4-2020

Adult Criminal Offenders Recollection Of Childhood Exposure To Trauma And Its Impact

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Doctoral Dissertation Research

Submitted to the Graduate Faculty of

National Louis University, Online Campus

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In Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education
Counseling Psychology

By

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ABSTRACT

Trauma can occur at any age and occurs as a result of an individual experiencing or witnessing an event that threatens or has the potential to threaten their life, well-being, or psychological state of mind. The type, duration, and effect of the trauma varied per person and experiences were shared that had negative effects that could last for the duration of their lifetime. The identification of specific risk factors may help in the development of specialized treatment options that may provide an individual with a greater chance of learning skills that could teach them how to deal with the effects of their trauma. The purpose of this qualitative, phenomenological research was to explore childhood exposure to trauma and subsequent criminal offending by adults who have experienced childhood trauma. This study was conducted with 18 participants through one-on-one semi-structured interviews that explored the perceived lived experiences, understandings, and feelings of the participants as it related to their childhood traumatic experiences. The data revealed that many participants endured a traumatic experience(s) that included abuse, drug and/or alcohol abuse, violence, and unhealthy family structure; and over half of them reported that they did not receive tools or skills to positively cope with the trauma that was experienced. Based upon the results of this study, recommendations for further research include conducting a quantitative study, a study on offenders in the juvenile justice system, and a long-term study on the effectiveness of treatment that is received.

ACKNOWLEDGEMENTS

I would first like to give all thanks to God for providing me with the patience and strength to persevere through this journey for without Him none of this would have been possible. I would like to express my love and gratefulness to Wyndell and Lucille Sims for making more sacrifices than I will ever know for me and my education. I would like to express my sincere gratitude to my family and those that I call *friend* for their unwavering support, encouragement, and love. I would like to thank my pride and joy, my son, Jair "Tonka," for being my motivation to finish the journey. To my love, Antonio, thank you for your love, support, and understanding.

I would like to thank the Georgia Department of Corrections for allowing me to obtain the necessary data for my research. I would like to thank National Louis University for accepting all of my credits and dissertation work as a result of the abrupt closing of Argosy University. Lastly, I would like to thank my committee members, Dr. Suprina and Dr. Thompson, for your support and guidance throughout this process.

DEDICATION

This work is dedicated to my son, Jair "Tonka" for being my motivation and my peace. Since you entered this earth you have given me so much that has allowed me to make it through this journey. You have helped me to grow and to believe that I can accomplish absolutely everything that I desire. I pray that one day this will be an inspiration and reminder for you that you can overcome any obstacle that comes your way and achieve all that you desire in life. May your light continue to shine so ever bright. I love you!

I would also like to dedicate this work to my guardian angel, Joseph Sims. Thank you for always reminding me that I will achieve greatness on many different levels. Thank you for showing me what it means to live and not just exist. The radiance of your smile will forever be carried in my heart. Thank you for believing in me, for supporting me, for trusting me, and for loving me unconditionally. Your presence is truly missed but may this work be a testament that I will never stop honoring your legacy.

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CHAPTER 1: INTRODUCTION

The Problem

Trauma occurs as a result of an individual experiencing or witnessing an event that threatens or has the potential to threaten their life, well-being, or psychological state of mind (Buffington, Dierkhising, & Marsh, 2010; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007). The experience of trauma can occur at any stage of life from infancy until death and can arise from the experience of a natural disaster, a death of a loved one, an act of violence, parental incarceration, or as the results of an action made by an individual towards another human being. When a traumatic experience occurs the range and duration of trauma can vary per person depending on the type of trauma and the characteristics or demographics of the victim. An individual that experiences a traumatic experience has a higher chance of experiencing negative effects that can last for the duration of their lifetime. The resulting effects may occur individually, simultaneously, or progressively with other effects that are occurring thus creating a larger impact on the individuals life as they are attempting to cope (Arditti & Savla, 2015; Dierkhising et al., 2013; Frazier, West-Olatunji, Juste, & Goodman, 2009; Garrido, Culhane, Raviv, & Taussig, 2010; Olafson, 2011; Stewart-Tufescu & Piotrowoski, 2013; Wolff & Shi, 2012; Westby, 2007).

