learning, which consist of motivation, retention, reproduction, and observation (Bandura, 1977).

Multiple researchers have used the social learning perspective when dealing with the relationship between childhood maltreatment and its consequences for criminal behaviors. Although criminality is not a necessary outcome resulting from childhood maltreatment, scholars such as McGrath et al. (2011), who conducted a literature review on the relationship between criminal behaviors and childhood maltreatment used a social learning framework to conclude that among victims of childhood maltreatment, there was a consistent presence of criminal outcomes in adulthood. It is deduced from the extant research that those who have had direct or indirect exposure to abusive or violent experiences related to physical abuse and sexual abuse in the early years of their development have a higher likelihood of adopting beliefs and attitudes that reinforce the violent and abusive aspects of their experiences in later years of their life. Victims of childhood maltreatment may internalize the attitudes and beliefs that support violence, which may cause

association with criminal outcomes later in life. Additionally, based on the literature, the relationship between social learning among children with trauma and criminal offense may be mediated and moderated by factors including emotion dysregulation, PTSD, impulsivity, substance abuse, academic difficulties, attachment, resilience, personality pathology, traumatic brain injury, dimensions of personality, and self-worth. As this theoretical framework supports the purpose of this study, which is to study childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed, this theoretical framework was considered appropriate for the study.

### **Nature of the study**

In this study, the qualitative methodology will be used in association with narrative analysis as the research design to gain insight into the connections between the traumatic experiences of prisoners and the onset of criminal behavior. Narrative inquiry was considered an appropriate research design for the study, as the primary purpose of this study is to gain a deeper understanding on childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed.

A researcher may select a methodology from qualitative, quantitative, and mixed method methodology based on whichever is more appropriate methodology for conducting a study. In this study, the quantitative methodology was considered. However, quantitative would have been more appropriate if the purpose of this study was to measure data that is quantitative and deductive in nature (Creswell, 2013), and therefore it was rejected. The mixed method was also considered for this study, which consists of a synthesis of both quantitative and qualitative methodological aspects (Creswell, 2013). Ultimately, it was found to be inappropriate due to the focus of this study on subjective experience. The qualitative method was selected for this research due to its focus on

childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. As the final data gained through qualitative method would provide the meaning of the experiences as well as a finite description with respect to the phenomenon (Sweetman, Badiee, & Creswell, 2010), it was deemed as the most appropriate method for this research study.

Several research designs are available within the framework of qualitative method, including case study, ethnographic research, and narrative analysis. The ethnographic research design was not selected for this study because the purpose of this study did not involve the analysis and collection of data regarding culture and lifestyle of the participants (Guetterman, 2015). The case study research design was not selected as the purpose of this study did not involve a rich set of data in order to explore the participants' lived experiences (Guetterman, 2015). The narrative analysis research design was considered most appropriate for this research study as it allowed the researcher to gain a deeper and meaningful understanding of the participants' experiences as relevant to the research purpose and the research question. As a result, the qualitative narrative analysis was selected as the research design for this study.

### **Definitions**

*Physical Abuse.* Physical abuse refers to physical injury or trauma that is intentional resulting from one or more of the causes such as burning, biting, kicking, beating, punching, or other harms inflicted upon a child (U.S. Department of Health and Human Services, 2013).

*Child Sexual Abuse.* This refers to a variety of sexual behaviors perpetrated towards children, including bodily contact such as fondling of genitals, touching, sexual kissing, and intercourse, as well as "behaviors that do not involve contact, such as of verbal pressure for sex,

genital exposure, and sexual exploitation for purposes of prostitution or pornography” (National Child Traumatic Stress Network, NCTSN, 2015).

*Emotional Abuse.* Emotional abuse is defined as “damage to the psychological capacity or emotional stability of the child as evidenced by a substantial change in behavior, emotional response, or cognition” (U.S. Department of Health and Human Services, USDHHS, 2013). This definition which includes neglect, was understood as the “failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child’s health, safety, and well-being are threatened with harm” (USDHHS, 2013).

*Complex Trauma.* The term complex trauma described children's exposure to multiple or prolonged traumatic events, typically involving the simultaneous or sequential incidences of child maltreatment such as “psychological maltreatment, neglect, physical and sexual abuse, and domestic violence” (NCTSN, 2015).

*Offense types.* Offense types is defined in accordance with Michigan Sentencing Guidelines.

There are six offense types: crimes against a person; crimes against property; crimes involving a controlled substance; crimes against public order; crimes against public safety; crimes against public trust (Michigan Sentencing Guidelines Manual, 2017). Within each crime group, all offenses to which the guidelines apply are further categorized as belonging to one of nine crime classes depending on crime type and seriousness of the offense. The crime classes are second-degree murder (M2) and classes A, B, C, D, E, F, G, and H. M2 and A represent the most serious felony offenses, while letters B through H represent the remaining guidelines offenses in decreasing order of their seriousness. An offense’s crime

class roughly corresponds to a maximum term of imprisonment for all offenses in that same crime class. M2/Class A offenses carry imprisonment for life or any term of years; Class B offenses carry imprisonment for up to 20 years; Class C offenses carry imprisonment for up to 15 years; Class D offenses carry imprisonment for up to 10 years; Class E offenses carry imprisonment for up to 5 years; Class F offenses carry imprisonment for up to 4 years; Class G offenses carry imprisonment for up to 2 years; and Class H offenses carry jail or other intermediate sanction (Michigan Sentencing Guidelines Manual, 2017).

### **Assumptions**

Assumptions are made as part of the research methodology to guide this research study. The assumption in this study is associated with the experiences of the participants. It is assumed that the self-reported data provided by the participants will be honest and true, which will be used to make conclusions. This assumption is associated with the memory of the participants regarding their past experiences, as well as the ability to recall past experiences as a whole.

### **Scope and Delimitations**

The scope of this study will be limited to the self-reported experiences of the participants regarding their past experiences with childhood trauma and the type of crime they committed. Due to the selection of the qualitative method for the study, the limited size of the sample is a delimitation, as a small sample size is more practical when the goal is to gather the personal narrative about the life experiences of the participants as well as the meaning of these experiences.

### **Limitations**

There are possible limitations to this study. Due to the small sample size and non-probability sampling strategy used in this study, the reader should exercise caution when generalizing the findings or drawing inferences about the population of this study. One such

limitation is inherent to the qualitative research method. The focus of the data collection process will be on the experiences of the participants. Since the answers of the subjects will be self-reported, the authenticity of the data collected for this study will depend on the extent to which the participants are able to provide accurate data. Due to the qualitative research method and the focus of the research on the experiences of the participants, there will be four possible types of limitations in the methodology. The first is “selective memory,” either remembering or not remembering experiences or events that occurred at some point in the past, which could affect the data shared by the participants and, consequently, the findings of the study. The second possible limitation from the methodology is “telescoping,” recalling events that occurred at one time as if they occurred at another time, which could affect the factors to which the participants may attribute their particular experiences. The third limitation from the methodology is “attribution,” attributing positive events to one’s own agency but attributing negative events and outcomes to external forces, which could also affect how participants interpret their experiences. Finally, the limitation related to the qualitative methodology is “exaggeration,” the act of representing outcomes or embellishing events as more significant than is actually suggested from other data, which could affect the conclusions driving the expression of the experiences of the participants. With all these limitations, the researcher as the person conducting the interviews may face stories that have shifted, transformed, and evolved over time. When examining the veracity of the participant’s account, there is a possibility that they may be more likely to say what is expected from them. During the data collection process, a potential limitation resulting from the qualitative method of the research is the possibility of researcher bias. As a result, if the researcher is unaware of the difference between the events as lived and the events as told, it may present a limitation to the findings of the study.



Qualitative research studies are focused on the subjective experiences and perceptions of the participants. As a result, the sample size in qualitative studies is not required to be large. Although a small sample size allows the researcher to conduct in-depth exploration of the experiences of a small group of participants, it may also present limitation to the generalizability of the findings. One form in which this limitation may emerge is through the particular demographics of the sample. The focus of this study will be limited to the 24 post-conviction adult felony offenders housed at a Wayne County Jail facility in Detroit, or Hamtramck, Michigan. Although the focus on one jurisdiction allows the researcher to facilitate the research under limited resources and experience, it is possible that the offenders in the one jurisdiction may share more in common with each other due to their geographical similarities. As a result, it may not be possible to generalize the findings of the study beyond this scope, which is a limitation. In order to overcome this limitation, an effort is made to include subjects of diverse race, ethnicity and gender. The sample will not include participants under the age of 18 due to ethical reasons. This exclusion may present another limitation as the memory of childhood trauma may be more vivid among younger offenders.

### **Significance**

The findings of this study may have both theoretical and practical significance. In addition to expanding the existing body of literature, the insights obtained from the results of this study may be useful in providing assistance during the treatment of prisoners and the impact on the effected community. Defining the relationship between prisoners' trauma and the crimes they commit can be useful in treating the underlying traumas in those prisoners, therefore aiding in the reduction of recidivism rates (Haney, 2012) and re-traumatization (Widom et al., 2008), as well as combating the post-traumatic stress that is linked to both childhood trauma and incarceration

(Wolff, Huening, Shi, & Frueh, 2014; Grella, Lovinger, & Warda, 2013). Moreover, by understanding the relationship between childhood trauma and offender behavioral outcomes, valuable preventative measure can be discovered, helping not only the victims of trauma before they commit a crime, but also their offspring.

### **Summary**

Despite the considerable research exploring the correlative relationship between childhood trauma, revictimization, incarceration, and high rates of recidivism, in addition to the detrimental consequences of incarceration on children (Arditti, 2012; Arditti & Savla, 2013; Midgley & Lo, 2013), scholars have highlighted the need for further research on how childhood traumas manifest themselves in specific crimes by offenders, as well as the long-term consequences of childhood maltreatment in terms of mental health and behavioral outcomes (Harlow, 1999; Wolff & Shi, 2012; Wolff, Shi & Siegel, 2009). The purpose of this study is to examine childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. The research question guiding the study is what is the relationship between childhood trauma histories of prisoners and the type of crimes those prisoners? The social learning theory developed by Bandura (1977) will be used as the theoretical framework for this study with qualitative narrative analysis as the methodology. The findings of the study may be limited by the selections with respect to the data collection procedures, while the delimitation is associated with the methodology chosen.

## CHAPTER 2: LITERATURE REVIEW

Sexual, physical, or emotional trauma during childhood has significantly adverse, though often variable, impacts on the development of personality and behavioral outcomes, including antisocial disorders, post-traumatic stress syndrome, depression and anxiety, and substance abuse among adults (Ballard, et al., 2015; Faulkner, Goldstein, & Wekerle, 2014; Hovens et al., 2012; Stimmel, Cruise, Ford, & Weiss, 2014). More specifically, instances of childhood trauma are notably elevated among incarcerated individuals of both genders, in juvenile and adult offender populations alike (Dierkhising et al., 2013; Fuentes, 2014; Levenson, Willis, & Prescott, 2014; Tripodi & Pettus-Davis, 2013).

The general problem to be studied is that despite the body of literature exploring the association between childhood trauma, revictimization, incarceration, and high rates of recidivism, in addition to the detrimental consequences of incarceration on children (Arditti, 2012; Arditti & Savla, 2013; Midgley & Lo, 2013), scholars have highlighted the need for further research on how childhood traumas manifest themselves in specific crimes by offenders as well as the long-term consequences of childhood maltreatment in terms of mental health and behavioral outcomes (Harlow, 1999; Wolff & Shi, 2012; Wolff, Shi, & Siegel, 2009). The specific problem to be studied is the destructive effects of childhood trauma as an elucidatory factor in the crimes committed by convicted criminals.

The purpose of this study is to examine childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. In this chapter, a review of literature is presented with the purpose of surveying the current literature on the identified research problem and highlighting the gaps in the literature that justify this study. While the correlative relationship among revictimization, childhood trauma, and incarceration is well-

researched, as well as the high rates of recidivism and the detrimental effects of incarceration on children, there has been little exploration of how these childhood traumas manifest themselves in specific crimes by offenders (Honorato, Caltabiano & Clough, 2016; Wolff & Shi, 2012).

Such research has been called for by academics in the social work and criminal justice field (Colman, 2011; Cuadra et al., 2014; Lowe et al., 2016). Such findings will be essential for both practice and policy in improving the health and welfare of people inside prison and in the understanding the psychological connection between trauma and specific crimes in order to prevent future offenses. Research not published in peer-reviewed journals was excluded from this review. Another limitation of this literature review was the use of only material published in the English language. This was a practical choice made in order to limit the use of resources in directly translating studies from foreign language.

This review of literature will discuss each of these aspects found in the existing literature. The first section will focus on discussing the types of childhood trauma that will be the focus of this study. The second section will consist of a review of literature on childhood trauma and their influence on behavioral outcomes. The third section will discuss the relationship between childhood trauma and prison. The fourth section will discuss the treatment of trauma in prison. The fifth section will highlight the limitations of the literature as discovered in the reviewed literature. The chapter will end with a summary.

The literature searched in order to conduct this study was searched using the following databases: Educational Resource Information Center (ERIC), Google Scholar, PubMed, and Science Direct. Specifically, the psychology and criminal justice research guides were used to look for articles and journals relevant to the study. The keywords used in order to search for the literature consisted of the following: childhood trauma, childhood trauma and behavioral

outcomes, childhood trauma and prison, and childhood trauma prison treatment. Additionally, a more targeted search was done using the following keywords: prison and childhood trauma, childhood trauma and crime type, childhood trauma, and intervention. The majority of the literature consisted of recent research conducted in the last five years, although some older seminal and highly relevant studies were used. The following section will be a discussion on the types of childhood trauma that will be discussed in this literature.

### **Type of Childhood Trauma**

Childhood trauma may result from a variety of causes. Childhood sexual abuse is generally considered to occur when the victim is below the age of 16 and when the perpetrator of the abuse is at the minimum five years older (Carli et al., 2013). In addition to sexual abuse, childhood trauma may also be caused by other factors occurring either independently or in addition to sexual abuse (Briere, Kaltman & Green, 2008). In this study, childhood trauma is defined in terms of sexual abuse, physical abuse, and emotional abuse as well as neglect that takes place before an individual is 18 years old. The literature revealed variation in terms of reports of abuse, especially childhood sexual abuse, due to the different measures the researchers used.

Events that are traumatic have significant consequences not only in terms of the harm they cause immediately, but also in terms of their lasting impression on the victim's perception of others and themselves (Cook et al., 2017). Causes of childhood trauma can be classified into various categories, including physical, sexual, and emotional abuse (Cozza, 2014). Existing literature suggests that emotional abuse can cause poor brain development, resulting in failures, deficits, or delays in developmental achievements with respect to emotional, cognitive, and behavioral regulation (Odhayani, Watson & Watson, 2013). For instance, emotional abuse may alter biological stress systems, such as the levels of steroid hormones and catecholaminergic neuro-

transmitters, which have adverse influence on the development of the brain (De Bellis et al., 1999). Additionally, higher levels of glucocorticoids resulting from stress associated with trauma may cause neurotoxic outcomes, resulting in concentration and learning impairments (Edwards et al., 1990). Child neglect is one of the major themes in the research on emotional trauma. Child neglect refers to a criminal act which consist of a significant lack of care provided by a caregiver or parent that results in a potential risk for serious mental and physical harm to an individual under the age of 18 years (Horwath, 2013). It refers to neglect of the emotional, educational, medical, and physical needs of the child. Childhood trauma can result from physical neglect (Horwath, 2013).

Disruption to normal cognitive development due to childhood trauma is also associated with the development of Post-Traumatic Stress Disorder (PTSD), which refers to experiences that are intrusive and cause reliving of past experiences resulting in nightmares, flashbacks, irritability, disturbance in sleep, and avoidance of people (Joseph, 2017). Another mental disorder that is linked to childhood trauma is Attention Deficit Hyperactivity Disorder (ADHD), and has been found to be more likely among those children who have developed PTSD from childhood trauma (Semiz, Öner, Cengiz & Bilici, 2017). Researchers have noted the need to further explore the relationship between childhood trauma and its effect on cognitive development in the context of wider adulthood activities (Bosquet Enlow, Egeland, Blood, Wright & Wright, 2012; Buss, Warren & Horton, 2015).

### **Childhood Trauma and Behavioral Outcomes**

Researchers have reported both long- and short-term consequences of childhood trauma (Broekhof et al., 2015; Cloitre & Beck, 2017). Various conditions such as anger, depression, and anxiety have been found to be linked to childhood trauma (van Veen et al., 2013). As childhood neglect in general takes place at a relatively young age, survivors may experience abandonment

issues, rejection sensitivity, trust issues, unstable relationships, and intimacy issues as adults (Abbasi, Saeidi, Khademi, Hoseini & Moghadam, 2015; Bungert et al., 2015; Huh, Kim, Yu & Chae, 2014). Emotional trauma can also cause attachment disorders and dissociative disorders (van Dijke, Hopman, & Ford, 2018). Research also suggests that childhood emotional trauma can cause substance abuse problems later in life (Agorastos et al., 2014). Additionally, victims may later in life develop external activities that may be attempts to decrease internal negative experiences that may be caused by childhood trauma (Ballard et al., 2015). Such activities include binge eating, self-mutilation, suicidality, aggression, compulsive sexual behavior (Carli et al., 2013; Michopoulos et al., 2015).

With reference to the cognitive development of children with childhood trauma, researchers have reported various abnormalities compared to the normal cognitive development as described by Piaget's developmental stages. To such normal cognitive development process, childhood trauma can cause several malfunctions (Mert, Kelleci, Yildiz, Mizrak, & Kugu, 2016). In the literature, some results of childhood trauma in terms of disruption to normal cognitive development that are noted include, but are not limited to, self-blame (Deblinger & Runyon, 2005), obsession with danger (Wekerle, Goldstein, Tanaka & Tonmyr, 2017), hopelessness (Lamis, Wilson, Shahane & Kaslow, 2014), low self-esteem (Ekinici & Kandemir, 2014), and expectations of abandonment (van Dijke, Hopman & Ford, 2018). Disruption to normal cognitive development due to childhood trauma is also associated with the development of Post-Traumatic Stress Disorder (PTSD), which refers to experiences that are intrusive and cause reliving of past experiences resulting in nightmares, flashbacks, irritability, disturbance in sleep, and avoidance of people (Stimmel et al., 2014; Veer et al., 2015).

Another possible outcome caused by childhood trauma in terms of disrupted cognitive development is decline in educational performance, which is more common among children who have had exposure to more than one stressor including violence, lack of opportunity, crime, and poverty (Strøm, Schultz, Wentzel-Larsen & Dyb, 2016; Welsh, Peterson & Jameson, 2017). Studies of victims of childhood trauma suggest several behaviors that express delayed cognitive development, including attention problems, depression, self-blame, social issues, symptoms of physiological anxiety, anger outbursts, and academic problems (Mert et al., 2016).

A significant qualitative description of childhood trauma was provided in a seminal work by Carrion and Hall (2009). Carrion and Hall studied two children aged 13 and 14. The first participant was a Hispanic male showing symptoms of trauma, including PTSD symptoms and general anxiety (Carrion & Hall, 2009). This participant had been a witness of domestic violence inflicted upon his mother by her previous husband. This experience consisted of seeing his mother raped at gunpoint and being hit more than once (Carrion & Hall, 2009). The researchers also noted that mother's own history of sexual and physical abuse in childhood, and multiple romantic partners who had been abusive in adulthood. The participant was asked to describe his worst trauma, which he described as viewing members in his community get shot (Carrion & Hall, 2009). In addition to domestic violence, the participant had been exposed to multiple murders and shootings, and the domestic violence among neighbors as well as continued violence in the community led him to re-experience the past events.

The second participant in the study by Carrion and Hall was an African-American female whose previous experience included exposure to violence in the community, neglect, physical abuse, and domestic violence exposure. She was exposed to a father who acted violently towards her sibling and her mother (Carrion & Hall, 2009). After an incident, she was taken out of the



home of her parents at 3, where she later returned and was removed from again at 5 when her father set the house on fire when she was inside it along with her siblings and mother (Carrion & Hall, 2009). She experienced addition trauma when, at age 10, living in a home with her mother, she experienced shots fired at her house. Most recently at the time the interview was conducted, she had experienced the shooting of her brother as part of gang violence (Carrion & Hall, 2009). Even after 18 therapy sessions, her PTSD symptoms did not show any sign of decrease, although her handling of situations provoking anxiety and memories of trauma improved (Carrion & Hall, 2009). This case suggests the far-reaching consequences of childhood trauma.

Researchers have found that trauma during early childhood can affect the development of a child's personality in several ways (Hovens et al., 2012; Stimmel, Cruise, Ford, & Weiss, 2014; Dierkhising et al., 2013). Negative consequences resulting from neglect, family dysfunction, family disruption, and abuse can influence a child's social, psychological, and biological maturation (Petersen, Joseph & Feit, 2014). Neglect and abuse may deeply stunt the development of a child in early adolescence, in addition to childhood. Further, studies also suggest that neglect and abuse experienced in the formative years may influence the brain of a child hindering normal development and leading to patterns of problematic behavior and maladaptive personality traits (Ballard et al., 2015; Choi et al., 2015; Odhayani, Watson, & Watson, 2013). Disruption of the family can influence the development of a child (Prevoo & Weel, 2014). The loss of a possible positive influence that a parent can provide may damage the emotional stability of a child (Arditti & Savla, 2013). In this regard, one of the most studied cause of childhood emotional trauma resulting from the disruption of the family has been the incarceration of the parent (Lee, Fang & Luo, 2013). Incarceration of a family member may cause initial childhood aggression in a child. Research suggests a consistent link between childhood aggression and parental incarceration (Cai,

2014). A 10% increase in aggression risk was found among children before and after the incarceration of a parent after controlling previous antisocial behavior.

Researchers have conducted several studies on the effects of incarceration of parents on their children's psychological development in terms of emotional trauma. Arditti (2012) identified, three family processes that contribute to child trauma within the context of a parent's imprisonment. They are,

- a) reincarceration factors, including the involvement of the offender parent and children's exposure to arrest;
- b) caregiving quality and stability;
- and (c) the nature of children's visitation experience during the offender parent's confinement.

Arditti's (2012) results indicated that the children of those parents who invested in the daily activities in the lives of their children before being incarcerated, the children whose parents exposed them to factors causing trauma related to incarceration, such as maltreatment and violence, through punishment, and the children with challenges in visitation experienced the longest and strongest experiences of trauma.

The interest of Arditti and Savla (2013) was on examining how and to what extent incarceration of parents predicted symptoms of child trauma symptomology. Their findings suggested on the basis of the reports from both the caregiver and the child, the symptoms of childhood trauma were greater among families with single caregiver affected by incarceration of parents (Arditti & Savla, 2013). Further, the symptom levels either neared the clinical age, based on the reports from children, or were at the clinical range, based on the reports of parents (Arditti & Savla, 2013). Furthermore, Arditti and Savla (2013) discovered that the incarceration of parents was related to non-biological guardian raising the child and more severe visitation issues. Finally,

their research indicated that parental incarceration also “significantly predicted parent and child reports of child trauma symptoms” (Arditti and Savla, 2013).

Muftić, Bouffard, and Armstrong (2015) explore the association between negative consequences during the early years of adulthood and incarceration of mother. The finding of their study indicated that “respondents whose mothers had served time in prison were significantly more likely to have an adult arrest, conviction, and incarceration, even after controlling for important demographic factors and correlates of criminal behavior” (Muftić, Bouffard, & Armstrong, 2015). Their findings bolster contentions regarding the unintended consequences of maternal incarceration that include long-term collateral damage to their children (Muftić, Bouffard, & Armstrong, 2015).

Additionally, parental substance abuse at home has also been found to be associated with excessive aggression among children (Kelley et al., 2016). Similarly, witnessing violence at home has been found to be a major influence on the development of aggressive behavioral outcome among children (Contreras & Cano, 2016). In this regard, findings suggest that witnessing both domestic violence and substance abuse at home may significantly enhance the likelihood for development of excessive aggression in children (Klostermann & Kelley, 2009). Indeed, the influence of experiencing both forms of traumatic events at home was more significant than experiencing only one form of traumatic event (Klostermann & Kelley, 2009). These findings highlight the interconnected nature of different types of traumatic experiences (Klostermann & Kelley, 2009). Multiple traumatic experiences may result in more severe possibility of violence and crime (Klostermann & Kelley, 2009). There is a limited research in which such cumulative childhood trauma histories of prisoners have been examined to understand the relationship of those

traumas with the type of crimes those prisoners committed (Honorato, Caltabiano & Clough, 2016; Wolff & Shi, 2012).