As the effects of the trauma are experienced the individual begins to go through a period of time in which they do not feel like themselves or they begin to think differently about their lives, situations, others, and their surroundings (Cuadra. Jaffe, Thomas, & DiLillo, 2014; Levenson & Socia, 2016; Matheson, 2012; Wolff & Shi, 2012). As a result of this shift that is experienced, individuals begin to behave differently and as their

behavior changes it is more common that the behavior changes in a negative manner (Cuadra et al., 2014; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Huh, Kim, Yu, & Chae, 2014; Kao et al., 2014; Levenson & Socia, 2016; Logan-Greene, Kim, & Nurius, 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Sandoval, Scott, & Padilla, 2009; Stewart-Tufescu & Piotrowski, 2013; Westby, 2007; Wolff & Shi, 2012). The individuals continue to progress in their altered state and for some individuals their behavior leads them to commit a crime either intentionally or unintentionally (Cuadra et al., 2014; Levenson & Socia, 2016; Matheson, 2012; Wolff & Shi, 2012).

Researchers found that the more that an individual is exposed to traumatic events their propensity to commit a criminal offense increases in comparison to individuals that have not been exposed to trauma (Levenson & Socia, 2016). Furthermore, the more that an individual experiences trauma increases the likelihood that the individual may be involved in criminal activity for a longer duration of time in comparison to other individuals that experience less trauma (Levenson & Socia, 2016). When an individual that has experienced trauma commits their first crime it is typically a misdemeanor offense and over time the criminal activity progresses into felony offenses. This continual pattern of criminal offending begins to negatively impact an individual's life and ability to function from day to day in comparison to individuals that have not experienced trauma during their childhood (Levenson & Socia, 2016).

In research conducted on adult sexual offenders, 45% of the sample population was found to have the highest prevalence of exposure to trauma in comparison to 12% of other types of criminal offenders (Levenson & Socia, 2016). In looking at the types of

trauma experienced, family dysfunction and child maltreatment were found to be the most prevalent types of trauma experienced amongst criminal offenders in comparison to individuals that are not incarcerated (Levenson & Socia, 2016). Among sexual offender's abuse and violence were found to be the most prevalent types of trauma experienced (Levenson & Socia, 2016). For nonviolent criminal offenders, traumatic experiences such as having an incarcerated parent or substance abuse are more prevalent in comparison to violent offenders (Levenson & Socia, 2016).

The treatment options for individuals that have experienced trauma are limited and further research is needed to develop more strategic treatment plans (Cuadra et al., 2014; Kjellgren, Svedin, & Nilsson, 2013; Matheson, 2012; Olafson, 2011; Wolff & Shi, 2012; Sandoval et al., 2009). Out of the various treatment options available Cognitive Behavioral Therapy with a trauma focus has been deemed to be one the most effective options in treating an individual that has been exposed to trauma (Kjellgren et al., 2013; Olafson, 2011; Sandoval et al., 2009). However, the treatment option is still used as a general form of treatment and does not meet the specific needs of each individual (Kjellgren et al., 2013; Olafson, 2011; Sandoval et al., 2009). By developing a treatment option that meets the specific needs of an individual that individual may have a greater chance of learning skills that may teach them how to deal with the effects of their trauma so that they may have the ability to live a healthy and crime free lifestyle (Sandoval et al., 2009).

Purpose of the Study

The purpose of this study was to conduct phenomenology research that explored childhood exposure to trauma and subsequent criminal offending by adults who have

experienced childhood trauma. Factors that were explored included the participant's perceived childhood traumatic experiences that occurred as a result of their lived experiences, losses, and psychological, mental, and physical effects that occurred with their family environment with 1st or 2nd generation family members and that occurred within their social, community, and educational environments.

Research Question

The following research question was addressed for this study:

RQ 1: How are the childhood experiences and exposure to trauma from birth to the age of 17 perceived by an adult criminal offender?

Definition of Terms

The following terms relevant to this current study are defined here.

Childhood experiences. For the purpose of this investigation, childhood experiences have been defined as the experiences that were developed from interactions that occurred between the ages of 0-17. For the purpose of this investigation, the childhood experiences would have occurred between the participant and their first generation family members, interactions that occurred within their first generation family amongst one another, interactions that occurred through their participation in sports and social clubs, interactions through their friendships, interactions with their neighbors, interactions within their neighborhood, and through interactions that occurred in school between classmates, friendships, activities, and sports (Buffington et al., 2010; Maschi & Schwalbe, 2012; U.S. Department of Health & Human Services, 2017).

Criminal offending. For the purpose of this investigation, criminal offending has been defined as a violent or non-violent act that was committed by the participant that

violated a state or federal law or statute and resulted in either a misdemeanor (not including traffic offenses) or felony conviction with a sentence from a municipal, state, or federal judicial branch (Hasselm, 2011; Levenson & Socia, 2015; Taylor, 2015). For the purpose of this investigation, the participant must have been adjudicated guilty or plead guilty or nolo contender and was sentenced to a term of incarceration, probation, diversion court, a fine, community service, or house arrest/electronic monitoring.

Trauma. For the purpose of this investigation, trauma was defined as the result of the participant experiencing or witnessing an event between the ages of 0-17 that threatened or had the potential to threaten their life, well-being, or psychological state of mind (Buffington et al., 2010; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007). For the purpose of this investigation, this includes any act that was personally experienced or witnessed as an act that occurred against a family member, friend, or within their neighborhood. Such events may include sexual abuse, physical abuse, verbal abuse, neglect, violence, parental incarceration, death, natural disaster, drug usage, or abandonment.

Significance of the Study

This research sought to determine the specific types of childhood traumatic experiences that were perceived to be experienced during the ages of 0-17 and how those childhood traumatic experiences are perceived as an adult criminal offender. Additionally, this study investigated the perception of the effects of factors such as interactions and relationships between first generation family members, interactions in a social environment, and interactions in a school environment that created childhood experiences and exposure to trauma as perceived by adult criminal offenders. This study

was significant because the existence or non-existence of these factors as perceived by adult criminal offenders had not been researched to determine if they had a perceived effect on an adult that had experienced trauma during their childhood and subsequently committed a criminal offense. Furthermore, the research led to the identification of specific risk factors that may be used to identify treatment interventions that may be more effective for individuals who perceived their childhood experiences as childhood trauma. In doing so, the treatment provider may be able to utilize a more comprehensive and individualized treatment intervention that may be used to provide more effective treatment options for individuals who have experienced trauma and for adults after they have committed a crime.

Interview Questions

The investigation was conducted by using a semi-structured interview process to explore if there were any themes or trends that were perceived to exist with childhood exposure to trauma and adult criminal offending. The data were collected through face-to-face interviews guided by the following open-ended questions:

While you were growing up, as a minor, between the ages of 0-17:

1. Tell me who the 1st or 2nd generation family members of your household were and describe your relationship with each of them:
2. Describe your experiences with any major disturbance (such as divorce, separation, violence) between your parents and provide the age that the experiences occurred:
3. Describe your experiences with any type of discipline (time-out, restrictions, punishment, spanking, or school disciplinary action) and the age that the

experiences occurred:

4. Describe your educational learning experiences (grades, socialization, bullying, experiences with teachers) during elementary, middle, and high school:
5. Describe your experiences and age with participating in school activities (sports, afterschool, band, music, chorus, art, drama, club/group (4-H, Beta, National Honor Society, Student Government, etc.)) or residential community (city, town, county, district, municipality) activities (sports, YMCA, boy scouts, girl scouts, mentoring, community service):
6. Describe your experiences to any exposure of violence (pushing, hitting, grabbing, slapping, punching, beating, bruises, fighting, murders, stabbing) or drugs including alcohol and provide the age that the experiences occurred:
7. Describe your experiences with undergoing or witnessing any event that threatened or had the potential to threaten your life, well-being, or psychological state of mind (death, loss of a home, loss of a friend, accident, bullying, abuse, assault, rape, etc.):
8. Describe your experiences with any psychological (depression, stress, or anxiety), mental (feelings of pain, hurt, anger, sorrow, disbelief, shame, embarrassment, disconnected from the world, family, and friends, an inability to process their thoughts, make decisions, hold a conversation, stay focused, or understand information or other individuals), or physical effects (decline in physical strength, the loss of a limb, dismemberment of a body part, permanent scaring, weight loss, weight gain, loss of appetite, increased appetite, or developed a physical disability) and provide the age that the experiences occurred:

9. Describe how you have handled/coped with your losses (death of a loved one, parental incarceration, loss of a home, loss/decline in mental/physical/emotional strength, loss of physical ability, loss of security/protection, loss of a friend/friendship/relationship):