Ballard et al. (2015) conducted research with 1,815 participants in order “to develop latent classes of exposure to traumatic experiences before the age of 13 years in an urban community sample and used these latent classes to predict the development of negative behavioral outcomes in adolescence and young adulthood.” The authors found that “classes of childhood traumatic experiences predict specific psychiatric and behavioral outcomes in adolescence and young adulthood, with the long-term adverse effects of childhood traumas primarily concentrated in victims of sexual and non-sexual violence” (Ballard et al, 2015).

One class (8% of sample), primarily female, was characterized by experiences of sexual assault and reported significantly higher rates of a range of psychiatric outcomes by young adulthood; another class (8%), primarily male, was characterized by experiences of violence exposure and reported higher levels of antisocial personality disorder and post-traumatic stress, and the final class (84%) reported low levels of childhood traumatic experiences (Ballard et al., 2015).

Hovens et al. (2012) collected data from 1,209 adult participants in the Netherlands Study of Depression and Anxiety. The authors found “that 18.4% reported at least one childhood life event and 57.8% any childhood trauma” (Hovens et al. 2012). Moreover, “while childhood life events were not predictive of any measures of course trajectory, emotional neglect, psychological and physical abuse were associated with persistence of both depressive and comorbid anxiety and depressive disorder” (Hovens et al. 2012). In addition, Hovens et al. (2012) discovered that “emotional neglect and psychological abuse were associated with a higher occurrence of a chronic course.”

Stimmel, Cruise, Ford, and Weiss (2014) also studied young people, this time concentrating on “the relationships between exposure to different specific types of traumatic

events, PTSD symptoms, and aggression” in juvenile offenders. The authors’ data was based on subgroups of male juvenile offenders who were identified based on their self-reported exposure to different types of traumatic events (Stimmel et al., 2014). The researchers found that “male juvenile offenders who had experienced multiple types of trauma exposure or traumatic exposure involving violence displayed higher levels of PTSD symptomatology but not self-reported aggression” (Stimmel et al., 2014). In addition, the authors found that “meeting the *DSM-IV* PTSD diagnosis Criterion A for traumatic exposure was associated with more severe emotional and behavioral problems in the youth who were exposed to community violence” (Stimmel et al., 2014).

The review of literature on the relationship between childhood trauma and its effect on behavioral outcome revealed a lack of research in which the childhood trauma histories of prisoners were examined in order to understand the relationship of those traumas with the type of crimes those prisoners committed (Dierkhising et al., 2013; Fuentes, 2014; Stimmel et al., 2014). The use of convenience sampling appeared more frequently. Research conducted in the context of prison often appeared to be different from the general population in terms of the relationship between childhood trauma and its psychological consequences. Studies conducted in prisons often involved female prisoners, even though women were not the majority of the population in prison around the world. Another problem with research is related to ethical barriers. Due to this, most research conducted on childhood trauma and its consequences on behavioural outcomes is very rarely conducted from hospitals. This research focus revealed that most researchers were interested in criminal behaviour instead of the mental health of the participants. It is clear that research on prisoners who are being treated in hospitals is a complicated endeavour, as the participants may be too risky or ill to take part in the study.

Researchers have noted that comparisons between individual cases of prisoners with childhood trauma should be limited with respect to their similar abuse histories and demographics (Martin, Eljdupovic, McKenzie & Colman, 2015; Santos et al., 2014; Wolff & Shi, 2012). Research suggests, for instance, that there is a difference between male and female prisoners in terms of their histories of childhood trauma influencing their subsequent psychological development (Martin et al., 2015; Wolff & Shi, 2012). Male prisoners are more likely to become convicted on crimes related to drugs (Santos et al., 2014). The extant literature also suggests that majority of the studies consisted of self-reported abuse measures among participants (Cuadra, Jaffe, Thomas & DiLillo, 2014; Wolff & Shi, 2012). Further, it has been clarified that when exploring the influence of childhood abuse and its psychological outcomes in retrospect with such methodology of self-reporting, it is possible that not only does childhood abuse result in adverse psychological outcomes, but the opposite may occur as well (Cuadra et al., 2014). In other words, the current adverse psychological outcomes of a prisoner may influence how they view certain events as traumatic (Cuadra et al., 2014).

The validity and accuracy of self-reported data may also be affected by the temporal distance between the time of the actual trauma and the time at which it is being reported (Ilie et al., 2018). Another factor that may affect the accuracy of data that is self-reported in this context may be due to the stigma associated with the disclosure of such information (Kennedy & Prock, 2016). Participants may also claim to have a history of trauma in order to mitigate the crime by providing it as an influential factor. In order to eliminate such a possibility, following the actions in the past literature, in this literature it was considered as a possibility to verify the histories of trauma of the prisoners independently.

Although this would have been an appropriate measure, it was also found that many victims of childhood trauma may not open up themselves about such trauma for many years after the abuse has taken place, which may make it hard to find evidence of claims regarding childhood trauma (Townsend, 2016). In the end, it was decided more appropriate that since participants were not going to benefit from misleading the researcher regarding their trauma, their own self-report would be given higher levels of accuracy. Additionally, research suggests that self-reports from victims of childhood abuse have been consistently found to be reliable (Rostami, Abdi & Heidari, 2014). Similar reliability levels were found among patients with adverse psychological conditions (Baumstarck et al., 2013; Petersen, Joseph & Feit, 2014).

Multiple researchers found an association between adverse behavioural outcomes and childhood trauma (Ballard et al., 2015; Tripodi & Pettus-Davis, 2013). Researchers have also found a significant relationship between childhood abuse and trauma. Specifically, there is a significant association between PTSD and childhood trauma (Joseph, 2017; Lowe et al., 2016). Childhood abuse is also associated in the findings of the existing literature with dissociation (Franzke, Wabnitz, & Catani, 2015; van Dijke, Hopman, & Ford, 2018). Similar to the association between substance abuse and childhood trauma, the association between dissociation and trauma experienced during childhood was found as similar between prison population and the general population.

Traumatic childhood experiences are associated with a child's aggression level as well as their impulsivity level (Carli et al., 2013). It has been mentioned in the literature that aggression level and impulsivity level have their origin in the childhood experiences of an individual (Carver, Johnson, McCullough, Forster & Joormann, 2014). Childhood trauma experiences have been associated with aggression among children (Stimmel et al., 2014). This finding has been consistent

even when researchers controlled other significant risk factors (Auslander, Sterzing, Threlfall, Gerke & Edmond, 2016; Sansone, Leung & Wiederman, 2012). Several researchers have examined the relationship between childhood aggression and abuse (Auslander et al., 2016; Ballard, et al., 2015; Stimmel et al., 2014). Emotional abuse in terms of punishment was found to be a predictor of aggression in the early childhood (King et al., 2018). Researchers have used the cycle of violence model in order to explain this relationship, in which victims in early life later turn into violent and aggressive individuals.

This claim has found support in literature. For instance, physical abuse in the early years was found to be a predictor of antisocial behavior and aggressive behavior in childhood as well as in later life (Stimmel et al., 2014; Thibodeau, Cicchetti & Rogosch, 2015). Those individuals who are victims of childhood abuse show problems with obedience, aggression, and difficulties with authority (Petersen, Joseph & Feit, 2014). Childhood neglect has also been found to be a significant predictor of excessive childhood aggression (Stimmel et al., 2014). Findings suggest that there are significant long-term consequences on behavior outcomes caused by childhood trauma (Broekhof et al., 2015; Cloitre & Beck, 2017). Even physical punishments in some forms may lead to childhood trauma that could result in aggression among children (Petersen et al., 2014). Researchers have found that corporal punishment practices like spanking conducted around age 3 was found to be linked to increase in a child's aggression level at age 5. Childhood abuse can also affect the development of antisocial behavior among children (Thibodeau et al. 2015). Childhood emotional abuse, for instance, was found to predict aggressive behavior in later life. Emotional abuse in childhood may disrupt the development of stable interpersonal relationships, which predicts aggressive behavior of a child towards other people. In this study, the purpose will be to obtain a deeper understanding of such relationships through an exploration of childhood trauma



histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed.

### **Impulsivity**

The level of impulsivity is a significant factor in terms of a child's conduct and behavior in later parts of life (Carli et al., 2013). It has been suggested that childhood trauma may negatively influence the development of a child's sense of self-control, which could lead to higher impulsivity (Kulacaoglu, Solmaz, Ardic, Akin & Kose, 2017). Self-control is described as the capacity to delay gratification with respect to an activity as well as the ability to resist direct impulses. Research supports the view that the different levels of self-control found among children are solely influenced by the different styles of parenting used by parents (Sekhavati, Boogar, Khodadost, Afkari & Atefeh, 2015). The relationship between a child's sense of self-control and parenting has been supported in several studies (Sekhavati et al., 2015; Wang, Tao, Tang, Fan & Gao, 2016). As a result, those parents who may inflict childhood trauma among their children through a variety of reasons or lack of actions, such as neglect, absence, abuse, and incarceration, may not be able to develop in their child a sense of self-control necessary for controlling impulsivity in their developing years, which may have negative consequences with respect to violence and criminal activities later in life (Carli et al., 2013; Kulacaoglu et al., 2017; Shin, Cook, Morris, McDougle & Groves, 2016).

Abuse in many cases results from the development of poor practices of discipline to extreme levels. If parents are not able to provide effective discipline to their children, it may cause them to become angry, which may result in violence as punishment (Fréchette, Zoratti & Romano, 2015). Such activities may cause trauma in their children. Neglected and abused children have been found to show lower ability for impulse control when compared to children who have not

been neglected and abused (Petersen, Joseph & Feit, 2014). Teachers of students have also reported lower impulse control among abused children compared to non-abused children (Petersen, Joseph & Feit, 2014). Experience of trauma in early childhood may also negatively affect the developing brain of a child and diminish many significant processes for inhibition required for successfully regulating emotions and restricting behaviors (Mert et al., 2016). Similarly, continued distress that may result from neglect and abuse is linked to higher impulsivity as well as damage to the ability for controlling one's conduct (Shin, Lee, Jeon & Wills, 2015).

Self-control is also influenced by an environment in which children and parent interact with each other. Positive practices for discipline and effective management by parents is significant in predicting a child's self-control, which may subsequently influence their likelihood of becoming involved in violence (Hoskins, 2014). The development of self-control among children is also influenced by parental supervision, as children who have not been supervised satisfactorily show higher impulsivity and lower self-restraint (Tao, Wang, Fan & Gao, 2014). This is relevant in the context of trauma as children living in houses lacking healthy children-parent interaction, those that are characterized by violence and abuse, and those in which a parent is absent are less likely to receive adequate supervision in order to becoming capable of satisfactory impulse control (Contreras & Cano, 2016). In the wider literature, traumatic experiences result in significant problems to children's ability to control and regulate their impulsivity.

Although the existing literature discusses how specific traumas can lead to problems in the development of a child's personality in later life, there was scant literature in which their childhood trauma histories as a whole in later life as prisoners have been examined in order to understand the effect of those traumas on potentially influencing the type of crimes they committed leading to prison. Most studies generally examine one category of child abuse or trauma and its influence on

impulsivity and aggression in later life. The goal in this present study, on the contrary, is to study the childhood trauma histories of prisoners as a whole and understand the relationship of those traumas with the type of crimes those prisoners committed.

### **Negative Imitation of Peers**

Association with deviant peers in formative years is found to be a higher predictor of criminal activities later in life (Krupa & Childs, 2014). The home life of a child can have a direct influence on the kinds of people they associate with in their formative years (Minh, Muhajarine, Janus, Brownell & Guhn, 2017). Studies suggest that many factors may influence an individual's association with deviant peers (Chapple, Vaske & Worthen, 2014). Specific to this study, such factors include childhood abuse, parent violence, parent conflict, and substance abuse by parents (Hoskins, 2014; Mason, Russo, Chmelka, Herrenkohl & Herrenkohl, 2017). Additionally, positive disciplinary practices of parents were related to lower likelihood among children of becoming associated with antisocial children (Jalling et al., 2015). Similarly, those children who had an experience of trauma with respect to parent-child relationship are at a higher risk of getting associated with peers who are deviant (Cutrín, Gómez-Fraguela, Maneiro & Sobral, 2017). Parents who are nurturing are associated with lower likelihood of having their children becoming associated with antisocial activities with their friends (Jalling et al., 2015). On the contrary, parents who practice traumatic practices for parenting are associated with higher likelihood of having their children becoming associated with antisocial activities with their friends (Cutrín et al., 2017).

In addition to harsh discipline practices and abusive parenting practices, emotional and physical neglect may also lead to a child becoming associated with deviant peers (Cutrín, 2017; Hoskins, 2014). Further, growing up in houses in which there is an individual suffering from mental illness has also been found to lead to association with deviant peers as well as decrease

social competence. Exposure to violence in the family has also been found to cause a higher risk of leading a child to develop association with deviant peers which could lead to criminal activities and antisocial behavior in life at a later stage (Morris, Mrug & Windle, 2015).

There are many reasons for the association of a child with trauma with deviant peers (Fox, Perez, Cass, Baglivio, & Epps, 2015). Children with trauma have lower social competency when compared to children without trauma and are also less likely to be popular in the classroom, as measured by teachers. Additional research suggests that children who have experienced trauma have more chances of becoming either withdrawn or aggressive with respect to their classmates (Alisic, 2012). As a result, they are more likely to be associated with antisocial friends who may be more willing to be friends with them. Researchers have found that children who are abused have higher likelihood of being disliked by most of their classmates, which may make them withdrawn and aggressive.

This dislike may be caused by changes in the personality of a child that is caused by traumatic events which may lead the child to resist being with prosocial peers. Such a condition may push a child into becoming friends with those who have had a similar experience as them or show similar behavior characteristics that are antisocial in nature (Fox, Perez, Cass, Baglivio & Epps, 2015). In any case, either as a result of social isolation or naturally, the imitation and association with peers who are deviant can have a significant influence on the experiences of children and the subsequent changes in the development of their personality.

Research suggests that higher impulsivity levels may be associated with higher likelihood of becoming involved with deviant peers in the years of adolescence (Vogel & Van Ham, 2017). A lack of adequate self-control has been found to be associated with peers who are deviant among children. As with aggression, such an association may be due to rejection experienced by children

who have experienced trauma from their peers with no experience of traumatic events (Véronneau, Trempe & Paiva, 2014). Due to impulsive personality, as well as the subsequent behavior caused by such personality, such children are more likely to be ostracized in activities with their classmates, leading them to form groups of anti-social peers which are at a higher risk of indulging in unacceptable behavior (Samek, Hicks, Keyes, Iacono & McGue, 2016). Problems with adaptations with peers can also cause a child to not continue long healthy friendships (Véronneau, Trempe & Paiva, 2014). The associations between deviant peer association, childhood trauma, isolation, and aggression suggests that childhood trauma can have multiple behavioral outcome that could overlap and together may increase the severity of the consequences.

### **Academic Difficulties**

Lack of academic success, especially dropout, is associated with subsequent involvement in criminal activities. Traumatic experiences in childhood can have negative consequences on the academic success level of a child (Welsh, Peterson, & Jameson, 2017). Traumatic experiences may influence not only the intellectual capacity of a child but also how involved they become in activities at school, which can together decrease their performance and comprehension level at school (Pickens & Tschopp, 2017). A comparison between children with childhood trauma and those with no traumatic history suggested that children who had been abused in the past showed lower grades overall at school as well as on standardized tests when compared to the group which did not have an experience of childhood abuse (De Bellis & Zisk, 2014). Children who had experienced neglect had more likelihood of academic deficiencies (Young & Widom, 2014). Neglected and abused children often experience problems in their academic life with respect to math and language (Manly, Lynch, Oshri, Herzog & Wortel, 2013). Abused children have a higher likelihood of repeating a grade. Neglected children have higher possibility of truancy (Hagborg,

Berglund & Fahlke, 2018). Research in general provides evidence that children with an experience of abuse receive lower grades, have more absences, and score lower in tests (Manly et al., 2013; Hagborg et al., 2018).

The level of academic success of a child can also be caused by different types of traumatic experiences. One such traumatic experience is the disruption of family due to any reason. Such events have dramatic influence on the academic success of a child (Anderson, 2014). Children who live with single parents may not receive equal amount of support for their school-related activities when compared to children with both parents present (Amato, Patterson & Beattie, 2015). Such children, when compared to children with both parents present, score worse on academic measures as well as school attendance (Dronkers, Veerman & Pong, 2017). Further, exposure to violence is also related to school absence as well as lower school grades (Sherr et al., 2015). Additionally, households that are dysfunctional in terms of the environment for the child as a result of substance abuse of the parent can also damage the academic performance of a child (Berg, Bäck, Vinnerljung & Hjern, 2016).

It has been suggested in the literature that problems in early education can result in subsequent school dropout (Holen, Waaktaar & Sagatun, 2017). Children who have higher disengagement in education as well as lower participation in the classroom have a decreased academic achievement, which can lead to higher likelihood of dropping out before completing the graduation (Wang & Degol, 2014). Studies exploring the origins of such problems have been found to suggest them as consequences from academic difficulties as far back as the first grade. Such evidence suggests that traumatic events in early childhood that cause academic difficulties can have far reaching influence on later life in the form of dropping out of school.

Research suggests that children with experience of trauma in early childhood are more likely to get involved in problems at school (Chafouleas, Koriakin, Roundfield & Overstreet, 2018). Neglected children and abused children have higher problems with discipline and suspensions at school when compared to non-neglected and non-abused children. Such research suggests the persistence of these problems through the child's adolescence years as well. Studies on children who drop out suggest the origin of their problems to some forms of events at home due to instability or separation of parents (Doll, Eslami & Walters, 2013). There is also evidence suggesting that children who have a parent with mental illness have lower GPAs and more academic problems compared to children without a parent with mental illness.

Childhood trauma and abuse have been found to be significant risk factors with respect to failure at school or dropout (Romano, Babchishin, Marquis & Fréchette, 2014). The involvement of parents as well as their concern with their children's educational progress is linked to less likelihood of dropping out of school. Further, living with a single parent increases a child's likelihood of dropping out. In other words, childhood adversity such as those caused by childhood trauma and abuse can lead to higher likelihood of dropout, truancy, discipline problems, and academic difficulties.

Difficulties at school and chances of dropout are also affected by the issues at developmental age that may be caused by childhood trauma. Aggression in childhood influences the educational achievement of a child in every part of their education (Uludag, 2013). Early childhood physical aggression that may be caused by childhood trauma is associated negatively with high school academic success. The dropout process from school involves multiple steps that can be traced back in terms of their origin to early childhood (Magnuson, Duncan, Lee & Metzger, 2016). Many dynamic factors may interact with each other that can lead to conditions that influence

the academic outcome of the children. For instance, one such factor is aggression. Aggression can not only negatively affect the educational success of a child but may also result in problems associated with adjustment in schools and may increase the likelihood of dropping out altogether (Obsuth, Eisner, Malti & Ribeaud, 2015; Orozco, 2016).

Self-control and impulsivity have also been found to be associated with difficulties at school and the chances of dropping out. As already discussed, childhood trauma can influence both these factors by increasing impulsivity and decreasing self-control (Kulacaoglu, Solmaz, Ardic, Akin & Kose, 2017; Shin, Lee, Jeon & Wills, 2015). High impulsivity is associated with lower grades and decreased academic achievement. School dropouts also show higher level of impulsivity when compared to those who do not drop out. As education influences almost every major subsequent event and behavior in life, the process of dropping out as influenced by childhood trauma leads to multiple barriers later in life, including association with deviant peers, unemployment, and aggression, which may increase the likelihood of an individual becoming associated with criminal activities (Na, 2016).

### **Substance Abuse**

Another behavioral outcome of childhood trauma that may result in association with criminal behavior is substance abuse. For instance, those with childhood trauma experience are more prone to use alcohol in order to deal with their emotions later in life (Agorastos et al., 2014; Ekinci & Kandemir, 2014; Konstenius et al., 2017). Studies suggest that childhood trauma could also predict the age at which an individual begins drinking alcohol, as higher trauma leads to earlier age of initiation into alcohol use (Taplin, Saddichha, Li & Krausz, 2014). Sexual and physical abuse, parental separation, mental illness of a parent are found to be factors that increase the drinking onset of an individual. A stressful childhood environment may lead a child to take up



drinking in order to deal with negative feelings (Ertl, Preuße & Neuner, 2018). Childhood trauma not only predicts the age at which an individual may begin drinking, but also how heavily their drinking will be throughout not only their childhood but also adulthood (Eames et al., 2014).

Excessive alcohol usage, such as alcohol use disorders, are also predicted by heavier use and earlier onset. Child abuse has been associated with problematic drinking habits. Children who are exposed to substance abuse at home are also more likely to indulge in substance abuse later in life (Parolin, Simonelli, Mapelli, Sacco & Cristofalo, 2016). Parental substance abuse, in addition, can result in sexual or physical abuse perpetrated by that parent towards their children, which may cause severe alcohol dependence in a child in later life. The odds of an individual indulging in criminal activities are higher when growing up with parents who indulge in substance abuse. An overlap between different forms of negative experiences related to substance abuse may increase the overall likelihood of an individual indulging in criminal behavior (Messina, Calhoun, Conner & Miller, 2015).

Additionally, parental substance abuse at home has also been found to be associated with excessive aggression among children (Kelley et al., 2016; Smith & Wilson, 2016). Similarly, witnessing violence at home has been found to be a major influence on the development of aggressive behavioral outcome among children (Gustafsson, Barnett, Towe-Goodman, Mills-Koonce & Cox, 2014). In this regard, findings suggest that witnessing both domestic violence and substance abuse at home may significantly enhance the likelihood for development of excessive aggression in children (Choenni, Hammink & van de Mheen, 2016). Indeed, the influence of experiencing both forms of traumatic events at home was more significant than experiencing only one form of traumatic event. These findings highlight the interconnected nature of different types of traumatic experiences. Multiple traumatic experiences may result in more severe possibility of

violence and crime (Saunders & Adams, 2014). There is a lack of research in which such cumulative childhood trauma histories of prisoners have been examined to understand the relationship of those traumas with the type of crimes those prisoners committed.

In addition to the abuse of alcohol, childhood trauma is also associated with different types of drug usage. Similar with alcohol, childhood trauma is associated with the age at which the use of such drugs is initiated (Quinn et al., 2016). It was found that more events of childhood trauma often resulted in earlier onset of drug usage. Not only does childhood trauma affect drug usage, but it also influences drug addiction (Ahmad & Mazlan, 2014). The experience of sexual, emotional, and physical abuse in early childhood results in both the severity of drug usage and the age at which drug usage initiation occurs. Growing up in a family with a violent environment, peer association with deviant peer, and substance abuse of parents were also associated with a child's use of drugs later in life (Whitesell, Bachand, Peel & Brown, 2013). Impulsivity may again lead a child to experiment with drugs and drug usage. Lack of emotional control during childhood could lead to a need for immediate gratification that could influence drug usage (Oshri et al., 2017).

Impulsivity is associated not only with an individual's association in drug and alcohol abuse, but also violence resulting from such association. Due to the illegal nature of certain drugs, an addiction to such drugs resulting from childhood trauma can lead to involvement in criminal activities (Rich, Wilson & Robertson, 2016). Additionally, economic pressure caused by substance abuse may lead individuals, who may not be financially capable of supporting their substance abuse problem, towards criminal activities. Such an involvement is more likely to take place during adolescence, especially when linked with deviant peer involvement. These findings reveal once again that the consequences of childhood trauma are not singular and may overlap, resulting in behavioral outcomes in later life that could lead to criminal activities. However, there is a lack of

existing literature in which clear exploration of this problem has been undertaken by including prisoners as participants and using their personal experiences to understand the link between childhood trauma leading to different types of criminal activities.

### **Childhood Trauma and Prison**

Many environmental, social, and individual factors affect the chances of an individual exhibiting violent behavior as well as becoming incarcerated (Brewer-Smyth, Cornelius & Pickelsimer, 2015; Frank Terry, Praetorius & Nordberg, 2016; Mundia, Matzin, Mahalle, Hamid & Osman, 2016; Skarupski, Parisi, Thorpe, Tanner & Gross, 2015). Risk factors for such possibility are dynamic and interact throughout the course of an individual's life. They may be affected by the background differences between individuals, such as their gender, cultural differences, and similar conditions (Lei, Simons, Simons, & Edmond, 2014; Tong, Ku & Zaroff, 2014). Trauma is one such risk factor which applies especially, though not exclusively, to young males. Trauma, especially childhood trauma, can increase an individual's likelihood of becoming incarcerated (Honorato, Caltabiano & Clough, 2016). Research suggests that childhood trauma is a predictor of aggression among people who have been incarcerated. Childhood trauma may become a developmental predictor that, through interaction with genetic factors, can increase an individual's likelihood of becoming a prisoner (De Bellis & Zisk, 2014). There is, however, a gap in this line of research specifying the kind of childhood trauma as well as its relationship with the kind of crime a prisoner commits.

Studies conducted on prisoners suggest a high likelihood of a trauma exposure, especially during childhood (Arditti & Savla, 2013). This finding has been consistent across different ethnic groups as well as gender. Children who have been part of juvenile delinquency usually have even higher likelihood of having experienced exposure to traumatic events in early parts of life (Fox et

al., 2015). Together with the events causing incarceration, the incarceration period itself could lead to the continuation of abuse and trauma, resulting in traumatized young people becoming more likely to commit another offense later in life (Jäggi, Mezuk, Watkins & Jackson, 2016), in addition to having poor outcomes in the long-term for academic, economic, and mental health conditions (Esposito, Lee, Hicken, Porter & Herting, 2017).

A considerable body of literature has documented the relationship between childhood trauma and subsequent aggressive and criminal acts (Smith, Ireland & Thornberry, 2005; Skowrya & Coccozza, 2006). In a study conducted on a sample of 4000 incarcerated males, Wolff and Shi (2012) found a strong relationship between exposure to trauma in childhood and subsequent criminal behavior, as 44.7% of the participants were found to have been exposed to physical trauma in childhood compared to 4.5% in adulthood. U.S. Department of Health and Human Services (2013) estimated that in 2012, 266,110 children were exposed to domestic violence and 62,936 children became victims in sexual abuse. Dudley (2015) estimated, based on previous findings, that these statistics indicated that approximately 93,139 children would develop difficulties resulting from trauma and as many as 56,642 children would experience difficulties resulting from sexual abuse. However, there is a lack of research in which the childhood trauma histories of individual prisoners were studied to explore the relationship of those traumas with the type of crimes the prisoners committed.

Based on the findings of researchers such as Wolff and Shi (2012), such difficulties could lead to aggressive and criminal behaviors among a significant portion of the population. Furthermore, specific types of trauma can predict certain psychopathological symptoms in adulthood (Ballard, et al., 2015; Faulkner, Goldstein, & Wekerle, 2014; Hovens et al., 2012). “Child abuse and neglect, poverty, sexual molestation, and witnessing violence are, among others,

the most common risk factors for post-traumatic reactions, aggression, and antisocial behavior” (Dong et al., 2004; Finkelhor, 2008). Despite the existing literature linking childhood trauma and negative psychological outcomes, there is a lack of research on the destructive effects of childhood trauma as an elucidatory factor in the crimes committed by convicted criminals, as well as the long-term consequences of childhood maltreatment in terms of mental health and behavioral outcomes.

Grella, Lovinger, and Warda (2013) found in a case-study of women in prison of relationships between PTSD, characteristics of family, and exposure to trauma when group was controlled, exposure to sexual or physical trauma significantly increased the odds of PTSD, as did substance use in response to traumatic distress. Haney (2012) explored the “negative psychological effects of imprisonment, particularly the psychological stressors—dehumanization, deprivation, and danger—to which prisoners are exposed.” Haney (2012) also examined “the effects of two opposite prison extremes, overcrowding and solitary confinement, as well as the kind of vulnerabilities that many prisoners bring to prison that make the experience a form of re-traumatization for them.”

Wolff, Huening, Shi, and Frueh (2014) conducted a study with a sample of 592 consisting of adult men and screened them regarding PTSD symptoms and trauma exposure. The authors’ results indicated that “trauma was a universal experience among incarcerated men” (Wolff, Huening, Shi, & Frueh, 2014). Moreover, Wolff, Huening, Shi, and Frueh (2014) found that “rates of current PTSD symptoms and lifetime PTSD were significantly higher (30 to 60%) than rates found in the general male populations (3 to 6%), and that these lifetime rates of trauma and PTSD were associated with psychiatric disorders.”

Finally, Hazel and Bateman (2013) examined a different side of trauma – the traumas that young people experienced when leaving custody and enter the outside world once again. Hazel and Bateman (2013) explored the nature of the transition experience of these youth in terms of their emotional reactions, and their personal adjustments they are required to make, ultimately focusing on the stress associated with the difficulties in relating to family and friends, dealing with everyday interactions, and adjusting to the pace of the external world.

Researchers have discovered that experiences of trauma and PTSD are more common among prisoners when compared to members of the general population (Briere, Agee & Dietrich, 2016; Wolff, Huening, Shi & Frueh, 2014; Wolff, Mchugo, Shi, Huening & Frueh, 2014). The research available on the trauma rates of incarcerated individuals suggests that trauma contributes significantly in the mental health issues of the prisoners. PTSD and childhood trauma can increase an individual's likelihood of becoming incarcerated in other ways as well, such as through the development of substance abuse, which may result in violent behavior, incarceration, and aggression (Rich, Wilson & Robertson, 2016; Wolff & Shi, 2012). Researchers suggest that substance abuse, which is related to childhood trauma, is related to violence in various ways (Rich et al., 2016). The use of drugs increases the likelihood of an individual committing crime due to the disorienting and disinhibiting effects caused by the drug on the mind and body of an individual.

Substance abuse can also lead to crime when the abuse may become a compulsion and lead to economic burden, inspiring an individual to commit crime for economic reasons (Rich, Wilson & Robertson, 2016). Substance abuse can also become a part of committing crime in conditions in which taking part in business related to drugs may require an individual to commit crime (Rafaiee, Olyaei & Sargolzaiee, 2013). In considering the relationship between substance abuse and crime, the cultural context of an individual is a significant factor. Empirical studies suggest a temporal

relationship between violence and substance abuse, as studies suggest that drugs and alcohol are often found to be used before an individual commits a criminal act (Horvath & LeBoutillier, 2013; Quilter, McNamara, Seear & Room, 2016).

Dierkhising et al. (2013) described detailed trauma accounts, mental health problems, and associated risk factors – including “academic problems, substance/alcohol use, and concurrent child welfare involvement – among adolescents with recent involvement in the juvenile justice system.” Their results indicated that “justice-involved youth report high rates of trauma exposure and that this trauma typically begins early in life, is often in multiple contexts, and persists over time” (Dierkhising et al., 2013). More specifically, Dierkhising et al. (2013) discovered the prevalence of problems associated with mental well-being, specifically, the PTSD criteria was found to be satisfied by 23.65%, problem externalization at clinical range was found to be satisfied by 66.1%, and problem internalization at clinical range was found to be satisfied by 45.5% of youth.

Fuentes (2014) also looked at the intersection of childhood trauma and incarceration, specifically of women. Using thirty life history interviews, 60 questionnaires, and nine focus groups, Fuentes (2014) found that trauma – particularly as emotional, physical, sexual abuse – was central to incarcerated women’s lives. Furthermore, Fuentes (2014) discovered that lack of positive resources such as counseling and familial/friend support increased the risks for both additional trauma and incarceration among women who were victims of childhood trauma.

Aggression is considered to be one of the most important factors in predicting violent behaviour as well as subsequent criminal activities (Swogger, Walsh, Christie, Priddy & Conner, 2014). Aggression is a stable trait throughout life. Researchers have reported on the stability of violence and aggression not only during childhood but also during adolescence (Eltink et al.,

2017). Those victims of childhood trauma who indulge in juvenile delinquency show higher aggression level throughout their whole childhood (Marsiglio, Chronister, Gibson & Leve, 2014). Such stability of violence, however, does not predict every aggressive child becomes an adult with aggressive tendencies – it suggests a higher level of association between violence in later life and aggression at early age.

So far, the literature discussed suggests several different outcomes of trauma may lead to aggressive behaviors among children as well as later in life among the victims. Experiences of trauma has been found to lead to behavior of juvenile violence (Stimmel et al., 2014). Such a behavior may be expressed in two ways. First, an adolescent who has had experience of childhood trauma may express aggression externally by committing acts of violence with respect to other people (Martin et al., 2015; Welfare & Hollin, 2015). Second, an adolescent who has had experience of childhood trauma may express aggression internally and commit inwardly violent acts (Kılıç, Coşkun, Bozkurt, Kaya & Zoroğlu, 2017). Research suggests that traumatic experiences in early childhood, such as witnessing domestic violence or experiencing abuse, increases the likelihood of a child's acting out their negative feelings both internally and externally (Kılıç et al., 2017; Martin et al., 2015; Welfare & Hollin, 2015). Studies have been conducted where it was found that childhood abuse was linked to aggressive delinquent behavior, in addition to suicidal and self-injurious behavior. Such research also explores how different forms of traumatic events can increase the likelihood as well as the prevalence of violent consequences leading an individual to prison.

Research, however, also suggests that not every individual who has experienced a traumatic event in early childhood becomes more violent. Despite this, studies have found a clear relationship between childhood trauma and chronic violence in adolescence and adulthood (Bosqui



et al., 2014; Ross & Arsenaault, 2017). Further, children with an abusive past are found to be more likely to become juvenile delinquents (van der Put & de Ruiter, 2016). Such a history also predicts a higher likelihood of becoming a member of groups that indulge in violent activities, increasing their likelihood of becoming incarcerated (Ross & Arsenaault, 2017). A membership in a group of such nature also results in the development of a chronic style of offense which increases the possibility of repetitive incarceration (Ross & Arsenaault, 2017).

Abuse as well as other negative childhood experiences, in addition to the developmental problems such experiences cause, can incite violent behaviors later in life as well. Such a behavior is explained by the cycle of violence model, and a violent behavior of such nature has been found to continue even in adulthood (Tomsich, 2015). Children with a history of physical abuse have been found to be more likely to indulge in physical abuse themselves in adult life (Young & Widom, 2014). Similarly, children with a history of sexual abuse have been found to be more likely to indulge in sexual abuse themselves in adult life (Bartlett, Kotake, Fauth & Easterbrooks, 2017; Forsman, Johansson, Santtila, Sandnabba & Långström, 2014; Levenson & Grady, 2016). Childhood trauma, it has been hypothesized, could be the most consistent factor in predicting continued violence, which can result in incarceration (Honorato, Caltabiano & Clough, 2016).

However, research on this topic has not always been conclusive and different views have also been discussed. For instance, it has been stated that physical abuse in itself cannot lead to chronic violence. Instead, sexual abuse accompanied with childhood neglect can be predictors of violent behavior. Emotional abuse as well as psychological abuse have been found as predictor of violence self-reported by the participants. Female sexual child abuse victims have a greater chance of becoming violent later in life when viewed against females without a history of childhood sexual abuse (Marsiglio, Chronister, Gibson & Leve, 2014). Such a relationship increases their chances

of becoming arrested for violent behavior. Childhood trauma not only increases involvement in violent activities, but also enhances the frequency with which such violent activities are conducted (Finkelhor, Turner, Shattuck & Hamby, 2015). Childhood trauma has been found to be a factor in initiating violence among juveniles.

Becoming exposed to violence at home, which has been found to occur with childhood abuse, increases the chances of violence among individuals in adolescence (Contreras & Cano, 2016). Children growing up in houses in which there is a high occurrence of conflict in family are more likely to have higher violent offence rates (Contreras & Cano, 2016). The consequences of childhood abuse and domestic violence taking place together increases the effects of their occurrence. When they happen simultaneously, these experiences have more harmful consequences for a child later in life than when they occur individually. In addition to witnessing violence in the family and being abused, the incarceration of a member of the family has also been found to be a factor resulting in higher violent behavior (Muftić & Smith, 2015). Children who have been brought up in a house in which the father was incarcerated are more likely to externally express their negative emotions in violent forms when compared to children who have not been brought up in a house in which the father was incarcerated (Poehlmann-Tynan, Burnson, Runion & Weymouth, 2017).

The evidence in the literature shows clear evidence linking childhood trauma and violent behavior. Witnessing abuse, sexual abuse, physical abuse, as well as substance abuse of family member were factor that were independently related to general violent crimes among adolescents, in addition to specific violent activities such as carrying of weapons, violence during dating, fighting, and bullying. Together, every single type of abuse increased the likelihood of an individual indulging in the above forms of violence. There is a significant body of research on the

relationship between adulthood violence and childhood trauma (Arsenault, 2016; Levenson & Grady, 2016). Although many researchers have found an association between violence and childhood trauma, there is a lack of literature in which childhood trauma histories of prisoners has been studied in order to understand the relationship of those traumas with the type of crimes those prisoners committed. The purpose of this study is to address this gap in the literature by exploring the childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed.

It is also important to briefly comment on the literature in which researchers have examined the reasons why some children who show higher aggression in childhood do not continue such aggression later in life in the form of violent behaviour. It has been argued that such children can have factors of resiliency that may stop them from becoming engaged in violent behaviour. Additionally, those who had protective support later, such as a positive environment at home or positive school-based experience, were less likely to continue their violent behaviour later in life. Such development was opposite for children who became involved with peers who were violent themselves. Research suggests earlier onset of violence is more likely to continue over time. These findings highlight the significance of this study, especially in terms of practical benefits. By examining childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed, the findings of this study may provide specific insights on how different types of trauma result in different types of crimes.

### **Treatment of Trauma in Prison**

Current research has also concentrated on the way traumas – both current and past – are dealt with inside the prison system. Matheson, Brazil, Doherty, and Forrester (2014) examined qualitative data collected from face-to-face interviews with 31 female offenders in Canadian

prisons. Their findings suggest that women in prison wish for and require specific treatment for trauma exposure (Matheson, Brazil, Doherty, & Forrester, 2014). The authors suggested that “integrating trauma-specific services involves a cultural shift within the prison environment that might be achieved by positioning trauma within the risk–need–responsivity model as an additional risk factor for criminality” (Matheson, Brazil, Doherty, & Forrester, 2014).

### **Limitations of Current Literature**

The review of literature on the relationship between childhood trauma and its relationship to behavioral outcome revealed a lack of research in which the childhood trauma histories of prisoners were examined in order to understand the relationship of those traumas with the type of crimes those prisoners committed. The use of convenience sampling appeared more frequently. Research conducted in the context of prison often appeared to be different from the general population in terms of the relationship between childhood trauma and its psychological consequences. Studies conducted in prisons often involved female prisoners (Karatzias et al., 2017; Kubiak, Fedock, Tillander, Kim & Bybee, 2014; Marsiglio et al., 2014), even though women were not the majority of the population in prison around the world. Another problem with research is related to ethical barriers. Due to this, most research conducted on childhood trauma and its consequences on behavioral outcomes is very rarely conducted from hospitals. This research focus revealed that most researchers were interested in criminal behavior instead of the mental health of the participants. It is clear that research on prisoners who are being treated in hospitals is a complicated endeavor, as the participants may be too risky or ill to take part in the study.

Although concerns have been raised regarding the accuracy of self-reported data in the context of trauma, such as problems with recall, unwillingness to disclose information due to fear of reliving the painful memories, and gender differences where men have been found to be less

likely than women to report childhood abuse (McKinney, Harris & Caetano, 2009), in the end it was decided more appropriate to use. Since participants were not going to benefit from misleading the researcher regarding their trauma, their own self-report would be given higher levels of accuracy. Additionally, research suggests that self-reports from victims of childhood abuse have been consistently found to be reliable (Rostami, Abdi & Heidari, 2014). Similar reliability levels were found among patients with adverse psychological conditions (Baumstarck et al., 2013; Evans, Ioannou & Hammond, 2015; Petersen, Joseph & Feit, 2014).

Additionally, parental substance abuse at home has also been found to be associated with excessive aggression among children (Kelley et al., 2016). Similarly, witnessing violence at home has been found to be a major influence on the development of aggressive behavioral outcome among children (Contreras & Cano, 2016). In this regard, findings suggest that witnessing both domestic violence and substance abuse at home may significantly enhance the likelihood for development of excessive aggression in children (Klostermann & Kelley, 2009). Indeed, the influence of experiencing both forms of traumatic events at home was more significant than experiencing only one form of traumatic event (Klostermann & Kelley, 2009). These findings highlight the interconnected nature of different types of traumatic experiences (Klostermann & Kelley, 2009). Multiple traumatic experiences may result in more severe possibility of violence and crime (Klostermann & Kelley, 2009). There is a limited research in which such cumulative childhood trauma histories of prisoners have been examined to understand the relationship of those traumas with the type of crimes those prisoners committed (Honorato, Caltabiano & Clough, 2016; Wolff & Shi, 2012).

The findings of this study may provide specific insights on childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed.

Such an understanding may be used by parents, policy-makers, and teachers in the government working in the field of children's welfare to develop practices that deal with different types of trauma differently on the basis of how severe their consequences.

### **Summary**

This review of literature discussed each of the relevant aspects found in the existing literature that were related to the identified problem. The first section focused on discussing the types of childhood trauma that will be the focus of this study, and it was noted that childhood trauma to be discussed in this study can be classified into various categories, including physical, sexual, and emotional abuse. The second section consisted of a review of literature on childhood trauma and their influence on behavioral outcomes, in which it was found that researchers have reported both long- and short-term consequences of childhood trauma. Various conditions such as anger, depression, and anxiety have been found to be linked to childhood trauma. Another possible outcome caused by childhood trauma in terms of disrupted cognitive development is decline in educational performance, which is more common among children who have had exposure to more than one stressors including violence, lack of opportunity, crime, and poverty. The third section discussed the association among prison and trauma experienced during childhood, in which it was discussed that many environmental, social, and individual factors affect the chances of an individual exhibiting violent behavior as well as becoming incarcerated. The fourth section discussed the treatment of trauma in prison, in which it was discussed that current research has also concentrated on the way traumas – both current and past – are dealt with inside the prison system. In the research gap, it was found that literature on the relationship between childhood trauma and its effect on behavioral outcome revealed a lack of research in which the childhood

trauma histories of prisoners was examined in order to understand the relationship of those traumas with the type of crimes those prisoners committed.

Sexual, physical, or emotional trauma during childhood has appreciably harmful, and often variable, impacts on the development of personality and behavioral outcomes. These outcomes include antisocial disorders (Ballard et al., 2015), post-traumatic stress disorder (Stimmel et al., 2014; Veer et al., 2015), anger and anxiety (van Veen et al., 2013), and substance abuse (Agorastos et al., 2014 ). More specifically, a history of childhood trauma is found among incarcerated individuals of both genders, in both juvenile and adult offender populations (Arditti & Savla, 2013; De Bellis & Zisk, 2014; Honorato, Caltabiano & Clough, 2016). Moreover, research has shown that *children whose parents are* incarcerated experience adverse outcomes, including emotional trauma, in early adulthood (Cai, 2014; Lee et al., 2013). Treatment of those underlying traumas in those prisoners is essential, aiding in the reduction of recidivism rates and retraumatization, as well as combating the post-traumatic stress that is linked to both childhood trauma and incarceration (Auslander et. al., 2016; Wolff, et. al., 2014).

### CHAPTER 3: METHODOLOGY

The purpose of this study is to examine childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. In order to examine childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed, the following research question was developed to guide this study: What is the relationship between childhood trauma histories of prisoners and the types of crimes committed by prisoners? In this chapter, the information regarding the methodology designed for this study will be provided. This information will include sections on the role of the researcher, methodology, instrumentation for data collection, procedures for the recruitment of the participants and data collection, plan for data analysis, and procedures for ensuring the study is ethically sound.

In this study, the qualitative methodology will be used as the final data gained through qualitative method would provide the meaning of the experiences as well as a finite description with respect to the phenomenon (Sweetman, Badiee, & Creswell, 2010). In this study, a qualitative narrative analysis will be used as the research design, which is optimal for encapsulating the exhaustive data that is within narrative stories (Mitchell & Egudo, 2003). This research design was found to be most appropriate with the purpose of this research childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed because the variety and types of stories people tell will help the researcher to better understand the complicated nature of beliefs, identities, histories, and communities relevant to the participants (Sandberg, 2010).



## **Role of the Researcher**

The primary research instrument for this study will be the researcher in the process of data analysis and data collection (Harper & Cole, 2012). The researcher will conduct the interviews with the participants, process the data, provide interpretations, and conduct analysis regarding the perception of the participants regarding the childhood trauma histories of prisoners and the relationship of those traumas with the types of crimes those prisoners committed on the basis of the interview data. The researcher will ensure that no participant is from the researcher's local social network, such as immediate family, friends, and relatives, community member, or colleague.

As it is human nature, there are possibilities of personal bias and error. In order to avoid such bias from the researcher's end towards the participant taking part in the study, it will be ensured that the protocol set for the data collection procedure is followed. The protocol for the interview will be designed so that it remains direct and efficient in gathering answers with respect to the research questions and there is minimal possibility of personal bias from the researcher during the data gathering process. Cautiousness and awareness on the part of the researcher will be essential during every stage of data collection and data analysis for this study.

As will be elaborated in a later section, multiple steps will be taken to ensure that the risks resulting from this study to the participants are minimized (Adams & Miles, 2013). Confidentiality will ensure the privacy of the participant is maintained. During the participant selection process, there will be no force from the part of the researcher towards potential participants to become a part of the study. Additionally, by noting that there are no consequences whatsoever for the participant should they wish to withdraw from the research process at any point of time, and that any collected data from such participants will be destroyed immediately, the researcher will ensure minimal personal bias towards the participants. This information will be shared by each participant

before their recruitment for the study as part of their rights as participants, as described in the informed consent form they will receive from the researcher.

Other important elements of minimizing the personal bias of the researcher will include intellectual honesty and bracketing with respect to the collected data and data analysis (Wray, Bachelor, Jones, & Newton, 2015). The process of bracketing is used to minimize possible harmful consequences resulting from the preconceptions of the researcher that could affect the research study. The process of bracketing will be important for calibrating the focus of the study without interference of personal views from the researcher in the process of data collection and analysis. Personal experience, beliefs, and attitudes of the researcher will be set aside in order to approach the problem to be addressed anew through the experiences of the participants. The data collection instrument will be used for data collection with protocols set for the process, which will ensure no information that is not necessary for the research question is sought. Further, intellectual honesty will be another element for maintaining the role of the researcher as unbiased and error-free. Intellectual honesty will require the researcher to be transparent about the approaches taken towards data collection and data analysis so as to ensure no personal views interfere with these processes. No information provided by the participants will be altered or omitted. The accuracy of the collected data will also be maintained through member checking to ensure that the role of the researcher remains intellectually honest. Described in later sections of this chapter in detail, member checking consists of providing the transcripts of the data to the participant and asking them to check their data for accuracy and suggest changes if necessary (Lincoln & Guba, 1985).

### **Population and Sampling**

The population to be studied is adult post-conviction felony offenders housed at any one of the Wayne County Jail facilities located in Detroit, or Hamtramck, Michigan. Twenty-four (24)

post-conviction adult felony offenders, 12 participants who identify as women and 12 participants who identify as men will be recruited from these jails. The selection of the participants will be based on their qualification in providing access to a subjective experience that is relevant to the research phenomenon, and as such their ethnicity, or race will not be relevant during their consideration for participation. Subjects under the age of 18 at the time of the study will be excluded. Their main criteria for selection: subjects must be convicted of one of six offenses, as defined by the 2017 Michigan Sentencing Guidelines; (crimes against a person; crimes against property; crimes involving a controlled substance; crimes against public order; crimes against public safety; crimes against public trust) and subjects must have experienced one or more types of childhood trauma before they committed their offense (physical abuse, sexual abuse, emotional abuse, and complex trauma). The researcher, who has access to a large correctional offender population, will solicit participants and obtain consent for all participants with the advance approval of the Chief of Jails ensuring that all participants meet the criteria. Individual participants will be contacted by the researcher with the information regarding the research purpose and potential significance of the findings with permission/approval of the Chief of Jails. The participants will be required to meet the inclusion criteria for the study to become eligible for participation. As a result, a screening will be conducted to ensure the interested participants meet the inclusion criteria.

The selection of the number of participants for this study, 24, is in alignment with the requirements for qualitative studies of a small sample size (Mason, 2010). Additionally, it is also consistent with the average size recommended by multiple researchers in the field of social science in order to achieve saturation (Charmaz, 2006; Green & Thorogood, 2009; Guest, 2006; Morse, 1994). In this study, a non-probability sampling method will be used, namely purposive sampling,

that relies on the researcher's judgment to select participants that it is believed will shed information on the topic of the research. The major advantage of purposive sampling is the various types of sampling techniques that can be used in the context of different qualitative research designs. In the context of this study, the specific purposive sampling technique will assist in exploring the experiences of the participants while ensuring quality (Patton, 2001). A major disadvantage of purposive sampling technique is high probability of research bias, which will be avoided in this study through various techniques for trustworthiness discussed in subsequent sections.

### **Instrumentation**

The main instrumentation for collecting data from the participants in this study will be open-ended interviews. During the data collection process, the researcher will make notes describing and chronicling observations and remarks (Ortlipp, 2008). Journaling and field notes will provide additional sources for data, helping achieve triangulation for consistency and rigor (MacNaughton, 2001).

For the interview sessions, an interview protocol will be developed consisting of basic questions derived from the interview question. The presence of a consistent guide for the interview sessions will also assist with ensuring the credibility of the process. The semi-structured interview protocol includes posing multiple basic questions that drive the data collection process centered around the main research problem and research questions, which refers to the relationship of trauma during childhood on the types of crimes committed by prisoners. These questions establish the foundation for the data collection process during interview, but also enable the possibility of questions meant for follow-up based on the answers provided by the participants. The researcher will use interview questions based on the Narrative Role Questionnaire (NRQ), which deals with

the roles a person thinks they played when committing a crime (Youngs & Canter, 2012). With 33 questions, this questionnaire was developed through exhaustive interviews conducted by the researchers with offenders regarding their experiences of being involved in the offenses (Youngs & Canter, 2012). Implicit in this instrument is the assumption that it is possible to condense such narrative processes within a comprehensible shape which indicates particular action patterns. The three primary components of the interview questions will be aimed at capturing: 1. The interpretation of the offender regarding the event as well as their actions taken during the said event; 2. The identity or self-awareness of the offender with respect to the interpersonal event of crime; 3. The offender's experiential and emotional qualities with respect to the event (Presser, 2009). Youngs & Canter's (2012) NRQ attempts to encapsulate in the interviewees' own words, the key descriptions of the interpretation of the event and justification of the offending 24 participants, the offender's self-awareness/identity, and their emotional state during the offense. For a full list of the 33 questions, see Appendix A. The questions will be altered to ensure they are consistent with the format of the narrative analysis.

### **Procedures for Recruitment, Participation and Data Collection**

In qualitative research, the goal is to gather a holistic understanding of the research phenomenon instead of dividing it into variables (Lodico, Spaulding, & Voegtler, 2010). This is achieved through the inclusion of multiple narratives of participants (Lodico, Spaulding, & Voegtler, 2010). The outcome expected in qualitative research is the collection of meaningful, rich descriptions from the participants that provide a subjective understanding of the research phenomenon (Merriam, 2009). Due to the focus on the lived experiences of individual humans, the qualitative method is the most appropriate in this research, as it will allow the identification of meanings placed by individuals on the structures, processes, and events of their views and

experiences, assumptions, and prejudices. Compared to the quantitative method, the qualitative method is more suitable because it will enable focusing on a small sample, gathering data about lived experiences directly from the participants, identifying the themes emerging from these narratives, and achieving a whole picture of the complicated associations of childhood trauma with behavioral outcomes among prisoners (Carreiras & Castro, 2012). The quantitative method is deductive. Additionally, the tendency of a researcher using this method is to focus on frequencies and trends of the variables rather than the meaning of experiences from the perspective of the participants who have lived those experiences (Al-Busaidi, 2008).

The narrative analysis will be used in this study as the research design, which is optimal for encapsulating the exhaustive data that is within narrative stories (Mitchell & Egudo, 2003). This research design was found to be most appropriate with the purpose of this research exploring childhood trauma histories of prisoners and the relationship of those traumas with the types of crimes those prisoners committed because the variety and types of stories people tell will help the researcher to better understand the complicated nature of beliefs identities, histories, and communities relevant to the participants (Sandberg, 2010). Moreover, narrative analysis allows text to be analyzed within their cultural, historical, and social contexts from multiple perspectives. These narrative texts are then deconstructed to reveal “powerful discourses, hierarchies, presuppositions, deliberate omissions and polar opposites” (Grbich, 1999, p. 52). In this process, the researcher avoids confirmatory bias by adopting strategies to increase the trustworthiness of the data, such as member checking. Description of the protocol for interview, objectivity during the interview process, and member checking allow the researcher to avoid confirmatory bias. More specifically, narrative analysis has been extremely valuable in the field of prison studies, as it applies to both individuals and aggregates, in addition to both the direct perpetrators and the

bystanders (Presser, 2009). The stories of offenders are instrumental for describing the meanings that people give to their own violations (Presser, 2009). Moreover, the “proposal that offenders’ narratives help to shape criminal action raises the possibility of a finite set of narrative themes for distinguishing offenders” (Youngs & Canter, 2012). Therefore, offense narratives can help to encapsulate many psychological processes of the offenders (Youngs & Canter, 2012). For the purpose of analysis of interviews, the narrative approach allows a researcher to capture processes of social representation such as time, images, and feelings. Further, it allows a researcher to highlight organizational phenomena, dynamics of groups and individuals, uncertainty, and ambiguity (Mitchell & Egudo, 2003). Compared to a case study design, the narrative approach allows a researcher to focus not just on a single bounded case but on holistic experiences. Further, the small number of participants will enable the in-depth inquiry. The ethnographic research design focuses on ideas and rituals in the broader context of cultural dynamics. The narrative approach will allow a focus on a more flexible and narrowed domain, which is more relevant to this study.

Chase identified five interconnected, analytic lenses that should be incorporated in narrative inquiry (Chase, 2005). The first lens concentrates on the narrative as a medium for and representation of the individuality of human action. The second lens focuses on the narrator’s voice (in this case, the voice of the prisoner) and the verbal actions and choices they make while telling their stories. The third lens centers on how the narratives were limited or changed by social circumstances, and the “fourth lens treated narratives as socially situated, interactive performances between the researcher and the participant.” Finally, the final lens looks at how researchers can act as narrators (Chase, 2005). This study will emphasize Chase’s first, second, and third lenses, looking at how participants tell their narratives, including how they describe their thoughts,

feelings, and behaviors about their criminal activity in relation to their early traumas, and on the ways in which those narratives were driven and influenced by the social mores of the time.

In this study, the researcher will use in-depth semi-structured interviews, a demographic survey, and field notes. The sample for this study will consist of 24 prisoners who have suffered childhood trauma to examine the relationship of those traumas with the types of crimes those prisoners committed. The recruitment of the subjects will be based on their satisfying the requirement of the inclusion criteria. Beginning the process of recruitment, the researcher will personally contact the Chief of Jails who will be the chief administrative official for the selected correctional facilities and inform them about the nature of this study and the research process. The researcher will explain the inclusion criteria for participants and the potential social benefits that may result from the research. The inclusion criteria for the prisoner will consist of the following: the participant must be an adult post-conviction felony offender housed at one of the Wayne County Jail in Detroit, or Hamtramck, Michigan and the prisoner must have a history of childhood trauma in the jail and/or sentencing records or report a history of childhood trauma. Due to the sensitive nature of the inclusion criteria, the support and assistance of the Wayne County Executive and Chief of Wayne County Jails will be of primary significance. The researcher will access prisoner jail lists and sensitive data including sentencing records regarding the past history of the participant through the Chief of Jails who will be contacted directly by the researcher.

The research process will begin after the potential participants are identified using inclusion criteria. After identification and verification of their interest in the study, the researcher will provide each participant an informed consent form introducing the research topic and the purpose of the study. In the informed consent, researcher will also explain the possible significance of the findings of the study, including the practical advantages the findings might have. The



participants will be asked to sign the informed consent form and return it to the researcher. After the informed consent forms are gathered by the researcher, the researcher will begin the process of data collection, which will include semi-structured interviews with the participants. After scheduling the interviews based on consultations with individual participants, the researcher will seek to conduct interviews for about 60 – 90 minutes each for every participant. Before beginning the session during the interview, the informed consent form will be read to ensure the participants are aware of their rights. Consent will be sought from the participant regarding the use of audio recording device. According to Smith and Osborn (2008), the interview should also be a guided schedule, rather than a set list of questions, so that the participant can introduce issues important to him or her and so that the researcher can try to enter the psychological and social world of the participant.

The interview will take place in a private space approved by the Chief of Jails within the jail facility. The semi-structured interviews will be open-ended, allowing flexibility to the participants and the researcher as well as the possibility of follow up questions. The interviews will be recorded using an audio recording device and stored with the Nvivo 10 application. The data collected will be transcribed using a third-party service, TranscribeMe transcription service. The information regarding the access of data by the service will be provided in the informed consent form. As part of the member checking process, each participant will be provided with the transcripts of their interviews for the purpose of verification and accuracy.

Member checking process refers to the validation of the collected and transcribed data from the participating members. It is a commonly used strategy to ensure the trustworthiness of research data (Merriam, 2014). Member checking process allows the participants to ensure their experiences are adequately represented in the final transcripts. If the participants feel their data

does not accurately describe their experiences, they are given the opportunity to provide feedback, which is then assimilated into the final transcripts used for analysis. Member checking also allows the researcher to avoid confirmation bias as well as increase the validity of the findings.

The researcher will make field notes during the interviews. Initially, the notes will be handwritten. Later, they will be transcribed and scored in a computer. The notes will involve observations made during the data collection process that might be relevant for data analysis. The notes will also include further expansions, following the completion of individual interviews, including thick, rich descriptions of the experience, with the goal of creating a narrative from raw data and expanding the notes from the initial observations. The field notes will be centered around the same questions that will drive the research process, with a special focus on new information, topics for further inquiry, and questions for a follow-up.

### **Data Analysis Plan**

The audiotapes will then be summarized for every participant's narrative, using their own words. The analysis will be based on Rosenthal & Fischer-Rosenthal's (2004) analysis of narrative data. These authors distinguish between actual events and narratives, contending that narratives must be based on perception or observation of real events (Rosenthal & Fisher-Rosenthal, 2004). The authors lay out an analysis process that consists of six steps. The first step involves biographical information analysis. The second step involves thematic analysis. The third step consists of re-construction involving case history. The fourth step involves specific text analysis. The fifth step involves a comparison process between the case history and a narrative. Finally, the sixth step involves the development of different categories of narratives.

This researcher's analysis will begin with an exploration of the data by biographical details, particularly regarding factors like age when the childhood trauma occurred and age of the offense,

gender of the participant or the victimizer, etc. Next, the research will conduct a thematic analysis of the data (Ezzy, 2002), “including coding by significant sentences, paragraphs relating to themes, narratives about particular incidents, the structure of the interview, and by the interview as a whole.” At the same time, the researcher will work to construct a narrative for all participants based on their history to contextualize their experiences within the larger history of their lives (Flick, von Kardorff, & Steinke 2004). Finally, the narratives will be grouped together according to common core concepts.

### **Reliability**

In the data analysis process, reliability and validity will be maintained by following a number of stages. Reliability, in the context of qualitative study, refers to the concepts of dependability as well as transferability (Lincoln & Guba, 1985; Munhall, 2012). In qualitative research, reliability and validity are critical elements that are connected to the perceptions derived from both the participant as well as the researcher. As noted by Lincoln and Guba (1985), “there can be no validity without reliability (and thus no credibility without dependability), a demonstration of the former is sufficient to establish the latter” (p. 316). In this study, member checking will be performed in order to maintain reliability of the collected data through the perspective of the participants themselves. Member checking allows the participants to verify the transcriptions of their provided data to ensure accuracy. The reliability of the data will also be assured by laying out the exact steps that will be followed to collect data, including information about the data collection instrument and methods.

An important aspect of reliability in qualitative research is transferability. Transferability refers to the possibility of transferring the findings from a research study to similar populations in real-life similar situations (Lincoln & Guba, 1985). Transferability is associated with external

validity (Munhall, 2012). In the context of this study, transferability entails that the findings of the study on prisoners is possible to transfer to a similar population, that of prisoners, in real-life similar situations in different regions. In order to maintain accuracy with respect to transferability, the procedures and the context associated with this study, including data analysis technique, data collection procedures, instrumentation for data selection, and participant selection logic, will be provided. These data will allow future researchers to gain an understanding regarding the ways in which research can be replicated in the context of a similar population (Lincoln & Guba, 1985).

Another important aspect of reliability is dependability. In the context of this study, dependability will be based on the data provided regarding the participant information, the research context, and the research methods (Lincoln & Guba, 1985). The reviews of the participant will be obtained through the process of member checking which will enhance the dependability regarding this study. In this process, by allowing the participant the opportunity to correct statements or experiences provided that may be incorrect, or provide additional detail regarding a certain statement, if required, the member checking process will establish the dependability of the data. The procedures followed to maintain dependability will ensure that future researchers are able to verify the findings of this study (Lincoln & Guba, 1985). Dependability will also be maintained from the perspective of the researcher by following the original details of the data provided by the participant during transcription and by not distorting their words.

Finally, reliability also entails confirmability. In a qualitative study, confirmability refers to a process similar to objectivity in the context of quantitative studies. In this study, confirmability will be achieved through the process of bracketing, which refers to a method used for eliminating possible negative consequences of preconceptions hindering the research process, and a detailed data analysis plan to ensure that the original words of the participants are reproduced with the

original meaning in which they are meant. The researcher will achieve bracketing by setting their personal assumption aside during the research process and clearly acknowledging the data collection method and data analysis technique. Confirmability will ensure that the process of data analysis which will be used to draw final conclusions about the data is accurate and relevant with respect to the research question of this study (Lincoln & Guba, 1985).

### **Validity**

In addition to reliability, another important aspect of qualitative research is validity, which is associated with credibility. In order to ensure the data in this study is credible, a research of literature will be conducted to verify the relevance of the research questions, theoretical framework, and the context of the research. Further, member checking will also ensure that the data collected remains credible, as the process of member checking will generate greater accuracy regarding the conclusions drawn from the experience of the participants (Lincoln & Guba, 1985). Maintaining the accuracy of the transcripts using the assistance of the participants will also validate the findings of the study (Lincoln & Guba, 1985). Qualitative studies do not require a large sample due to the focus of the research on the perceptions and experiences of the participants. Thus, in qualitative research studies the goal of data collection is not focused on numbers but on the depths of the data. Following the guidelines for sampling and data saturation in qualitative studies (Mason, 2010) will ensure that sufficient data has been collected to draw the conclusion, enhancing the credibility of the findings.

### **Ethical Procedures**

Maintaining ethical standards is the responsibility of the researcher towards the participants as well as the people who will be influenced by the findings. According to Yin (2014), there are four main principles for ethical research, consisting of non-maleficence, which refers to ensuring

no harm is done; beneficence, which refers to activities that are considered good; justice, which in particular refers to the concept of equity; and autonomy, which refers to respecting the participants' rights. The researcher acknowledges that inquiring a participant, especially in the specific context of this study which deals with childhood trauma, may be a painful, frightening, humiliating experience for the participant that may cause an increase in their anxiety. In order to ensure that the risk faced by participants are minimal, the researcher will design the structure of the questions and the manner of data collection that is both empathic and least offensive. The Chief of Jails has authorized participant access to psychological services, should a participant express feelings of anxiety or through observation there is an increase in anxiety.

Further, maintain the confidentiality of the participants regarding their identify will be the highest priority of the researcher. Another important ethical practice will be related to the presentation and signing of the informed consent form before the study is initiated. Participation will be voluntary. An informed consent form will be distributed to all participants, which will consist of a general summary of the research problem, the research purpose, and the possible benefits of the findings. The informed consent form will also specify the consent required from the participants as well as their rights as voluntary actors. No data collection process will be initiated before securing the approval of the Internal Review Board (IRB).

After receiving the IRB approval, the process of recruitment for the participants will be initiated. Every participant who meets the inclusion criteria and is interested in taking part in the study will be provided an informed consent form containing essential information about the study, and procedures for data collection, the voluntary nature of the research and the right of the participant for withdrawal from the process of the research at any time with no further explanation and repercussion. The informed consent form will be used with two steps. First, the participants

will be provided and will be asked to acknowledge the receipt of the informed consent letter along with the invitation to take part in the study. Second, the participants will be required to return the informed consent form after signing it should they agree to take part in the research after understanding all the details.

An important element of the ethical procedure will be the confidentiality of the participants. In addition to anonymizing the personal identifying details of the participants with numbers, a practice which the participant will be informed about in the informed consent letter, the researcher will also ascertain data safety by keeping the entire data record from the study, including the transcripts of the interview, audio recordings, and consent forms in a locker located inside the researcher's private office in a safe. Electronic files will be stored inside the personal computer of the research, which will be protected with password. The transcription service, dissertation committee members, and dissertation chair will be the only individuals apart from myself who will view the data collected, unless it would be a legal requirement to share the data. All the files stored within the researcher's personal office will be destroyed 3 years after the conclusion of the study. The data will be destroyed by shredding, breaking, or burning based on the nature of the data-storing object. Electronic data will be deleted from the computer.

As participation in this study will be based on voluntary choice of the participants, the informed consent form will be a major part of the ethical process. No incentives or benefits will be provided to the participants for taking part in the study. Due to the nature of the inclusion criteria, the participants may have problem recalling or sharing their personal experience of the past, which will be a challenge. As an ethical consideration, the researcher will remind the participants again during the process of data collection that the nature of their participation is entirely voluntary and they may choose not to provide answers to any question that may cause

anxiety or pain and may make them feel uncomfortable. Even after providing consent to participate in the study, they will be reminded, if necessary, that they have the right to remove themselves from the research study during any stage of the process with no questions or explanation to face regarding their reasoning or negotiation.

If a participant does decide to remove themselves from the research, they may choose to do so either verbally via face-to-face conversation or phone, through email, or by providing a formal letter. The researcher will ensure the participant once again, in such event, that there are no consequences associated with their choice. The researcher will also explain to such participants that every data collected from them so far as part of the data gathering process will not be part of the study and will be destroyed and their informed consent form will be provided back to them. These steps will be used to ensure the study is ethical and that, despite the sensitive nature of the study, no harm is caused intentionally or unintentionally to the participant as part of participating in this study.

### **Summary**

In this study, the research method will be a qualitative narrative analysis. The data collection process will consist of face-to-face interviews lasting for 60 to 90 minutes with 24 adults post-conviction in a Wayne County Jail in Detroit, or Hamtramck, Michigan. The semi-structured interviews, demographic survey, and field notes and journaling will form the instruments for data collection. Following the data collection process, the data will be analyzed using Rosenthal and Fischer-Rosenthal's (2004) analysis of narrative data, including a six-stage process of analysis:

- 1) an analysis of biographical data; 2) thematic analysis; 3) re-construction of the case history or life as it was lived; 4) an analysis of individual texts; 5) a process of comparison between a narrative and life as lived and; 6) the formation of different types of narratives.



## CHAPTER 4: DATA ANALYSIS AND RESULTS

The purpose of this study was to explore childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. Childhood trauma may be an elucidatory factor in the crimes committed by convicted criminals (Arditti, 2012; Arditti & Savla, 2013; Midgley & Lo, 2013). The results will provide an understanding of the childhood trauma histories and how childhood traumas manifest in specific crimes. This study was guided by the following research questions:

RQ 1. What is the relationship between childhood trauma histories of prisoners and the type of crimes those prisoners committed?

Sub-RQ 1. What, if any, are the apparent themes between type of trauma and type of crime?

Sub-RQ 2. What, if any, are the differences by gender between type of trauma and type of crime?

Sub-RQ 3. What, if any, are the differences by age of participants when the trauma occurred?

Sub-RQ 4. What, if any, are the occurrences that are similar between more than one participant and how do they relate?

This chapter will contain a description of the sample of the study. The sample was 24 post-conviction adult felony offenders between the ages of 18 and 65 who experienced at least one type of childhood trauma. Narratives about each participant will be provided to create participant profiles. The themes will then be presented along with excerpts from the data. The results will be organized according to each sub-question and will be synthesized through answering the primary research question.

### Sample of the Study

The sample of the study consisted of 24 post-conviction adult felony offenders over the age of 18 who experienced at least one type of childhood trauma (physical abuse, sexual abuse, emotional abuse, and complex trauma), and were convicted for at least one of the following offenses as defined by the Michigan Sentencing Guidelines (2018): crimes against a person; crimes against property; crimes involving a controlled substance; crimes against public order; crimes against public safety; crimes against public trust. Twelve of the participants identified as women (P1-P12), and 12 participants identified as men (P13-P24). The participants were assigned an alphanumeric code (P1-P24) for confidentiality purposes. A summary of the type of crime, type of trauma, and age when trauma occurred can be found in Table 1. The participants' profiles are further detailed below.

**Table 1.** *Participant Profiles*

Participant	Gender	Offense	Type of Crime	Type of Trauma/Stressors	Age When Trauma First Occurred
P1	F	Financial transaction device – Stealing/Retaining w/o Consent	Property	Physical abuse, child sexual abuse, complex trauma	10
P2	F	Possession of Burglary Tools	Property	Physical abuse, child sexual abuse, emotional abuse, complex trauma	5
P3	F	Assault w/intent to do great bodily harm less than murder	Person	Child sexual abuse, emotional abuse, complex trauma	4

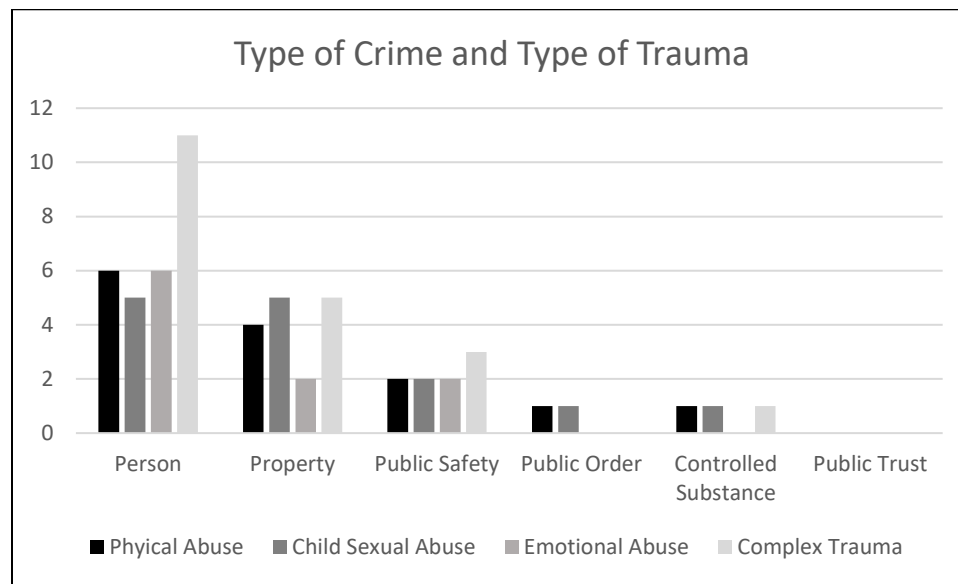
P4	F	Operating While Impaired - 3 <sup>rd</sup> Offense	Public Safety	Physical abuse, child sexual abuse, emotional abuse, complex trauma	3
P5	F	Operating – Impaired – 2 <sup>nd</sup> Offense	Public Safety	Physical abuse, child sexual abuse, emotional abuse, complex trauma	5
P6	F	Unarmed Robbery, Violation of Probation	Person	Child sexual abuse, complex trauma	6
P7	F	Assault w/ Intent to do great bodily harm less than murder	Person	Physical abuse, child sexual abuse, emotional abuse, complex trauma	8
P8	F	Controlled Substance - Delivery/Manufacture of Marijuana	Controlled Substance	Physical abuse, child sexual abuse, complex trauma	1
P9	F	Assault w/Intent to do great bodily harm less than murder	Person	Child sexual abuse, emotional abuse, complex trauma	12
P10	F	Reckless Driving Causing Death	Person	Physical abuse, emotional abuse, complex trauma	6
P11	F	Retail Fraud 1 <sup>st</sup> Degree	Property	Child sexual abuse, complex trauma	15
P12	F	Breaking and Entering/Entering w/o owner's permission	Property	Physical abuse, child sexual abuse, emotional abuse, complex trauma	11

P13	M	Retail Fraud, arrested 37 times, career criminal	Property	Physical abuse, child sexual abuse, complex trauma	5
P14	M	Home Invasion 2 <sup>nd</sup> Degree	Person	Physical abuse, emotional abuse, complex trauma	8
P15	M	Assault with intent to do great bodily harm less than murder	Person	Child sexual abuse, complex trauma	3
P16	M	Personal Identifying Inform-Obtain/Possess/Transfer w/Intent to Commit ID Theft	Public Order	Physical abuse, child sexual abuse, complex trauma	9
P17	M	Carrying a Concealed Weapon (CCW) under the Holmes Youthful Trainee Act	Public Safety	Complex trauma	2
P18	M	Child Abuse 2 <sup>nd</sup> Degree	Person	Physical abuse, complex trauma	14
P19	M	Arson 5 <sup>th</sup> Degree	Property	Physical abuse, emotional abuse, complex trauma	4
P20	M	Organized Retail Crime Prohibited Conduct and Parole Violation	Property	Complex trauma	7
P21	M	Home Invasion 2 <sup>nd</sup> Degree	Person	Physical abuse, emotional abuse, complex trauma	6
P22	M	Resisting and Obstructing causing Injury and Domestic Violence	Person	Physical abuse, emotional abuse, complex trauma	3
P23	M	Police Officer – assaulting/resisting/obstruction Causing Injury	Person	Emotional abuse, complex trauma	9

P24	M	Police Officer - assaulting/resisting/obstruction Causing Injury	Person	Complex trauma	12
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Figure 1 below shows the comparison of the type of crime and the type of trauma. The figure shows that the participants who committed crimes against persons experienced more types of trauma. The participant who committed a crime against public order experienced the least types of trauma, not including crimes against public trust, as no participant committed such type of crime.



**Figure 1.** *Type of Crime and Type of Trauma.* The figure shows a comparison in the number of types of trauma experienced by participants who committed certain types of crimes.

**P1.** At the time of the current offense, P1 was age 44. She was single and unemployed. Her offense involved identity theft through stolen credit cards and using ATM. The participant has a juvenile record, and eight prior jail sentences. She reported to be physically abused by her father starting at the age of 10/11. He often used a belt, punched her in the eye, or slammed her until she cried. The abuse occurred two to three times a week. P1 reported that her father was overprotective

and overbearing. She did not finish high school, but she was currently pre-GED. Growing up, her neighborhood was described to be violent with prevalent drug activity. At 18 years old, the participant was walking alone, forced into a car, and raped. She later left home and was homeless for about 15 years. She supported herself through prostitution. P1 reported that her reason for committing her current offense was so her children would not be homeless like she was.

**P2.** P2 was 41, divorced, and unemployed at the time of the offense. She was fired from her last job due to her temper. She has no juvenile record, but her first arrest was the age of 18. Her previous offenses included multiple counts of identity theft and fraud. Her current offense was possession of burglary tools and receiving and concealing stolen property. She also has a history of violation of probation.

P2 did not finish high school, but later completed her GED. She has a history of bipolar disorder and anxiety disorder. Her parents were absent during her childhood. She was separated from her mother at the age of 5½ when her mother was sent to prison. Her mother's live-in boyfriend would flick towels, shoot rubber-bands, and smack her and her brother around on a daily basis. P2 was 38 years old when her father was released from prison. She and her brother did not have any parental supervision. Their parents divorced when P2 was 15 years old. She and her brother first lived with their father's sister; however, they were exposed to prostitution and drugs by their aunt. They then lived with her mother's sister; however, her aunt's boyfriend, who was the brother of their mother's boyfriend, was physically abusive, which her aunt allowed. She reported from age 5 until the age of 12 she was molested by her oldest brother who was 10 years older. She reported emotional abuse, a shortage of food, neglect, and inadequate clothing. The food shortage occurred when her mother and aunt would not allow them to eat good food. Participant reported she now has problems with binge eating. The participant shared:

They [her mom and aunt] would make steaks for themselves to eat and we would eat hot dogs. We weren't allowed to eat the food that they were eating. We were forced to eat hot dogs and macaroni or bologna. The cheapest of whatever they could buy, while they ate good foods.

P2 grew up in a disadvantaged neighborhood, with the absence of adequate caring role models. She was mugged in the neighborhood at the age of 12 and witnessed gang fights. She reported, "It was rough growing up without my parents. I had no one to really rely on, except for my aunt, which wasn't very reliable because she let men beat on us, let them belittle us." She also witnessed drug and alcohol abuse in the home. She moved out at the age of 16 and moved in with her boyfriend.

P2 talked about loss of "plenty" of family members, but the death of a family member with the most impact was that of her cousin. At age 15, she lost her cousin to suicide. She reported to be "really close" with that cousin. At age 16, she had a stillborn child. At age 22, her brother died in a high speed chase from police. She was diagnosed with post-traumatic stress disorder (PTSD) around six years prior to this study. She also was diagnosed with bipolar disorder and anxiety disorder.

**P3.** P3 was 39, when she was charged with the current offense. The offense was assault with intent to do great bodily harm less than murder. She reported a history of physical abuse, and sexual abuse. The physical abuse was from her mother and stepfather. She and her older sister were beaten and whipped, and their mother would "bang" the participant's head on the floor from the time she was 12 until the age of 17. She and her older sister were molested by their stepfather from the time P3 was age 4 to age 9. They told their mother about the sexual abuse, but their mother was high on cocaine, and did not believe them. P3 ran first away from home at age 12. She

reported a history of attempted suicide on a couple of occasions as a juvenile, stripping, drug abuse, and in-patient mental health treatment. At age 15, she experience the death of a close family member with the loss of her sister who was suffocated with a pillow by her boyfriend.

She ran away again at age 15, and she was raped by a man she knew. P3 shared, "I was raped when I was 15 when I ran away from home. And I ended up pregnant, and I now have a 23-year-old daughter who I'm blessed with. She's my life, I have no regrets." She returned home; however, the pregnancy led to her being expelled from the house by her mother and stepfather. She was charged as a juvenile "for incorrigibility and truancy from home." She was placed in a "home," as she was a minor. She then stated, "I was supposed to be there until I was 18 years old. But they ended up getting me out, I was four months pregnant, it was January of '95."

She lived with the man who raped her. P3 reported that they were together for 14 years, and he took good care of their daughter. Some people also said that they had "the perfect marriage," until the man started drinking. He had a "Doctor Jekyll and Mister Hyde" persona, and became physically abusive at times. One time, he broke P3's jaw, it had to be "wired" for six months and required two reconstructive surgeries. He also broke her ribs and her nose. In the end, P3 shared:

It was, I mean, he was the love of my life and still [is] to this day, I'm 39 years old. And it still kills me because I know the person he used to be. And it's so weird how you can be with someone for that many years and then have everything just fall apart like that.

Her best friend died in an accident six years prior to this study. Her best friend left behind a daughter who was the participants' god-daughter. The god-daughter became a "problem child" who did not seem to care.



**P4.** P4 was 56, married with one daughter, and working as a kennel attendant at the time of the current offense. The offense she is serving is for operating a motor vehicle while under the influence of alcohol, 3rd offense (OUIL 3<sup>rd</sup>). Her first arrest was at the age of 42.

As a teenager, P4 has had four abortions. She was also promiscuous and stripping. She was diagnosed with attention deficit hyperactivity disorder (ADHD), obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). Physical and verbal abuse by her father started at age 3. She reported that her father was abusive to animals, and he killed their dog in front of her. Her father was an alcoholic, and her mother would also come home drunk most of the time. Her parents lived in the same house, but led separate lives. Her father lived in the basement. There was physical fighting between her parents, “probably a couple times a week” when P4 was about 4 years old. Her mother was married twice prior to her father. She had half-brothers both with different fathers. Her brothers were ages 14 and 15 when participant was born. P4’s father was her primary caretaker, as her father worked nights while her mother worked days.

P4 recalled being inappropriately touched by her brother’s 17-year-old friend when she was around three. At around age 8, she first saw her father’s collection of incest magazines. Her father would also kiss and slobber on her mouth.

At around the same age, she was also exposed to illegal conduct at home with her brother’s use of marijuana. She had people buy her beer when she was 10. Her father gave her sips of beer when she was around 5 years old. At the age of 14, she helped her brother and father sell large quantities of marijuana from home when her father lost his job. The drug activity occurred for about a year.

P4 believed her mother was not cruel but she was not loving. She said she felt lonely as a child. Her parents were not emotionally present for her. She has been in psychiatric wards and has a history of attempt suicide.

**P5.** P5 was age 37 at the time of the current offense, operating while impaired, 2<sup>nd</sup> offense. She has four children and was separated from her husband. Her ex-husband was a drug addict who was in and out of rehabilitation facilities.

She was abandoned by both parents at age 14. Neither of her parents were emotionally present. Her father cheated on her mother and was physically and verbally abusive. At two to 14 years old, she witnessed her father choking her mother, and calling her a whore. Her mother and brother were physically abusive starting when P5 was 5 years old. Her brother tried to kill her. He was placed in a group home. She reported her mother “did not like women.” She was kidnapped and sexually abused at age 11. P5 shared:

I've been in therapy throughout my life. Yeah. I mean my diagnosis and stuff are from a young age. Also the whole reason I'm diagnosed PTSD is when I was 11, I actually was kidnapped. It was on the news. I was kidnapped and raped. I was kidnapped for 12 days. And I ended up being the only girl that came forward. And once I came forward and the other girl had seen it on the news, like 13 other females came forward. It was a big, huge court case... He ended up going to prison because of me. He did eight years in prison. So that, when that happened, that's when I started going to therapy.

She grew up in a neighborhood with prevalent gang activity. Shoot-outs occurred frequently, and their house was shot “all the time.” Her brother later became a leader of a neighborhood gang. She has a half-sister who recently overdosed on heroin though P5 did not have a close relationship with her.

She excelled in algebra but dropped out in 10<sup>th</sup> grade. She later earned her GED. She supported herself through stripping dancing for eight years. She had an accident on a train when she was 12 years old, resulting in a severed finger. She contracted viral meningitis at age 15 and

was hospitalized for one month. Her grandmother, who was an “important figure” in her life, passed away when she was 16.

**P6.** P6 was 23 years old and single at the time of the current offense. Her offense was probation violation (PV) unarmed robbery. She committed the crime for money to buy drugs and received a probation sentence. She violated the terms of probation conditions for technical reasons; a failure to report for the 3rd time and received a jail sentence. Her first record of disorderly conduct included a misdemeanor offense for failing to pay for defrauding a vendor for services she received, and subsequently cussing at the police officers who had been called to the scene. The day of her first offense was the day she started using crack.

She was raised by her mother, and only spent time with her father during the summer months. Her parents were not married. Molestation by her dad’s girlfriend and also by her grandmother’s boyfriend began at the age of 6 and went on until the age of 9. Her favorite age was 5 prior to the molestation. She shared, “molestation was repeated.” Every time (daily) she went to stay with her dad, his girlfriend would watch her and her cousin when her dad was at work. “She made us do things.”

At age 6 she set fire to the house. Her mother tried to get her diagnosed at age 14. Her mother married her stepfather when she was 14. They drank at home but were not alcoholics. She only finished 7<sup>th</sup> grade.

P6 was kicked out of the house when she started using drugs. Her drug addiction began when she was 19 years old. She was homeless and lived in a crack house. She engaged in prostitution to have money for drugs. The drug addiction also affected her cognitive ability. At age 18, P6 got a job at a restaurant where she believed she saw people with “heads like demons in the drive-thru.” She also believed someone threw a tomato at her. She “flipped out in the bathroom.”

She was fired from her job, and was admitted to the hospital. Later, she was denied social security income (SSI). P6 narrated:

So when I lost my job I ended up walking out of the house naked, and I was throwing my clothes away in the big old dumpster where I couldn't get them out. I pulled knives out on them, and they called the police on me, and they took me to a mental institution. I called my mom. I was like, Mom, these people in this institution are vampires. They're trying to eat me, because it sounded like someone above me ... They sounded like they had evil scientists above my head electrocuting people.

She was diagnosed with bipolar disorder, schizophrenia, psychosis. She was in and out of mental institutions her whole life for trying to hurt herself. She had approximately four suicide attempts which started at age 20.

**P7.** P7 was 25, unemployed, and had two children when she committed the current offenses. The offenses were felonious assault and assault with intent to do great bodily harm less than murder. She fired a rifle several times in a dispute with her boyfriend's ex-girlfriend. She had an employment history as a certified nurse assistant. She attended school until the 10<sup>th</sup> grade.

At around age 9, she had an inappropriate sexual experience with her mother's boyfriend who made her get naked and stand in front of him. Her little brother interrupted them. At age 10, her older cousin exposed himself by standing nude in front of her. She ran out. At age 15, she was sexually promiscuous, her mother put her out of the house. She lived on the streets homeless for a year. She strip danced and engaged in prostitution to support herself.

Her mother was physical and verbally abusive. She described her mother and overbearing and over controlling. She was "whooped" with a belt, switches, her mother's hand, and an electrical cord. She and her other siblings were disciplined this way. She felt angry when her mother was physically abusive. She later has trouble with authority figures. At age 15, her boyfriend demeaned her.

She was diagnosed with bipolar disorder, ADHD, learning disability with reading/writing, and anxiety disorder. She was prescribed medication for ADHD when she was in the 4<sup>th</sup> grade, but her mother discouraged her about taking it. She had problems sitting still. She was suspended and her report cards were bad. She was bullied by her peers in elementary and high school. As a juvenile, she was incorrigible and placed in a juvenile detention center with a term of one year probation supervision.

Despite her childhood experiences, P7 reported that her PTSD was rooted on witnessing her boyfriend get shot in the face on New Year's Eve. She saw a lot of violence in the neighborhood such as stabbings and shootings when she was growing up. She was 10 when she learned her 14 year old cousin was shot and killed.

**P8.** P8 was 49 when she was convicted for her current offense. She is serving a 273-day jail sentence for delivery/manufacture of marijuana; a controlled substance offense. In 2010, she was sentenced to prison on a prior offense for drugs. She was first exposed to drugs at around age 10. She already wanted to sell drugs then. Her mother was a severe drug addict. She began a criminal lifestyle at age of 26 when she became homeless. She sold drugs and made money to support herself from the time she started at age 26 to the time of the current offense at age 49. She reported to "feel happy" when selling drugs.

Her biological father was incarcerated during part of her childhood. When P8 was 13, her father was released. When she saw her father, she remembered "episodes" with him at the age of 13 when he surfaced. She had recurring dreams of her biological father putting his penis on her vagina when she was one year old. She was also molested by her older cousin when she was around 9/10 years old. The participant's first of many attempts of suicide was at the age of 12. She

currently has no custody of her children due to her unstable mental condition and multiple suicide attempts.

She was diagnosed with PTSD, schizoaffective personality disorder, and narcissistic personality disorder. She takes medication. She is also suffering from a degenerative disk disease. She grew up feeling that no one genuinely cared about her. There was a lot of housing instability during childhood. Her biological father was rigid and demeaning; he believed that being Muslim made him better than everyone else. P8 shared:

My father was an asshole. I told him to his face. He was a tyrant type, man, he was very, very rigid in his demeanor, very unforgiving and very point the finger type. A lot of self-righteous indignation type of a person because he felt as if he had found religion by becoming a Muslim after he had been incarcerated for a few years for an armed robbery that he had done. He felt that because he had found religion and what he felt was the right religion that it was the only religion that was pure and anyone else who practiced any other type of religion was stupid.

Her mother separated from her stepfather when P8 was 18 years old. Her mother was not physically or emotionally present for her. She felt abandoned and was left alone at the age of 4 with her infant sister. She recalled her mother left and did not come back home overnight. She scalded herself trying to bottle her infant sister and was hospitalized for severe burns.

Her mother gave her a black eye causing her to miss school. She was beaten by her mother with her fist. She was later placed in foster care and started homeschooling. She reported being sexually abused in foster care. Her sister was beaten in foster care and in a coma for 3 days.

**P9.** P9 was age 36 and sentenced to a jail term of 365 days for assault with intent to do great bodily harm less than murder. The offense involved her boyfriend's mother. She reported that her boyfriend and her boyfriend's mother were arguing, which led to a physical assault. P9 happened to be there and was also charged with assault. Her boyfriend's mother was hospitalized

for seven days following the assault. P9 was arrested two months later at home. She was unemployed at the time of offense. She has two children.

She described her parents as “shitty.” Her father was addicted to crack. Her parents divorced when she was 4/5 years old. She was exposed to heroin use in the home. Her mother left her alone with random guys. In school, she was diagnosed with dyslexia, learning disability, ADHD, and reported that she could not spell.

She completed the 8<sup>th</sup> grade in special education classes. Her mother was barely present when she was growing up and left her alone. One time, she was left alone for two days. She watched cooking shows. She reported during her childhood there was a shortage of food at home.

She was raped by an uncle when she was 12 years old. She got pregnant and required an abortion. The sexual assault occurred when she left her mother in Michigan and moved in with her father. Her mother followed her, and moved in. Her mother’s brother, the rapist, showed up at the house. Her mother never pressed charges. She said her father was her “knight in shining armor.” She reported he was good to her. Her father and paternal grandparent took her for the abortion. They were supportive of her. She felt they genuinely cared for. At 15, P9 then moved back to Michigan and was homeless. She was involved with a 19-year-old boyfriend. She did not know he was member of a gang. She was then drugged, raped, and left for dead. She was in a coma and on life support for one year and three months.

P9 felt insecure and has low self-esteem. She was diagnosed with PTSD from the sexual assault when she was 15 years old. She suffered from migraine headaches, panic attacks, chest pains, and had bruises, and scars from knife wounds. In 2017, she was stabbed in the left shoulder and required 18 stitches.

**P10.** P10 was 23, single, and had no children at the time of her conviction for the current offense. She was serving 365 days in jail and 5 years' probation for reckless driving causing death.

She has a criminal history of stealing cars. In 2016, she stole a car. She was also caught operating a vehicle while under the influence of drugs and had her license suspended for 93 days. She was later caught driving with a suspended license, and also crashed her father's car. In 2017, she took her father's car again. She was involved in a speeding accident and caused the death of the male passenger of her car. She reported that she was driving while angry. She reported being angry "a lot," and would act out on her peers, and while driving behind the wheel of a car. She also reported a history of rebellious behaviors, got tattoos, smoked cigarettes, used drugs, lived in a drug house, and had "guy" friends. She was raped in 2016. She was angry on the day of the crash. Her vehicle hydroplaned and hit an electric pole. While her male passenger was still alive, he subsequently died as a result of injuries sustained during the crash. She stated, "I learned he died after they threw me in the cell."

Her father was diagnosed with a bipolar disorder and depression. P10 reported she witnessed domestic abuse that went on for 18 years. Her father would accuse her mother of cheating and was battered. She reported feeling her father was also isolating them in his attempt to control both she and her mother. P10 was diagnosed with leukemia during childhood at the age of 6/7 and received a massive amount of chemotherapy. She was stabbed by an acquaintance on the porch of her own home as a teenager. When she, [like her mother] was accused of anything [by her father or acquaintances] it triggered intense feelings of anger. She acknowledged, "yes, I'm so reckless. I'm sad that it had to be the loss of my best friend for me to realize how stupid and reckless I was being."



**P11.** P11 was 51 years old and had one son. She was charged with retail fraud 1<sup>st</sup> degree and was sentenced to 365 days in jail and probation in the drug court. She had been in drug treatment three times.

She was raised by her mother as a single parent. She described her mother as a hard worker who loved to cook, loves kids and spiritual. Her father was absent. She was not informed who her actual biological father was until she was older. She grew up thinking her biological father was her mother's boyfriend who helped raise her. She is the youngest of three children. Her sister and brother also helped raise her. She had a diploma from an alternative school.

She was raped by her ex-boyfriend when she was 15. She was hospitalized, and her boyfriend was prosecuted. She has been using cocaine for 30 years. She was diagnosed with bipolar disorder, depression, PTSD, anxiety, and schizophrenia.

P11 lived in an area of the city with high incidence of prostitution and drug use/activities. She was raped by more than one person six months ago coming from a store, and held captive. She was not sure how long she was held captive. The incident left her traumatized, and she had flashbacks and depression that interfered with her health.

She was in and out of jail since the age of 16. She had been to prison. Her first offense was possession of drugs. She had no history of employment. Her son and grandsons were also getting in trouble. She had one grandson in a juvenile home, and one in the boys' home.

**P12.** P12 was age 28, mother of three children, separated to her husband, and was processing the divorce at the time of data collection. Her parents were also separated then divorced. She was raised by her mother and stepfather until she was 10 years old. She described her mother as awesome. P12 reported she had a really good childhood until her father and stepmother entered into her life at ages 11 to 17, and on and off after that until she was 21/22 years old. They were

alcoholics. She also witnessed them arguing and having physical altercations. She was being used to babysit, and not encouraged to go to school. There was no concern if she went to school or not. She started drinking at the age of 13, and was allowed to have boys over. Underage drinking was not discouraged. She has cirrhosis of the liver from drinking. She reported to have two different environments and childhood experiences.

She was emotionally abused by her father. She was demeaned, spurned, and ridiculed, and she suffered PTSD symptoms from the assault. When she was 17, she was physically battered by her child's father. She has no custody of her children. As an adult, she was raped by a maintenance personnel at a hotel. She supported herself through strip dancing for seven years on and off.

**P13.** P13 was 62, retired and disabled when he was convicted for the current offense, retail fraud. His spine was shattered, and he was wheelchair-bound. He reported having 37 prior law contacts including retail frauds, robbery of a bank and jewelry store. He was a "career criminal." He suffered a head injury in prison when he was 19 years old.

His experience of physical abuse was primarily by his mother; repeated episodes beginning at the age of 5 until the age of 15. His mother "whooped" him constantly using a red belt, strap and switches. He was pre-sexualized by adults during childhood. He was forced to have sex with his adult cousins at the age of six. He was molested by a babysitter at the ages of seven and age eight, and sexually assaulted by his older cousin when he was nine years old.

He witnessed his mother throw hot water on his father. His parents divorced when he was 10 years old. His father was absent after the age of 10. His older brothers have prison records, older brother exposed him to heroin and prostitution when he was only 12 years old. He used hard drugs in high school. However, he reported that his father was his role model. He was addicted to drugs at the time of conviction for the current offense.

**P14.** P14 was 38, divorced, and employed as a diesel mechanic and skilled tradesman at the time of the current offense, home invasion 2<sup>nd</sup> degree. He was on probation at the time of arrest. He had juvenile records for stealing to buy alcohol and cigarettes and attended parties. His first arrest was at the age of 14.

He earned his GED. He was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in junior high school. He experienced emotional abuse from his mother's boyfriend who bullied and verbally demeaned him from age of 8 to age 14. He was also physically abused using a belt with a buckle by her mother's boyfriend. He left home at the age of 15, and lived with his cousin.

His parents were separated then divorced. When he was seven, he witnessed his father repeatedly batter his mother. Once, his father broke his mother's back, and nearly killed her. The attack led to their divorce. His father kidnapped him and took him to live with him and his stepsister for approximately one year.

His father used drugs heavily, and was addicted to heroin. His mother also used drugs and alcohol at home, which P13 witnessed when he was around 8. He grew up in a violent neighborhood. He moved a number of times, and there were times when there was not enough money

He associated with deviant peers, and exhibited symptoms of PTSD. P13 believed that his exposure to the parental drug abuse in the home during adolescence shaped his life significantly. He spent time in the youth home as a juvenile, went to prison at age 22, and was on parole for 13 years. He kept using heroin.

**P15.** P15 was arrested for the current offense at age 37. His offense was assault with intent to do great bodily harm less than murder. He thought his girlfriend was cheating on him, and assaulted her. Their neighbor called the police.

He was employed as a truck driver and received Social Security Disability Income (SSDI). He earned his GED and completed some college units. He reported there was no juvenile record. The current offense was his first conviction, but admitted he has a prior felony probation for breaking and entering and larceny under the Holmes Youthful Trainee Act; a status which allowed the case to be dismissed.

In 2018, he attempted suicide through overdosing on Depakote and Klonopin. He was hospitalized for seven days. He was diagnosed with bipolar disorder, depression and PTSD. When he was around four, he suffered head injury from a car accident which required 400 stitches on his head. When he was around six, he suffered another head injury from a 4-wheeler accident. At 31, he suffered a punctured lung from falling off a semi-truck car hauler when he was at work. At age 35, he was in a boating accident, and cut the top of his foot open.

His brother's friends ridiculed him. He reported feeling emotionally provoked when he was in a situation where he feels he or someone else was being bullied. He was abandoned by his mother, which he associated with feelings of rejection. He witnessed verbal domestic fighting between both parents. His parents separated, and he lived with his stepmother who had an overbearing parenting style that he endured from age seven to 15. He also reported molestation by an older brother's friend when he was around eight years old. The perpetrator was five years older than him, and the assault happened once.

He was diagnosed with bipolar disorder. He reported that he was sleep deprived because he was working too many hours, ignoring his health and described an unhealthy lifestyle. He

reported experiencing mental confusion, anger, bottling up his feelings, and crying and emotional issues stemming from his mother's absence

**P16.** P16 was aged 53, single, and never married at the time of arrest. He was arrested for controlled substance, possession of heroin less than 25 grams and identity theft. He was also unemployed. He took a medical leave from Wayne State University and started selling drugs at the age of 20/21. He reported to have learned about drugs watching his mother.

He was once shot in the stomach when he ran off with drugs. He was diagnosed with schizoaffective personality disorder, anxiety, and PTSD. His PTSD was associated with physical and sexual abuse. His stepfather was the perpetrator of the physical abuse. He has scars on his legs when his stepfather drew blood and whooped him. His stepfather knocked out his teeth. The methods of abuse included using a wire dog brush, a strap, and extension cords. He sustained holes from the wire brush. He described his childhood as "rough" with his mother and stepfather. There was physical fighting, parental drug abuse going on with them using heroin/and alcohol, and there was a shortage of food. His mother was also a severe alcoholic. His mother was incarcerated twice and was physically absent after he turned nine.

His godfather sexually abused him when he was 14, and again when he was 17 to 18. His godfather was helping him with college expenses. He reported he started hearing voices during the sexual abuse. At age 10/11 he was hit by a car. He broke his arm and ankle, and he suffered a head injury. He was unconscious a couple of hours.

He is oldest of three children and was a "hero" to his biological brother and sister. He has stepbrothers and stepsisters who he did not know. P16 felt that he was doing better in jail with the absence of stressors. His stressor out of jail was needing money for housing.

**P17.** P17 was 19 and employed as a food runner when he was arrested for felonious assault under the Holmes Youthful Trainee Act. He dropped out of school at 11<sup>th</sup> grade, but was attending school online to obtain the high school diploma. He was also athletic. He had no juvenile and prior criminal records.

When he was younger, he was treated for anger and depression. Therapy as a child was due to his father's absence due to his father's incarceration. He was bullied by his cousin and was punched at the age of 11. He was involved in fights with his peers. He thought he could resolve his problems by fighting. At age 14, he was hit by a car. He left home at age 15. His brother was shot in the head when he was 16.

Housing instability was characterized by moving 15 times with his mother. He reported to "bounce around a lot," as he was in foster care from ages three to five when his grandmother called child protective services. He experienced financial instability and school instability. The neighborhoods he grew up in were generally violent. He witnessed shootings and heard gunshots from the time he was seven to 12. He started carrying a gun at the age of 14. He started carrying a gun because he was afraid of getting shot.

**P18.** P18 was 25, single and has four children at the time of arrest. He was employed in stock and packing when he was arrested for child abuse 2<sup>nd</sup> degree. His offense involved his two-year-old child accidentally finding his gun and shooting himself on the leg. Intentional and/or unintentional acts of negligence may be characterized as child abuse. In this case, it was unintentional as he reported falling asleep with the gun under the cushion sofa after work and smoking marijuana. The child was in his care when the offense occurred. He has no juvenile records, and the current offense was his first arrest. He has situational depression and shows PTSD symptoms due to his current incarceration in jail.

He graduated high school. He was in special education classes from 8<sup>th</sup> grade onwards for dyslexia. He also participated in counseling. He was bullied at school. He has several half-siblings: four half-brothers, three half-sisters, and six stepsiblings. He was an only child born to his parents who were never married.

He has no history of suicide attempts and head injuries. He was hospitalized at the age of 15 for eye surgery related to a sinus issue. His childhood trauma was the “whoopings” by his grandfather and mother using a belt/strap on his clothing or using their bare hands with episodes until he cried. He left the parental home at the age of 17.

His brother was incarcerated at the age of 17 receiving a term of 8 years in prison. His father left when he was three years old. They experienced financial hardship. He grew up in a neighborhood where young people were shot and killed. The neighborhood was also reported to have incidents of fires and need for ambulances frequently.

**P19.** P19 was aged 25, single, and was unemployed at the time of arrest. He had a one-year-old daughter who was beaten to death by the family of the baby’s mother. His offense was Arson 5<sup>th</sup> degree. He and his girlfriend had an argument. She cut him a number of times. They were drinking. He left and went back and set fire to two of her vehicles. He described feeling an explosive anger, and mental confusion during the crime.

His prior record included assault on an officer. He had an employment history with various types of jobs. He was diagnosed with bipolar disorder, depression, and ADHD. He used to attend counseling at teen wellness. His father was a good influence, but he followed his mother’s criminal lifestyle. He was shot when he was 20, which damaged his kidneys and intestines. His parents did not seem to use drugs or alcohol at home, but his mother was often in the streets. He had three siblings who died. One died of natural causes, the other was beaten to death, and the other died in

a house fire. His grandmother also died in the house fire. His grandmother raised him from birth to age six. He lived with his aunt for a while, then he lived with his father when he was around 11. His father was in the U.S. Navy, and then needed dialysis when he was discharged. P19 then lived with his uncle when he was around 14 to 15, after which he followed his mother to the streets.

He was trained in the martial art, which he said helped his anger problem. He was also involved in several fights, used drugs, and used alcohol. He reported his accomplishment was making it to the age of 26. He chose not to go to school and only completed the 8th grade.

**P20.** P20 was 29, single, and was working in a restaurant when he was arrested. He completed his GED, which he described as his accomplishment along with getting sober. He had juvenile record, and he was on parole at the time of arrest. His current offense was retail fraud and parole violation.

He was diagnosed with bipolar disorder and schizophrenia. He also has a learning disability that was diagnosed when he was seven years old. He has HIV and hepatitis A. He overdosed a couple of times and was placed in a mental health facility for 30 days.

He felt his father did not care about him, but his grandparents did. He was frequently fighting with his four brothers. The siblings had no allowance, which prompted them to steal from mailboxes when he was seven. Drug use and criminal thinking started at the age of 13. His mother remarried when he was 13.

**P21.** P21 was aged 61, single and unemployed at the time of the current offense. He had been employed at a bookstore and was able to complete 10<sup>th</sup> grade. He reported no criminal history as a juvenile. He was 18 years old at the time of his first arrest. His prior offense was burglary. His current offense was home invasion 2<sup>nd</sup> degree. He reported the house was burned down, and he thought it was abandoned, but the owner lived across the street and reported. him. He also has a



history of controlled substance, drug offenses. He was using heroin and crack at the time of the instant offense. He wanted the money from his crimes to party, buy cigarettes and buy alcohol. His parole officer wanted him to admit himself to a treatment center on the Monday prior to his arrest, but he was arrested over the weekend.

He was previously diagnosed with anxiety and depression. He experienced a closed head injury in 1990 and was hospitalized for one week. He had feelings of anger and resentment towards his alcoholic father. His father used corporal punishment, which was severe through childhood until he turned age 14. The physical abuse was not directed by his father toward the sisters. There was emotional abuse by his father shunning/verbally abusing him until participant was age 16. His parents were also fighting over money, and he witnessed domestic violence. The neighborhood was rough when seven of his 10 cousins were killed in relation to drug activity. He overdosed on heroin at the age of 20; used alcohol, ecstasy, and quaaludes. He was homeless.

**P22.** P22 was 43, married, and employed as a laborer when he was arrested for resisting and obstructing causing injury, and domestic violence. He finished 9<sup>th</sup> grade and has no juvenile record. His first arrest was at the age of 19. He has a prior record of controlled substance, possession of cocaine less than 25 grams, 2 years' probation, probation violation, domestic violence offenses, and gun offenses.

He has a history of depression and suicide attempt. He was exposed to drugs and lived in dope houses at age 12 when he left home. He started carrying a gun when he was 13. He suffered from asthma. His parents separated when he was five and divorced when he was seven years old. He was involved in fights at school for defending his siblings, which led to his expulsion. He was also punished at home through "whooping." His mother was physically abusive towards him

because he “looked like his father.” The physical abuse started when he was seven years old and lasted until he left home. His mother used belts, straps, and a wooden baseball bat.

His father was a drug user, though P22 did not witness the activity. His father used crack and was unreliable. Before he left when the participant was seven, he called child protective services. His mother said, “You might as well take this mother fu\*ker with you because when you leave, I’m going to beat his ass.” Child protective services never came back.

**P23.** P23 was age 31, single with one child, and unemployed when he was arrested. His offense was resisting and obstructing a police officer causing injury. He dropped out of school in the 10<sup>th</sup> grade, and he has a juvenile record. His first arrest was when he was 17 years old. He started stealing cars at the age of nine to support himself and his siblings. He reported they lived in poor and unsafe living conditions where they were cold, there was no heat, no clothes, the absence of his father, the absence of supervision and his mother was not present: she was working in housekeeping at hospitals. He noted they were often with shortages of food, and sometimes they went without electricity and water. He was exposed to alcoholism by his mother’s boyfriend at age 12. His mother started to shun him at age 13 when she got rid of her boyfriend. The participant reported that his mother took her feelings out on him. His mother took the Social Security Income (SSI) check she was receiving for him and spent it on her boyfriend. His mother also did not remember his birthdays. He moved out of the home at the age of 21. He learned who his dad was at the age of 28 and went to meet him. He was raised primarily by his grandmother and friends.

His prior criminal record included four felonies. Three for stolen cars, and one for assault of a police officer. His current offense involved running from a police officer when the participant was discovered in an abandoned stolen vehicle. He ran to an abandoned house and hid in the attic refusing to come down. Officers pulled him from the attic, and he bit the officer’s hand. He

sustained a concussion and was unconscious for a couple of hours after resisting arrest. He was earlier diagnosed with depression and ADHD.

**P24.** P24 was aged 51, divorced, and two children at the time of arrest for the current offense; resisting and obstructing a police officer. He had tickets and ran from the police. He was working on home improvement jobs at the time of arrest. He finished 10<sup>th</sup> grade with special education. He has a juvenile record, and was first arrested at age 14. He joined a motorcycle gang for wanting to “fit in.” His involvement with the gang started his criminal behavior. His prior offenses included felonious assault, a gun conviction, and home invasion in the year 2000 receiving an 8-1/2 year prison sentence. He paroled in 2011 and currently faced a parole violation.

He has a learning disability and as a child he had no one to confide in regarding his feelings associated with the disability. He was shot at ages 26, 29, and 40. He grew up in a neighborhood where he saw people getting beat up, shot, killed, selling of drugs, and stealing cars. He was exposed to drugs by his older siblings when he was around 13.

### **Data Analysis**

The data analysis method used in this narrative study was guided by Rosenthal and Fischer-Rosenthal’s (2004) analysis of narrative data. The method consists of the following steps: biographical information analysis, thematic analysis, re-construction involving case history, specific text analysis, comparison process between the case history and a narrative, and development of different categories of narratives. The aim of the analysis was to identify the narratives based on perception or observation of real events (Rosenthal & Fisher-Rosenthal, 2004).

The first step of analysis involved biographical information analysis. The details of the first step is presented in the previous section. Mainly, the type of trauma, age when trauma was experienced, type of crime for the current offense, age when current offense was committed,

gender and other risk factors were provided. Rosenthal and Fischer-Rosenthal (2004) suggested that understanding an individual's *genesis* or "the process of their creation, reproduction and transformation" (p.49), the courses of action, and overall context of one's current life may provide biographical meaning that will help understand a social phenomenon (Rosenthal & Fischer-Rosenthal, 2004).

Next, the interview data and field notes were subjected to thematic analysis. With the use of NVivo 12, relevant chunks of data were assigned into nodes for coding. NVivo 12 allowed for visual representation of codes generated from each participant as well as codes representative of the sample as a whole. Individually viewing the codes generated from each participant allowed for the re-construction involving case history, which was the third step of data analysis. The third step provided a narrative of each participant's biography through the use of their own words. The narratives derived from each participant was presented in the previous section.

The fourth step involved specific text analysis, in which Rosenthal and Fischer-Rosenthal (2004) suggested that the flow of the interview may be specific to the life story of the participant such that interconnected themes may be derived from each narrative. Therefore, the fifth step of analysis was the comparison process between the case history and a narrative. The comparison process was conducted to cross-reference the themes that emerged from each narrative to the raw data. Lastly, development of different categories of narratives was derived from theoretical rather than numerical generalization. The research questions were kept in mind when constructing the categories. The reconstruction of each case history served as the basis for the research questions to be answered, as the categories served not only to describe the social phenomenon of the relationship of childhood traumas with the type of crimes those prisoners committed, but also

provide a biographical course that may explain the description. The results of the analysis are presented in the next section.

## **Results**

The results of this study were based on the triangulation of interview data and field notes analyzed through Rosenthal and Fischer-Rosenthal's (2004) analysis of narrative data. The results were derived from the themes that emerged from the narratives presented in the second section of this chapter. This section will provide the description of the themes, as well as the explanation of the themes based on biographical courses. The results are organized and presented according to each research question.

### **Sub-RQ 1. What, if any, are the apparent themes between type of trauma and type of crime?**

In this study, childhood trauma is defined in terms of sexual abuse, physical abuse, emotional abuse, and complex trauma that takes place before an individual is 18 years old. Existing literature revealed that trauma often left lasting consequences on an individual (Cook et al., 2017). The results of this study revealed that one such consequence of childhood trauma may be aggression resulting in aggressive offenses.

Childhood trauma may be associated with aggressive behavior leading to criminal offense. The majority of the participants experienced more than one type of childhood trauma with additional risk factors. Eleven out of 12 women and three out of 12 men experienced sexual abuse as children. P15, one of the three men who were sexually abused, shared that he had not told anybody about the abuse. P15 shared that he had feelings of anger growing up. He had trouble controlling his temper, which he admitted led him to his current offense, assault with intent to do bodily harm less than murder. Apart from the sexual abuse, the participant also experienced abandonment. He shared:

Yeah. If I wasn't drunk or high, I would've still had the thoughts, feeling, again ... Because, from what happened to me as a child, the abandonment, the molestation, and stuff like that, I get very emotional about certain things. I thought my girlfriend was cheating on me. For what reason, I don't know.

Of the 14 participants who experienced sexual abuse, five committed crimes against a person (Assault, Robbery Unarmed, Fraud), five against property (Fraud, Home Invasion, Burglary), two committed public safety crimes (OWI), one involving public order (Identity Theft), and one involving a controlled substance. Six of these 14 participants were convicted of assaultive crime and displayed aggressive behavior. P3, who experienced sexual abuse and was convicted for a crime against a person, shared that she found the need to defend herself when she committed assault with intent to do great bodily harm less than murder. She shared, "My friend was in my home. And her boyfriend's mother, was there trying to beat my friend up. And that's the one that would not get out of my house." Apart from sexual abuse, she also had a history of physical abuse.

Some participants did not experience sexual abuse but suffered other types of trauma. P10, who also committed a crime against a person, felt anger and aggression from the physical and emotional abuse she experienced as a child. However, she reported that her anger was mostly due to her "missing out" on childhood experiences, as she was diagnosed with leukemia and also when she was not on good terms with her father. P10 shared:

My anger. My ... what's the word? Yes. I'm so reckless. It's- Yeah, and I wanted to grow up because of, I guess it was because of the leukemia and I missed out on other people's childhoods. Like they had the childhood made for them, you know.  
Me and my dad never really got along, like ever. ..we're always arguing and it's kind of because as a kid I would always defend my mom.

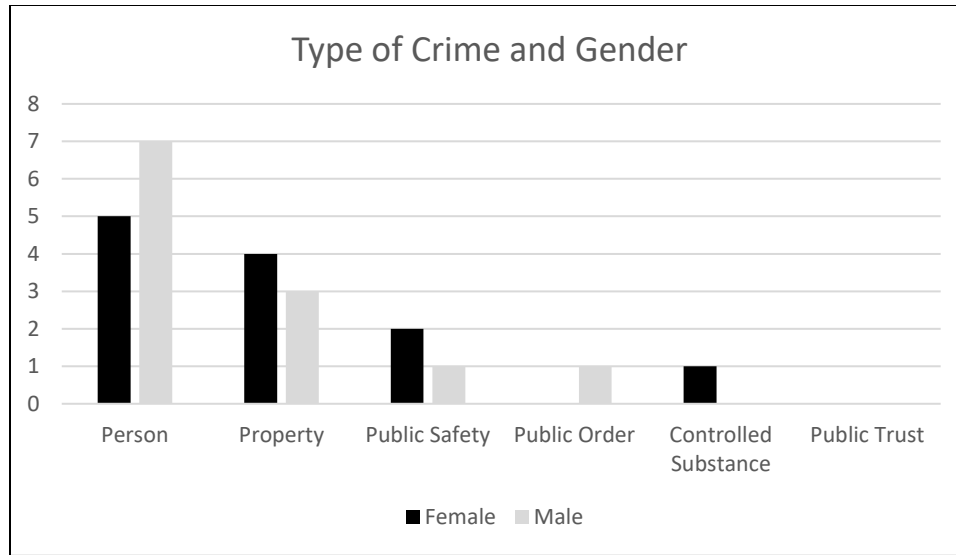
The findings also showed that crimes against a person and crimes against property were reported to be committed by the participants who experienced more than one type of trauma and

several risk factors, while none of the participants committed a crime against public trust, as shown in Figure 1. Crimes involving controlled substance was experienced by only one participant who experienced sexual abuse as a child and yielded a 100% coding reference rate.

However, when compared to the symptoms of trauma and behavior outcomes, participants who committed crimes against persons revealed experiences of symptoms of trauma and behavior outcomes particularly with substance abuse and dropping out of high school. Participants who committed crimes against public order also reported experiences with dropping out of school; however, experiences of PTSD symptoms and diagnoses appeared to be more prominent. The experience of PTSD symptoms and diagnosis was also reported by participants who committed crimes against property and crimes against public safety. The participant who committed crime involving controlled substance reported dropping out of school.

**Sub-RQ 2. What, if any, are the differences by gender between type of trauma and type of crime?**

**No gender differences.** Both men and women tend to have experienced similar traumas and committed crime. The majority of participants experienced physical abuse and/or emotional abuse as children. Some participants experienced sexual abuse. The number of males who committed specific types of crime and experienced certain trauma did not differ much from the females, as shown in Figure 2. The figure shows that the types of crime committed by males and females generally did not differ. In crimes against a person, five females and seven males committed the crime. Four females and three males committed crimes against property. Two females and one male committed crimes against public safety. One male committed a crime against public order, while one female committed a crime involving controlled substance.



**Figure 2.** *Type of crime compared to gender.* The figure shows the comparison between male and female participants.

However, the type of crime was generally related to their current situation such as needing money for housing or drug addiction, rather than what they were exposed to as children. Of the 14 participants that experienced physical abuse, eight were women, and six were men. The majority of the 14 participants were able to commit the crime due to their needs and/or situation at that time. As a child, P21 was physically and verbally abused. He did not report other risk factors apart from adult experiences involving drug use, head injury, and diagnosis for anxiety and depression. He also reported being emotional on the day he committed the current offense, home invasion 2<sup>nd</sup> degree. While he had a previous offense of burglary, he reported that in the current offense, the house was burned down, and he thought it was abandoned. P21 reported to habitually justify his actions. In relation to the current offense, P21 justified, “You know, when I was telling you, this is a burned-out house. And I’m justifying this to myself.”

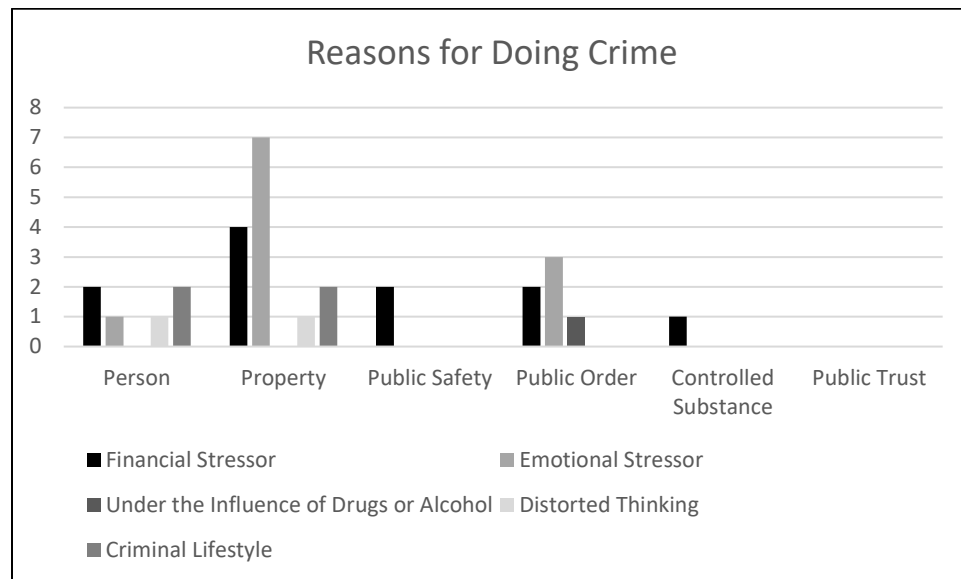
P7, who was physically, sexually, and verbally abused and bullied as child, admitted that she was most traumatized by the recent experience of witnessing her ex-boyfriend being shot in



the face on New Year's Eve. She was never clinically diagnosed with PTSD, however, she believed that she developed PTSD from the shooting. Nonetheless, her current offense felonious assault and assault with intent to do great bodily harm less than murder when two women involved with her current partner harassed her until she fired shots at them. While she was placed on probation as a juvenile delinquent, she had no prior adult record. She narrated:

I got arrested ... see they was making reports on me the whole time before that incident even happened and I didn't know about. They come down there and they pick with me and they leave, and they go making a report on me, basically building a case on me and I didn't know about it. I got arrested like, this was last year around March I think, when I found out I had a warrant out for my arrest.

Figure 3 shows how the participants' experiences as adults contributed to committing their current offenses. The need for money and the experience of emotional issues were reported as the main reason for committing crime for the participants who committed crimes against persons and crimes against property. However, similar reasons for committing crime were reported among men and women.



**Figure 3.** *Reasons for doing crime.* The figure shows the participants' reported reasons for committing the crime in relation to the type of crime.

**Sub-RQ 3. What, if any, are the differences by age of participants when the trauma occurred?**

**No age differences.** The majority of both male and female participants were between the ages of two and nine when the first experience of trauma occurred. Four of 12 female participants were between the ages 10 and 15 when the first trauma occurred. Two of 12 male participants were between the ages of 12 to 14 when the first trauma occurred. There was only one participant who was under the age of two when the first trauma occurred. P8 reported she was sexually molested by her father beginning at the age of one until she was 10 years old.

**Type of childhood trauma may have led to PTSD or PTSD symptoms.** Despite the age when the trauma occurred, most of the traumatic incidences resulted in PTSD diagnosis, or in the participants manifesting PTSD symptoms. The general situation was that the participants experienced emotional issues after the traumatic experiences. The sub-theme emotional issues is described below.

**Emotional issues.** Emotional issues are not necessarily diagnosed mental disorders. Some participants were diagnosed with PTSD, bipolar disorder, schizophrenia and/or depression, however, some participants have not been clinically diagnosed, but experienced feelings of anger and depression prior to committing a crime.

P10 shared that she harbored angry feelings growing up particularly because she felt like she missed out on her childhood due to being diagnosed with leukemia. Her father was also reported to be strict and overbearing which led to her rebellious behavior. Her rebellious behavior included smoking cigarettes, using drugs and living in a drug house, getting tattoos, and acting

promiscuous, which was frowned upon by her Muslim family. P10 shared that her family valued Muslim traditions, and deviating from traditions led to her being unwelcome at home:

I was incarcerated there [for stealing a car in Philadelphia] and they dropped the charges on me and my dad came and picked me up. I never put my scarf [hijab] back on after I left the institute. My brother and my mom told my sister not to bring me home. Yeah.

P10 was able to resolve her issues with her brother and reported that they were now “best friends.” However, P10 also reported that she did not have many friends due to her anger. Her anger also led her to drive recklessly, causing the vehicular crash that killed her friend, and landed her the current offense. P10 shared:

I got off of work and I worked in Westland Mall at the Metro there and I was coming off of work. I don't remember who, but somebody got me really, really upset. And... While I was driving, somebody made me really really upset and I wanted to just go home, but my friend that passed away, he kept blowing on my phone, "Come on. Don't dog me out. Come smoke with me," whatever. I ended up meeting him up to smoke. And [he got in the car] We didn't make it that far.

P15 was drunk when he was arrested for assault with intent to do great bodily harm less than murder when he thought his girlfriend was cheating on him. However, the participant related his crime to the feelings that were brought up when he was abandoned and molested as a child.

P15 shared:

And I got angry. Yeah, and got angry over it, because I felt like, man, every woman in my life has let me down. My wife isn't, we're still married legally, but she's my ex. Her. She's let me down. My mom. I thought my stepmom did kind of in a sort, some different ways, but actually now that I look back on it, she never did. She was just very strict.

**Sub-RQ 4. What, if any, are the occurrences that are similar between more than one participant and how do they relate?**

**Association with negative peers.** Some participants reported growing up with supportive parents with no vices, however, they also reported to have hung out with the “wrong crowd,” as

termed by P1, P7, P14, and P24. P1 appeared to have supportive and emotionally present parents. She stated:

They was always there. They supported everything. At 16, I was skipping school and stuff and hanging out with the wrong crowd, I end up going to Job Corps, and my mom and dad wanted me to go for optometry.

However, she also perceived her father to be “overbearing.” His methods of punishment included frequent “whooping.” She reported, “The reason why I'm probably the way I am is because he was overprotective of me and overbearing with the rules.” She started being punished physically at age 10 to 11. She mentioned, “About two, three times a week until I stopped crying when I get a whooping, so I got on punishments.” When she was 16, she was “hanging out with the wrong crowd” and often got in trouble in school until she was expelled, and she dropped out.

P7 also had a “strict” mother who “whooped” her and her siblings. P7 reported to “never have a real close relationship” with her mother. She followed a “wrong crowd” in high school, and started getting in trouble. P7 narrated:

I got to high school. I got to high school and following the wrong crowd. I didn't want to listen. The house that I grew up in, my mom was so strict I felt like well this person, their mama let them do this, this, this, this and that, why we can't? I got to running away from home. That's when I started drinking. That's when I started smoking. That's when I started having sex.

P14's stepfather “intimidated” him, and verbally assaulted him when he was a child. His stepfather hit him with a belt buckle once, but he also said he was, “Yelling, slamming doors, slamming stuff around. Grabbing me with his hands and making me go to my room or something like that.” While the participant admitted to being “mischievous” as a young boy, he also reported he started using drugs when he left home at age 15, and “just kinda went to the wrong crowd.” His

current offense was second degree home invasion, and he reported he wanted to steal to have money to buy heroin.

P24 reported to be “whooped” by his mother, but also believed “Just a regular whooping, like every other child.” However, when his family moved to Michigan when he was 12, he started seeing his older siblings use illegal drugs. He started hanging out with a motorcycle club at around age 19 because he wanted to “fit in,” which started his criminal activity. The club gave him access to women, alcohol, and a “reputation.” P24 shared, “That's what I was going to say. Mostly, the times when I do get into trouble, it be the drinking.”

I mean, like I said, it was good, until we got to Michigan. I was doing okay. I wanted to be a minister, when I was down there, but came up here, and I guess what they call the fast life. Everything started going downhill. Not immediately, but dealing with the wrong people, the wrong crowd.

**Different reasons for similar types of trauma and crime.** Women generally shared stories of how certain situations built up over time, causing them to feel angry or “depressed” as termed by P4. In the case of P4, she used to get in trouble for drinking. Her father started giving her sips of beer at about four to five years old and started underage drinking at age 10. She was sober from the time she was 51, six years before she was arrested for operating under the influence of liquor, her current offense.

P7 and P15 were both charged with assault. P7’s childhood trauma included exposure to violence, sexual assault, physical abuse, verbal abuse, and bullying. P15 suffered an accident, injuries, and sexual assault as a child. P7 was charged with felonious assault and assault with intent to do great bodily harm less than murder, while P15 was charged with assault with intent to do great bodily harm less than murder. P7 reported to being harassed by two women who were her

boyfriend's ex-girlfriends. The participant reported she was trying to avoid altercation with the women "for a long time." She narrated:

Actually, how I started is because the former ... his ex-girlfriends had called CPS on me because I was the new girl that he was dealing with. I guess they didn't like that. They called CPS on me and I got angry. See, the situations with these girls was a constant thing, and how can I put this? I had been trying to avoid the situation for a long time. One of the girls was his baby mama that he had just got pregnant, and another girl was somebody that he used to deal with. They didn't like me being with him, so they kept harassing us, like come down to our house and harass us, trying to run me over with cars.

However, P7 continued that she was "angry" because the women called the cops on her when she was trying to get her child back.

It got to the point where I couldn't take it no more. I couldn't deal with it no more. I went and got a PPO on them. That didn't work. They still was doing what they wanted to do. It got to the point where they called cops and I got angry because I already have a child that I'm trying to get back.

She was holding a rifle and started shooting. On the other hand, P15 reported that on the day he assaulted his girlfriend, he "snapped."

One, I know exactly what happened. I think I overdid my medication because of how I was feeling that day. It kind of all stems back from that. I overdid my medication to kind of take myself out of thinking- Yeah, out of my head. Then I drank on top of the medication. Then I got to thinking crazy that like my girlfriend was cheating on me, all these different things.

Both cases involved physical assault causing injury. The difference between the two cases, however, was that P7's case has been building up over time, causing her emotions to rise, while P15's case was out of impulse. Nonetheless, P15 was under the influence of drugs and alcohol, while P7 was sober.

In the case of P1 and P16 who were both charged with identity theft, and both experienced physical and sexual assault as children, both participants reported to have committed the crime

arising from a need for money to buy drugs. However, P1 shared that she needed drugs to buy and sell so that she could buy a house to keep her and her children from being homeless. P16 needed to buy drugs, as he was addicted to heroin. He was also charged for controlled substance, possession of less than 25 grams.

**Profiled for crime.** Some participants experienced being convicted for their current offenses due to being profiled as “career criminal.” P13 was profiled as a career criminal. P17 also experienced being profiled. He was incarcerated for felonious assault despite his claims that he was innocent and was in the “wrong place at the wrong time.” He stated:

Basically, me being in a place at the wrong time and one of my friends getting into it with a guy and his friend and him swinging on my friend and me end up fighting both of them by myself. I end up whooping on them and one of them end up pressing charges.

P22 also had a record with the police, and also reported that he was wrongly accused in the current offense due to being profiled as a person with a criminal lifestyle. P22 shared that he and his siblings were neglected while growing, and they had to fend for themselves which led to him stealing cars. He learned to steal cars at the age of nine from older boys in the neighborhood. For the current offense, P23 shared:

It was been right there in front of my house, I called the police, they never came. They came through and said the van was stolen. When I told them the VIN number, they said it wasn't stolen. I'm looking in clear view that the ignition bust out. I got in it one day and moved it around the corner. Then they got on me and I left.

**Trouble in school and dropping out.** Some of the participants reported getting trouble in school, and receiving punishments as severe as suspension or expulsion. P19, mentioned that got suspended multiple times for fighting in school as early as when he was in the first grade. As a result, he got held back, and lost interest in school. P19 shared that everyone assumed his anger

issues were due to his mother leaving; however, the participant shared, “I think it was just because I had a light temper.” Some participants also expressed disinterest in school when they were younger, which led them to drop out. P1 shared that she was more interested in the Job Corps and missed several days of school. She had trouble catching up. Consequently, she was expelled from her school, and she chose to drop out completely. She later on completed her GED. P22 shared that he has a history of expulsion from school due to fighting. P22 articulated:

It got to a point where I fight for my cousins and my brother. I was going to fight for my brother regardless. I was going to fight for him regardless. My cousins, one of them would start stuff and when it comes to fighting, he wouldn't fight. I had to do the fight. Then I get expelled. At first, I would get expelled and wouldn't get in trouble because I was fighting for the family. Then I started getting whippings for getting expelled for fighting, but this is what I was told to do.

Some participants got trouble in school due to diagnosed learning disabilities and ADHD.

P20 shared that he was diagnosed with a learning disability when he was in third grade which led him to “act out” in school. P20 noted:

Yeah. I grew up with a learning disability too so like reading and writing was always hard.

I felt like I acted out as a child in school so I wouldn't have to perform certain activities in front of the class.

P20 further commented that he was placed in a special class which made him feel “different” than other students, though his father and his two brothers were also diagnosed with learning disabilities. Due to his poor behavior in school, he was expelled in the 12<sup>th</sup> grade. Nonetheless, similar to P1, P20 completed his GED. He shared, “I didn't finish 12th grade but when I went to prison, I ended up getting my GED.”

P7 was diagnosed with ADHD in fourth grade. She was suspended multiple times in elementary school starting when she was in the fifth grade, as she was regularly getting in trouble



with her teachers. She shared that she was made to go to school despite her not wanting to. She did not take her prescribed medicines because she “felt like a zombie” when she did. She dropped out of school in the 11<sup>th</sup> grade.

P17 got in trouble in school and has a history of being expelled for fighting. His current offense involved a crime against public safety. While the current offense was his first offense and was committed out of self-defense, his history of violence prompted him to take a plea deal. P17 shared, “No, but in school I have [a history of violence] and they brought that up in court.” P17 expanded:

Self-defense, but because of how the system is, I had to take a plea because going to trial would've basically got me a serious amount of time because it would've been my word against an elder's. They would've looked at me like I have history because of my schooling and everything else. They would've seen that I had history of violence, even though it was self-defense.

**Separated parents and unhealthy relationship with family.** Most of the participants shared that they had separated parents, and/or developed unhealthy relationships with their families. P5 shared that she had an unhealthy relationship with her parents. She had a falling out with her father as she told her mother that her father was cheating. P5 shared:

My dad was awesome towards me. But in the end, I guess the breakdown between him and I was, he was taking me to this woman's house to see her. And I knew it wasn't right. So even though I had this awesome relationship with my father, I had this moral compass at the same time, and I'm like, “I have to tell my mom about this. This isn't right.” As soon as I told my mom, he kind of turned against me and my mom told me I was lying. So that was how I moved out and I was done. And they didn't even try to find me for the next three years. I didn't even see them.

Her mother had been physical and emotionally abusive towards her as a child, while her brothers received a better treatment. P5 believed:

I think that that was the thing with my mom. She had this little jealousy thing going on because of the relationship between my father and I. So, she's like competitive. But it's weird, like something you shouldn't feel towards your own daughter.

P14 reported experiencing housing instability as a child when his parents separated, and added that his father “kidnapped” him when he was 11 years old. He lived with his father and stepsister for about a year before his mother found him. While his father was a drug addict, he shared that he had “fun” living with his father. While both his parents were emotionally present, P14 shared that he was physically abused and bullied by his mother’s boyfriends.

**Criminal lifestyle.** Some participants were involved in a cycle of living a criminal lifestyle. While some participants felt that they were not good at committing crime, as they were caught and arrested for their current offenses, some participants believed that they were good at doing crime, and some were proud of it.

P19 reported to have a good relationship with his father, and that his father was a good man. However, his mother was addicted to drugs, and was often in the streets. Despite the influence of his father, he followed his mother’s criminal lifestyle when his father fell ill. Among all the participants P19 was the only one who did not report physical, sexual, or emotional abuse. His risk factors were exposure to drugs, exposure to violence, and exposure to death. He reported to have purposely chose to drop out of school in the 8<sup>th</sup> grade and follow his mother to the streets. P19 reported to have felt angry most of the time, and reported his feelings were due to a “quick temper.” When he committed the current offense, arson, P19 reported that he was angry after his fight with his girlfriend and after being stabbed by her. He set fire to two of her vehicles.

P21 reported to be “good” at committing crime and would often weigh his intended offense based on “risks” such as jail time and hurting someone. P21 shared:

Right. That's what I'm in. I've noticed how I taper and use in a justification, or I've tapered, like, I was... it feels oblique. I would intentionally set it up and to have full intentions on hitting the sleeve. Then I'd kind of taper it, Well, I can't do that, that's criminal, and that's the high risk I get caught. So we'll now, we're going to go and go in the abandoned houses, and take material. Okay, then being caught with that. Then I tapered it down to, "Well, I'm not going to really do any crime.

The majority of the participants, much like P19, were exposed to violence, drug activity, and death of someone close to them. Some participants were also witness to domestic violence. P22 started carrying a gun at age 13. He lived in a neighborhood with violence and drug activity. He stated that, "Yeah. I had to hold a gun to protect the house, so the house wouldn't get robbed or nothing like that. I was 13. I bought my own .38 Special." At that time, P22 was already engaged in selling drugs. He narrated:

Yes, yes, yes. I was already into the selling dope thing. If it wasn't for them guys, I wouldn't have made it. I wouldn't even went to the 10th grade. They would make me go to school... Yeah, we had shootings because they couldn't beat us in a fight, not physical, no matter how many they had over there. They had to start bringing their older guys into our fights and then our older guys get into it, so that's when it came to the guns, now we're shooting.

P22 reported three other gun cases and was currently arrested for resisting and obstructing causing injury. On the contrary, P18 who also grew up in an unsafe neighborhood with shootings and also carried a gun from a young age, had no juvenile offense, and had no prior criminal record. P18 reported to have bought a gun for the same reason as P22; however, he "messed up" when his son accidentally found the gun and shot himself. P18 stated, "I had it for a couple of years. I had actually another gun a couple of years and two guns, so nothing happened. And I had a CPO, so I felt it was safe, but I messed up." The accident was categorized as unintentional act of negligence, which was considered child abuse.

While P23 did not carry a gun, he was also exposed to violence and crime in the neighborhood as a child, and was charged for the same offense as P22, Resisting and Obstructing.

P23 reported that he had a history of stealing cars; however, in the current offense, he reported that he was wrongly accused for stealing a car which was the reason he resisted arrest.

Some participants who were exposed to drugs, drug activities, and alcohol generally engaged in underage drinking and drug use. While some participants, such as P1, P4, and P5, reported to be sober for a period of time prior to the current offense, they were at some point addicted to illegal substances which prompted them to become strippers, prostitutes or drug dealers. In relation, the three participants' current offenses were related to their drug use and drug activities. P1 was arrested for financial transaction device, stolen credit cards, using ATM, and identity theft. She experienced being physically abused which prompted her to run away from home which was when she became homeless and was raped during her teenage years. She used drugs, and engaged in prostitution for "fast money." However, P1 reported that she has not engaged and did not want to engage in any illegal activities for some time due to her children. She also reported that it was due to her children that she committed her current offense, "I said, I told my kids. I said, "I did a bad thing, but I did it because I didn't want us to be homeless." P1 felt that she had no choice. P1 shared:

I used the money for the house we painted it, did this and that. Come to find out it wasn't their house; we couldn't get the gas and lights put on. I'm really fu\*ked up buying. I got to leave his house by a certain time, I need money to move. Social security is \$750. I'm paying \$500. I'm trying to maintenance a van my sister gave me, I'm doing this, I'm doing that. I'm disabled so it's hard. I wasn't in a relationship with no one. At the time, which my fiancé that I have now he told me I should have come to him but you know Yeah I had no choice. Unless I was going to go rob a bank or something, or do something crazy but I think that was, the credit card stuff was a lot safer than going out and hurting myself, getting hurt.

P4 was arrested for OUIL 3<sup>rd</sup> offense. She shared that she has been sober for six years but was tempted to consume alcohol due to being confined in the house for the last eight weeks prior to the arrest due to her broken leg. She was physically abused and was exposed to violence and

alcohol as a child. She also engaged in underage drinking. P5 was arrested for driving under the influence. She had a criminal lifestyle since the age of 15, “befriending” a man in the escort service, and helping him. She was released for being a juvenile offender. She was arrested for driving under the influence once, when she impulsively decided to visit her niece after being invited over. In the current offense, P5 reported to be feeling “emotional” at the death anniversary of her father, which prompted her to drink. P5 shared:

The circumstances were it was June 12th, the day my dad passed away his anniversary, we let off balloons. My family came over, we had some drinks. I actually went to bed, I went to bed, everybody left and went home. I went to bed at 10 o'clock so, I slept half the night, got back up at 1:00. My daughter needed milk. I went to the corner gas station in my pajamas. I didn't use my left turn signal got pulled over because of that. And even while they were pulling me over, I wasn't scared. I wasn't worried. I'm like, I slept half of the night. I'm not drunk. I'm sober now. You know, I felt sober I was smiling. They gave me the sobriety tests. I passed all that. He smelled the alcohol and I said, “Yeah, I was drinking earlier.” So, I passed ... The nurse is here. I passed, all my sobriety tests.

**Addiction to illegal substances.** The majority of the participants were previously or currently addicted to illegal substances. For some participants, their addiction led them to commit their current offense. Such was the case of P16 who was charged with possession of heroin less than 25 grams and identity theft. He was physically and sexually abused as a child, and was exposed to drug use and abuse at home by his mother and stepfather. P16 shared:

Okay, then being caught with that. Then I tapered it down to, "Well, I'm not going to really do any crime." It's the same thing with the drugs. I had justified it: "Well, I'm never going to inject drugs again." Had problems from that. Then it was like, "I'm never doing cocaine." Then it's like, "I only drink." I'm thinking that was a delusion. I stopped all drug use, and the only thing I was doing was drinking. That caused me more problems than the drug use. So, it's this big...drugs.

P6 reported that she did “not care” when she committed her crime, as long as she got money to buy drugs.

P6 stated:

I just wanted his wallet. I wanted the money out of his wallet. That's all. It was the feeling I had was to want what he had. Yeah, because I was already high. I was on crack. I wanted more, and I didn't care about anything else but to get his money.

P11 reported being addicted to heroin for 30 years. She experienced distorted thoughts due to drug abuse when she committed her offense. She shared:

I want what I want, and I'll go about any means to get it. No (the law does not apply to me). At the time, sometimes, no. Sometimes I thought, yeah, but my craving to get that drug I took chances I should have never took. There ain't no drugs ... I took chances I would have never took if I was clear minded and not on drugs.

P14 was physically and verbally abused as a child and bullied in school due to his learning disability. Before his parents divorced, he witnessed domestic violence at home. After the divorce, he was abducted by his father to live with him and his stepsister. He was returned to his mother after a year. His father was addicted to heroin, and his mother used drugs and alcohol at home. P14 was also addicted to heroin, and his addiction was "real bad" at the time of the current offense. He committed home invasion 2<sup>nd</sup> degree to be able to steal money and buy drugs. During his arrest, however, the participant thought of his daughter, and reported that he was "done" with drugs. P14 shared:

I'd just go and use again. I'd make an excuse. I wasn't feeling well or ... It's like I really didn't need this shit, just don't really know why I felt uncomfortable. I'm probably going to see a counselor. I just still to figure some things out.

P19 who experienced housing instability after his grandmother, who raised him from birth to age six, died in a house fire with his sister, was diagnosed with bipolar disorder, depression, and ADHD as a teenager. He was receiving therapy in a teen wellness center and reported that his father was a good influence on him. However, his father became ill. The participant then followed his mother to the streets where he was involved in several fights, used drugs, and used alcohol. He

was drunk and was mentally confused during the current offense. However, he shared that his “explosive anger” drove him to commit the crime. P19 shared:

Female I was messing with, I ain't want to mess with her no more and she got nasty and cut my face up, and stabbed me. She cut me all in my face, eye, over down my arms, and I blew her car up and two other cars up. I got caught with it. I had three arson in first degrees and two assault and batteries, but two arson in first degrees got dropped and two batteries got dropped... Yeah, when I get so angry I black out, so I don't be knowing nothing till after I calm down, and then they be like, "Man you did ... Damn."

P4 reported she used to be addicted to illegal drugs, particularly heroin, and drank a lot. Her husband was also an alcoholic and may have been using cocaine. Her daughter was influenced and was also addicted to heroin. P4 explained her current offense:

Because I quit drinking, you know, until when I found cocaine, I didn't care about drinking anymore. And then I always thought I just stopped doing certain things. Like I stopped doing cocaine on my own. And then I just thought I was in control. You know, and then I got on the pills, because I was in pain. And then, but now I got all messed up. Because of the heroin, you know what I'm saying? That all went down just about the time I caught that OUI, it went down right after that. And I went downhill quickly. I mean in 14 years, here I am, you know, just escaped being in prison for one to five years by the skin of my teeth. I mean, usually, you know, of course my addiction did progress probably from the time I was maybe 13 all the way through my life. I was, had to been an addict by the time I was 13, because we were drinking all during the week. I was stealing money from my parents. And spending any allowance I got. And we were buying alcohol and drinking. Sitting behind the church and drinking. Sitting by the creek and drinking. Somebody's basement drinking. Taking whatever pills were available. Going to school high. Going to functions high at school. All that.

P8, who was arrested for delivery and manufacture of marijuana, reported that she committed the offense for fast money. She grew up with a mother addicted to drugs, and with prevalent drug activity in the neighborhood. P8 stated that she did not drink alcohol and use drugs after seeing the “craziness” of her environment. However, P8 perceived that selling drugs was a “good business,” and she needed money for her “needs.” P8 justified that she sold marijuana, not harmful drugs, as she did not want to “kill” anyone. P8 also justified:

It's the money. It's the need, the feel that I need to be able to provide myself a certain type of a lifestyle. It's the need that I have children who are in college. When I can't give them a \$100 or \$200, \$300 in a week's time that they need in order to be able to live their life without feeling that it's necessary for them to do something improper.

### **Summary**

This chapter contained the results that identified the relationship between childhood trauma histories of prisoners and the type of crimes those prisoners committed. Semi-structured interview data and field notes were collected from 24 post-conviction adult felony offenders between the ages of 18 and 65 who experienced at least one type of childhood trauma. The data were analyzed using Rosenthal and Fischer-Rosenthal's (2004) analysis of narrative data.

The analysis revealed that the severity of childhood trauma may be linked with aggressive behavior, which may result in criminal activity such as crimes against a person or crimes against property. Aside from trauma, other risk factors such as parents' divorce or exposure to violence and drug activity in the neighborhood may also contribute to one's behavior. In relation, men and women tend to have experienced similar traumas and committed crime that was generally more associated with their current situation than with their past experiences. Most of the participants described their need for money in relation to the current offenses. Despite the age when trauma was experienced, the majority of the participants reported emotional issues that resulted from the traumatic experience. While some participants believed that their childhood trauma was the root of their emotional issues, some participants reiterated that recent or adult trauma affected them more. The results revealed that the current lifestyle of the participants may have influenced their current offenses more compared to their childhood trauma histories. The participants' criminal lifestyle and addiction to illegal substances were two themes generally related to the current offenses experienced similarly by several participants. Most of the participants reported similar



experiences other than physical, emotional, or sexual abuse. The experiences included trouble in school and dropping out, growing up with separated parents and/or having unhealthy relationships with family, associations with the wrong crowd, being typecast as a criminal, and current situations as reasons for the types of crimes committed.

The results will be discussed and compared to existing literature in the next chapter. The concepts of social learning theory (Bandura, 1977) will be related to the results. The next chapter will also provide the implications, recommendations, and conclusions of this study.

## CHAPTER 5: DISCUSSION

### Introduction

Childhood trauma, whether physical, sexual, or emotional, was believed to impact the development of personality and behavioral outcomes of individuals (Ballard, et al., 2015; Faulkner, Goldstein, & Wekerle, 2014; Hovens et al., 2012; Stimmel, Cruise, Ford, & Weiss, 2014). Various mental-health problems, psychiatric disorders, and behavior manifested in adulthood including depression, violence, and substance abuse may be linked to childhood trauma (Wolff & Shi, 2012). Some seminal work have been dedicated to understanding the relationship between childhood trauma and subsequent aggressive and criminal acts (Skowryra & Coccozza, 2006; Smith, Ireland & Thornberry, 2005). Despite the existing body of literature, a gap in research exists on how childhood traumas manifest in specific crimes by adult offenders. The purpose of this study was to study childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed.

### Summary of Results

The results presented in the previous chapter revealed that childhood trauma histories of prisoners and the type of crimes those prisoners committed may not have any associations. However, childhood trauma may be related to emotional issues and mental health conditions that elucidated the type of crime. Some traumas had more emotional impact than others, and in the experiences of the participants, adult traumas may have contributed more to the development of post-traumatic stress disorder (PTSD) than childhood trauma, as in the case of P7. In addition, the participants' current lifestyle may not be a result of trauma itself, but of risk factors such as parents' divorce or exposure to violence and drug activity in the neighborhood. As such, criminal lifestyle,

and addiction to illegal substances emerged from the data as current situations that were connected to the current offense.

One participant, P19, did not report any experiences of physical, sexual, or emotional trauma, and reported a healthy relationship with his father who had a good influence on him; however, the participant was constantly exposed to risk factors through his mother. His mother was addicted to illegal drugs and was often on the streets. His parents were separated, and when his father fell ill, he chose to live with his mother. In the neighborhood, he was exposed to drug activity, violence, and death. He dropped out of school in the 8<sup>th</sup> grade. The participant reported feeling angry most of the time, and admitted he had a “quick temper.” His feelings of anger have unclear roots. Nonetheless, his anger led him to commit his current offense of arson when he burned his girlfriend’s vehicles after a fight. This finding revealed that despite the absence of physical, sexual, or emotional trauma and the presence of at least one supportive and loving parent, the participant committed an aggressive criminal act.

In addition, experiences or exposure to violence, crime, and drug activity were generally associated with the participants’ lifestyles. The participants who reported carrying guns generally experienced growing up in a violent and unsafe neighborhood. P22 shared that he was involved in selling drugs from a young age, and carrying guns was part of the lifestyle. He had three records of gun cases in the past, while the current offense was resisting and obstructing causing injury to a police officer, as he did not want to be convicted. P18 who was currently convicted for child abuse, as his son accidentally found his gun and shot himself on the leg, reported carrying a gun from the age of 13, as his neighborhood was violent and unsafe.

In some cases, exposed to drugs, drug activities, and alcohol use prompted underage drinking and drug use, which continued on to adulthood. In order to satisfy their addictions, some

participants chose to become strippers, prostitutes or drug dealers. In the cases of P4, and P5 who were exposed to drugs, drug activities, and alcohol use during childhood, the current offenses were drug or alcohol related. P4 was arrested for OUIL 3<sup>rd</sup> offense. While the participant claimed to be sober for six years, she recently suffered a broken leg which required her to stay at home for eight weeks. Being home alone prompted her to drink. P5 was also arrested for OUIL. She claimed to have been drinking due to feeling emotional at the anniversary of her father's death. Both P4 and P5 used alcohol as a coping mechanism for their emotional difficulties, which led to their current offenses.

Some participants struggled with addiction which led to their criminal lifestyle. P6 and P16 both experienced distorted thoughts when committing the current offense, both as a result of addiction. P16 was intent on justifying his offenses of possession of heroin less than 25 grams and identity theft, and P6 reported that she "did not care for anything else" when she committed her crime of robbery, as she "wanted" the money to buy drugs.

On the contrary, P8, who claimed she did not use drugs or abuse alcohol, grew up with a mother addicted to drugs, and with prevalent drug activity in the neighborhood. Nonetheless, she was arrested for controlled substance, delivery and manufacture of marijuana. P8 reported to be familiar with the amount of money brought in by selling marijuana and claimed that marijuana was not a lethal drug. Justifying the "good business" and not being harmful to anyone led P8 to her crime.

The type of crime and the type of trauma also appeared to generally have no differences between genders. Both men and women generally experienced physical, sexual, and emotional abuse. Both men and women reported experiencing issues such as emotional or financial when they committed the current offense. Regardless of the presence of risk factors, the majority of the

participants who experienced abuse linked the current offense to their current situation or emotional state. However, most of the participants also reported that their emotional or financial issues were generally caused by their traumatic experiences.

Nonetheless, in terms of differences by age of participants when the trauma occurred, not all emotional issues stemmed from childhood trauma. As in the case of P7, her adult traumatic experience of witnessing her boyfriend being shot was reported to be the source of her emotional issues.

Overall, the majority of the participants shared similar childhood experiences apart from experiencing physical, sexual, and/or emotional abuse. Most of the participants claimed to have hung out with the wrong crowd. Regardless of having at least one supportive parent, most of the participants reported skipping school and being rebellious to whom they generally perceived as overbearing parents. In addition, similar types of childhood trauma and similar types of crime may have different reasons. For instance, P7 and P15 who were both charged with assault with intent to do great bodily harm less than murder, and both suffered sexual assault among other risk factors reported different reasons for committing assault. P7 was being provoked by her victims over a period of time. P15 felt angry when he was arguing with his girlfriend. He was also under the influence of drugs and alcohol. In other cases, the participants were charged with the current offense, as they were profiled for crime. Some participants shared that due to their past records, they were assumed to be guilty, and were wrongly accused for the current offense.

### **Interpretation of the Results**

The findings of this study add to the claims of existing literature that sexual, physical, or emotional childhood trauma tends to have impacts on the development of personality and behavioral outcomes, including antisocial disorders, post-traumatic stress syndrome, depression

and anxiety, and substance abuse among adults (Ballard, et al., 2015; Faulkner, Goldstein, & Wekerle, 2014; Hovens et al., 2012; Stimmel, Cruise, Ford, & Weiss, 2014). However, the purpose of this study was to study childhood trauma histories of prisoners and the relationship of those traumas with the type of crimes those prisoners committed. This study focused on the destructive effects of childhood trauma as an elucidatory factor in the crimes committed by convicted criminals.

The findings of this study revealed that childhood trauma may result in the development of aggressive behavior leading to criminal offense. Aggression has been established as common behavior among adults who suffered childhood trauma, as aggressive behavior was one of the several external activities that was revealed to reduce internal negative experiences (Ballard et al., 2015; Kelley et al., 2016). Witnessing violence at home or in the community was also linked with development of aggressive behavior (Contreras & Cano, 2016). However, experiencing abuse and witnessing violence may lead to different behavior outcomes (Klostermann & Kelley, 2009). Nonetheless, the findings of this study revealed that individuals who experienced more than one type of trauma and several risk factors were more likely to commit crimes against persons and crimes against property more than any other type of crime. While there was no finding of a relationship between trauma and crime type in this study, what was found was that each participant often suffered from prolonged exposures to traumas and multiple risk factors during childhood.

The common experiences among the participants that appeared to impact the type of crime, however, was the impact of their current life and relationships, emotional issues, similar risk factors. Common experiences of childhood trauma may be associated with PTSD (Veer et al., 2015). PTSD is considered a mental health disorder (Joseph, 2017; Stimmel et al., 2014). However, not all participants were diagnosed and treated for PTSD despite manifesting PTSD symptoms of

nightmares, flashbacks, irritability, disturbance in sleep, and avoidance of people (Stimmel et al., 2014; Veer et al., 2015). PTSD is associated with disruption of normal cognitive development in children, as described by Piaget's developmental stages.

Furthermore, the majority of participants reported feelings of anger, depression, and anxiety, but not all participants reported diagnosis of affective disorders. While anger, depression, and anxiety have been linked with trauma (van Veen et al., 2013), anger, depression, and anxiety may be symptoms of undiagnosed underlying disorders that might impact one's behavior. The majority of the participants also suffered from substance abuse problems, particularly if they were exposed to drugs, drug activities and alcohol use during childhood. The behavior may be explained by the theoretical framework of this study, the social learning theory, which posits that individuals learn from their social environment as a result of expectations from the external environment as well as the reinforcement values for the learner (Bandura, 1977).

As the majority of participants experienced trauma and witnessed traumatic incidents in their own homes and local communities, they might have modeled their behavior after the people they considered as role models. Some participants declared their parents or older siblings as role models despite their engagement with violence, drugs, and alcohol. Furthermore, the participants may have also observed the consequences, or lack thereof, of the actions of their role models. As in the case of P8, who thought that the consequence of her mother's addiction to illegal drugs was to lead to a "crazy" life. P8, therefore, did not want to use illegal drugs. However, P8 also witnessed drug activity in her neighborhood, and noted that the consequences of selling drugs was earning sufficient amounts of money; hence, P8 engaged in selling marijuana, and was currently convicted for manufacture and delivery of the substance.

While childhood trauma was considered as a predictor of aggression among people who have been incarcerated (De Bellis & Zisk, 2014), this study may not be able to identify such findings, as individuals who have no childhood trauma but were incarcerated were not included in this study. This study also did not focus on aggression. However, in the emotional issues reported by the participants, feelings of anger was a recurring theme when asked about the feelings associated with the current offense. The feelings of anger generally resulted in impulsive behavior, such as the arson case of P19 and the reckless driving causing death case of P10. Childhood trauma has also been associated with one's impulsivity level (Carli et al., 2013). Impulsivity or the lack of self-control has been associated with violence and criminal activities later in life (Carli et al., 2013; Kulacaoglu et al., 2017; Shin et al., 2016). Another recurring theme in this study was the physical abuse in the form of corporal punishment or overbearing parenting reported by some of the participants. This discipline method employed by parents may cause children to harbor angry feelings (Fr chet te et al., 2015).

Gender did not seem to play a role in the relationship of type of trauma and type of crime despite having the same number of male and female participants. Previous studies on prisoners often involves female participants despite having more male prisoners around the world (Dierkhising et al., 2013; Fuentes, 2014; Stimmel et al., 2014). However, previous studies also pointed out the difference in the impact of trauma between male and female prisoners (Martin et al., 2015; Wolff & Shi, 2012), such as the likeliness of males to be convicted for drug-related crimes (Santos et al., 2014). The results of this study revealed that despite the type of childhood trauma, the majority of the offenses committed were crimes against persons and crimes against property. The resulting types of crime ties back to the development of aggressive behavior of both male and female participants.



### **Limitations of the Study**

This study focused on the destructive effects of childhood trauma as an elucidatory factor in the crimes committed by convicted criminals. This study did not include the examination of adult trauma, although experiences and impacts of adult trauma emerged from the interviews. The design of this case study limited the results into descriptive narratives, and in no way presented a causal relationship between type of childhood trauma and type of crime.

This study was also limited by participants who identified as men and women. Individuals who identified as other genders were not included in this study. The participants of this study were not limited to prisoners who were clinically diagnosed with PTSD. While all of the participants experienced at least one type of childhood trauma and risk factor, not all participants were assessed and treated by mental health professionals. As a result, this study may also be limited by the effects of therapy, counseling, or treatment received by some of the participants. Some participants were treated as children, some as adults, and some were not treated at all. Furthermore, some participants of this study were clinically diagnosed with mental health issues such as personality disorders, schizophrenia, depression, and bipolar disorder.

Childhood trauma may not only affect one's behavior, but also one's brain development particularly in successfully regulating emotions and restricting behaviors (Mert et al., 2016). This study did not include brain scans of the participants. This study was limited the types of childhood trauma and type of crime for the current offense. The study did not include the analysis of other factors such as the current financial status or current relationship status of the participants. However, those factors were taken into consideration during the analysis. Therefore, the results of this study were influenced by the biographical narratives of each participant, which included risk factors.

## **Implications of the Study**

The implications of the results of this study for future practice are to consider risk factors in addition to examining types of childhood trauma histories, and to consider current situations when dealing with prisoners. The results may have practical significance during the treatment of prisoners. While gender and type of childhood trauma did not appear to be related to the types of crime, similarities between some participants' experiences indicated that specific instances may serve as elucidatory factors in crimes committed by prisoners. The similarities may also help indicate underlying trauma histories experienced by a prisoner; thus, proper assessment and treatment may be provided to help in the reduction of recidivism rates (Haney, 2012), retraumatization (Widom et al., 2008), reduction of post-traumatic stress symptoms and future incarceration (Wolff et al., 2013).

Moreover, the similarities in the experiences of trauma and risk factors may help develop a preventive measure for other individuals who might commit a crime. The results of this study may be beneficial to individuals who experienced trauma and the affected community. The results may also aid healthcare professionals in providing assessment and treatment for incarcerated individuals.

## **Recommendations for Future Research**

Recommendations for future research are to use a different research design and the use of a different sample to further examine the relationship between the types of trauma and the types of crime. A longitudinal study may be conducted to examine the sample over a period of time. The extended timeframe will allow future researchers to observe changes, if any, in the behavior of individuals with childhood trauma histories. However, longitudinal studies may be expensive and time-consuming. A phenomenological study or a biography may be more feasible designs. A

phenomenological study will provide an understanding of the lived experiences of the participants, while a biography will provide an in-depth understanding of a single participant.

To be able to yield results that could be generalized, a qualitative study may be conducted to determine significant relationships among type of trauma, type of crime, age when trauma occurred, and gender. The mediating effects of elucidating factors may be investigated to yield more specific results. The limitations to a qualitative research, however, is the use of self-reported scales, which may not be valid and reliable if the respondents suffer from mental health problems that do not allow them to answer as truthfully to their experiences as possible. Nonetheless, using a mixed methods design may be able to overcome the weakness of qualitative and quantitative approaches.

Future researchers may choose to focus on samples who have been clinically diagnosed with PTSD, or samples who have not been clinically diagnosed with PTSD. PTSD is classified as a mental disorder that causes intrusive reliving of past experiences exhibiting in nightmares, flashbacks, irritability, disturbance in sleep, and avoidance of people (Joseph, 2017). Individuals with clinically diagnosed PTSD versus individuals showing symptoms of PTSD may have different experiences elucidating crime. Brain scans may be collected and analyzed to check for signs of abnormal brain development. In relation, elucidating factors such as impulsivity, drug addiction, alcoholism, financial status, and relationship status may be included as inclusion and exclusion criteria for sampling in order to eliminate the influence of those factors, and focus only on the type of trauma's relationship to the type of crime.

## **Conclusion**

A specific type of childhood trauma may not be directly linked to a specific type of crime based on the results of this study. However, elucidating factors may be taken into consideration to

determine similarities and differences experienced by individuals who had childhood trauma histories and were convicted for a crime. Similarities and differences in factors such as clinical diagnosis of mental disorders, impulsivity level, drug and alcohol use and abuse, and current situation of an individual's life were just some of the elucidating factors that may influence the relationship between the type of crime and type of trauma. Future researchers are recommended to examine the mediating effects of such factors to extend the body of knowledge concerning the type of childhood trauma and type of crime committed as an adult.

**APPENDIX A**

Narrative Roles Questionnaire (NRQ) Used to Indicate Roles Criminals Saw Themselves as Playing While Committing a Crime (Youngs and Canter, 2012)

<b>Full item</b>	<b>Analysis label</b>
1. I was like a professional	Professional
2. I had to do it	Had to do it
3. It was fun	Fun
4. It was right	It was right
5. It was interesting	Interesting
6. It was like an adventure	Adventure
7. It was routine	Routine
8. I was in control	In control
9. It was exciting	Exciting
10. I was doing a job	Doing a job
11. I knew what I was doing	Knew what doing
12. It was the only thing to do	Only Thing to Do
13. It was a mission	Mission
14. Nothing else mattered	Nothing else mattered
15. I had power	Power
16. I was helpless	Helpless
17. It was my only choice	Only Choice
18. I was a victim	Victim

19. I was confused about what was happening	Confused
20. I was looking for recognition	Looking for recognition
21. I just wanted to get it over with	Wanted it over
22. I didn't care what would happen	Didn't care
23. What was happening was just fate	Fate
24. It all went to plan	All to plan
25. I couldn't stop myself	Couldn't stop
26. It was like I wasn't part of it	Wasn't part of it
27. It was a manly thing to do	Manly
28. For me, it was like a usual day's work	Usual day's work
29. I was trying to get revenge	Revenge
30. There was nothing special about what happened	Nothing special
31. I was getting my own back	Getting own back
32. I knew I was taking a risk	Taking a risk
33. I guess I always knew it was going to happen	Always knew would happen

## APPENDIX B

### Behavioral Consent Form

Relationship Between Childhood Traumas and Types of Crimes by Prisoners

#### [Behavioral] Research Informed Consent

Title of Study: A pilot study on the relationship between childhood traumas among prisoners and the types of crimes committed by those prisoners

Principal Investigator (PI): Kathleen Schaefer  
Theoretical & Behavioral Foundations, College of Education,  
Counseling Program  
Telephone: 313/408-0567 or 313/577-1613

When we say “you” in this consent form, we mean you “we” means the principal researcher (PI).

#### Purpose

You are being asked to be in a research study to find out if childhood experiences could lead to the kinds of crime you were involved in, because you experienced upsetting situations as a young child. This study is being conducted at the Wayne County Jail, Detroit. About 24 persons of the Wayne County Jail will be asked to partake in this research. **Please read this form and ask any questions you may have before agreeing to be in the study.**

In this research study, we try to understand if hurtful experiences during your childhood could in any way lead to the kind of crime you committed.

#### Study Procedures

If you agree to take part in this research study, you will be asked to (a) talk to the researcher about your childhood and the crime you were sentenced for approximately 90 minutes; (b) you will be given the choice to be audio recorded to help the researcher record exactly what you said. Audio recording is optional. After listening to the recording and writing down, the researcher will come back and show you what was written so that you can see if everything is correct. This will take 30 minutes.

Place a check mark in the space below to select one of the following choices.

I agree to consent to Audio Recording: Yes  or No

The researcher will come to the Wayne County Jail to talk to you and will meet with you in a private conferencing area within the jail where you are housed. In addition to the 60 – 90 minute interview we will also be collecting information from your records about your conviction, offense type and sentencing information.

Here are some of the questions you will be asked:

1. Tell me about your experiences as a child.
2. How did you become involved with crime?
3. In your opinion, were there any childhood experiences that led to you being involved in crime?

#### Benefits

As a participant in this research study, there will be no direct benefit for you; however, information from this study may benefit other people now or in the future. For example, the findings of the study may also assist in identifying effective treatment interventions or combating, post-traumatic stress disorder.

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Protocol Version #: [01]

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\_\_\_\_\_  
Participant's Initials

Form Date 04/2015

## Relationship Between Childhood Traumas and Types of Crimes by Prisoners

Your participation will not in any way impact your jail discharge/release date and/or parole. While the researcher will be wearing a jail identification badge, she is not employed at the jail. The researcher does not have any influence or authority at the jail.

### Risks

By taking part in this study, you may experience the following risks: you may get tired or bored while talking to the researcher or you could get upset or feel uncomfortable when talking about what happened to you as a child.

In addition, although every attempt will be made to protect your study data, it is possible that unauthorized persons could gain access to your study information or identify.

There may be risks involved from taking part in this study that are not known to researcher at this time.

### Study Costs

Participation in this study will be of no cost to you.

### Compensation

As a token of gratitude (upon approval by the Chief of Jails) you will receive a chocolate bar or bag of chips from the commissary cart.

### Confidentiality

All information collected about you during the course of this study will be kept confidential to the extent allowed by law. You will be identified in the research records by an alias name (code number). Information that identifies you personally will not be released without your written permission. However, the study sponsor, the Institutional Review Board (IRB) at Wayne State University, or federal agencies with appropriate regulatory oversight [e.g., Office for Human Research Protections (OHRP), etc.] may review your records.

When the results of this research are published or discussed in conferences, no information will be included that would reveal your identity.

Should you choose to be audio recorded, the audio recordings of you that will be used for research purposes, will also only use the alias name (code number) and your identity will be protected or disguised. After the information from the audio recording is written down and you check it for being correct, the audio recordings will be permanently deleted. All recordings will be safely transported using a lock box in researcher's vehicle, kept and safely stored in the researcher's locked office in a locked file cabinet to protect you further.

### Voluntary Participation/Withdrawal

Taking part in this study is voluntary. You have the right to choose not to take part in this study. If you decide to take part in the study you can later change your mind and withdraw from the study. You are free to only answer questions that you want to answer. You are free to withdraw from participation in this study at any time. Your decisions will not change any present or future relationship with Wayne County Jail or Wayne State University or its affiliates, or other services you are entitled to receive.

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\_\_\_\_\_  
Participant's Initials

Form Date 04/2015



Relationship Between Childhood Traumas and Types of Crimes by Prisoners

Should you decide to partake or not to partake in this research or stop participating at a later stage the decision will not in any way affect the jail, probation and/or parole reviews. This research is not in any way related to the decisions of the court, jail, corrections department or parole board.

The Principal Investigator (PI) may stop your participation in this study without your consent. The PI will make the decision and let you know if it is not possible for you to continue. The decision that is made is to protect your health and safety, or because you did not follow the instructions to take part in the study.

**Questions**

If you have any questions about this study now or in the future, you may contact Kathleen Schaefer at the following telephone number at 313/882-6178. If you have questions or concerns about your rights as a research participant, the Chair of the Institutional Review Board can be contacted at 313/577-1628. If you are unable to contact the research staff, or if you want to talk to someone other than the research staff, you may also call the Wayne State Research Subject Advocate at 313/577-1628 to discuss problems, obtain information, or offer input.

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**Consent to Participate in a Research Study**

To voluntarily agree to take part in this study, you must sign on the line below. Please also place a check mark in the space below to either agree or not agree to audio recording. If you choose to take part in this study you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read, or had read to you, this entire consent form, including the risks and benefits, and have had all of your questions answered. You will be given a copy of this consent form.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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Printed name of Participant

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Time

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Signature of person obtaining consent

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Time

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**ABSTRACT****A PILOT STUDY OF THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA  
AMONG PRISONERS AND THE TYPES OF CRIMES COMMITTED BY THOSE  
PRISONERS**

by

**KATHLEEN SCHAEFER****December 2019****Advisor:** Dr. JoAnne Holbert**Major:** Counselor Education**Degree:** Doctor of Philosophy

The purpose of the study is to examine the stories of childhood trauma of prisoners, the relationship between childhood traumas among prisoners, and the types of crimes committed by those prisoners as adults. Semi-structured interview data and field notes were collected from 24 post-conviction adult felony offenders between the ages of 18 and 65 who experienced at least one type of childhood trauma. The data were analyzed using Rosenthal and Fischer-Rosenthal's (2004) analysis of narrative data.

The analysis revealed that the severity of childhood trauma may be linked with aggressive behavior, which may result in criminal activity such as crimes against a person or crimes against property. Individuals who experienced more than one type of trauma and several risk factors were more likely to commit crimes against persons and crimes against property more than any other type of crime. Most of the participants described their need for money in relation to the current offenses. Despite the age when trauma was experienced, most of the participants reported emotional issues that resulted from the traumatic experience. The results revealed that the current lifestyle of the participants may have influenced their current offenses more compared to their

childhood trauma histories. The participants' criminal lifestyle and addiction to illegal substances were two themes generally related to the current offenses experienced similarly by several participants. While there was no finding of a relationship between trauma and crime type in this study, what was found was that the majority of participants often suffered from prolonged exposures to traumas and multiple risk factors during childhood.

A specific type of childhood trauma may not be directly linked to a specific type of crime based on the results of this study. However, elucidating factors may be taken into consideration to determine similarities and differences experienced by individuals who had childhood trauma histories and were convicted for a crime. Similarities and differences in factors such as clinical diagnosis of mental disorders, impulsivity level, drug and alcohol use and abuse, and current situation of an individual's life were just some of the elucidating factors that may influence the relationship between the type of crime and type of trauma. Future researchers are recommended to examine the mediating effects of such factors to extend the body of knowledge concerning the type of childhood trauma and type of crime committed as an adult.

## AUTOBIOGRAPHICAL STATEMENT

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### EDUCATION

2013 – Present	Doctoral Candidate (PhD), Wayne State University – Detroit, MI Major: Theoretical and Behavioral Foundations, Counselor Education
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### PROFESSIONAL EXPERIENCE

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1996 -2002	MDOC Macomb County Circuit Court – Manager Adult Probation Member Community Mental Health, Substance Abuse and Drug Court Committees
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1995	MDOC – Manager, Detroit Detention Center/SAI Bootcamp Program
1994 -1995	MDOC Wayne County – Probation & Parole Resource Program Analyst
1995 -1996	MDOC Wayne County – Development of Community Service Work
1990 -1993	American Correctional Association – Auditor
1978 - 1993	MDOC Wayne County – Probation & Parole Agent
1976 - 1977	Michigan Department of Corrections (MDOC)/Detroit House of Corrections & Huron Valley Women’s Facility – Prison Counselor

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