CHAPTER II: REVIEW OF THE LITERATURE

The criminal justice system has seen a continuous high rate of offenders across the United States (Matheson, 2012; Wolff & Shi, 2012). Trauma has been found to correlate with individuals who have committed a criminal offense as a result of cognitive distortions that have developed such as irresponsible decision making and negative coping mechanisms (Cuadra et al., 2014; Matheson, 2012; Levenson & Socia, 2016; Wolff & Shi, 2012). There are treatment options that have been developed to target those individuals who have experienced childhood trauma and committed a criminal offense as an adult (Cuadra et al., 2014; Matheson, 2012). However, there is a need to develop more strategic treatment options that may meet the individual needs of the offenders, because these individuals are not exposed to the same trauma and subsequently do not commit the same type of crime (Cuadra et al., 2014; Matheson, 2012; Wolff & Shi, 2012). In order to develop more strategic treatment options, it is important to understand the risk factors that are associated with the given population. Thus, various treatments can be developed that not only focus on the overall presenting problem but also the associated risk factors. In doing so, the interventions may be more effective with the target population and may potentially help to reduce criminal offending and recidivism.

Purpose

The purpose of this study was to conduct phenomenology research that explored childhood exposure to trauma and subsequent criminal offending by adults who have experienced childhood trauma. Factors that were explored included the participants' perceived childhood traumatic experiences that occurred as a result of their lived experiences; losses; and psychological, mental, and physical effects that occurred with

their family environment with first or second generation family members and that occurred within their social, community, and educational environments.

Criminal Behavior

Levenson and Socia (2016) conducted research on a population of 740 sexual offenders and their adverse childhood experiences (ACE). The participants were surveyed by using a nonrandom convenience sample of sexual offenders who were in outpatient and civil commitment treatment programs in the United States (Levenson & Socia, 2016). Of the participants 72% were from outpatient treatment programs and 28% were from civil commitment treatment programs (Levenson & Socia, 2016). Those individuals in the outpatient treatment programs were found to be mandated to treatment by the court as a part of their parole requirements or from a family court case plan that resulted from a child protective services investigation (Levenson & Socia, 2016). However, of the 72% of participants, 2.9% reported that they were not mandated to outpatient treatment and voluntarily committed to treatment. Those offenders who were in civil commitment programs were in a secure facility and entered upon their release from incarceration. In this research, group comparisons and bivariate correlations were used to examine the relationship between the variables. Logistic regression was used to explore the influence of adverse childhood experience scores on arrest outcomes and multivariate regression was used to identify factors predicting diversity of criminal behavior and the number of total, sexual, and nonsexual arrests (Levenson & Socia, 2016).

The researchers found that adult sexual offenders reported the highest exposure to childhood trauma in comparison to other adult criminal offenders for males and females

(Levenson & Socia, 2016). More than 45% of the participants reported having four or more adverse childhood experiences in comparison to 12.5% of the general population (Levenson & Socia, 2016). Criminal behavior has been found to be correlated to various traumatic events that have been experienced by adult sexual offenders during their childhood such as early conduct problems, childhood physical and sexual abuse disorder, violence, and neglect in childhood (Levenson & Socia, 2016). The number of traumatic events that each youth encountered was referred to as their adverse childhood experience score (Levenson & Socia, 2016). Adverse childhood experience scores were found to be significantly correlated with arrest scores; therefore, as more adverse childhood experiences were identified there were also more arrests reported (Levenson & Socia, 2016).

Child maltreatment and family dysfunction were reported at higher rates than the general population for both male and female offenders (Levenson & Socia, 2016). Specifically, the researchers identified child sexual abuse, emotional neglect, and domestic violence in the home as a child as significant predictors of sexual offense arrests for males and females (Levenson & Socia, 2016). The traumatic experiences of abuse and violence were found to be experienced more by adult sexual offenders in comparison to the traumatic experiences of substance abuse, unmarried parents, and incarcerated parents that committed more nonviolent criminal offenses (Levenson & Socia, 2016). Verbal abuse was the only type of abuse identified that was not significant for both males and females, with males reporting higher rates (Levenson & Socia, 2016). Furthermore, the researcher found that the more experiences that an individual has with those traumatic events increases the versatility and continuance of criminal behavior throughout their

lifetime (Levenson & Socia, 2016). Oftentimes, the offenders will begin with committing misdemeanor offenses and will later engage in felony criminal offenses (Levenson & Socia, 2016).

Family dysfunction at an early age is a source of trauma that is experienced and increases the risk for conduct problems and delinquent activities that may not be acknowledged until the child enters school and the behavior is noticed by the child's teacher (Levenson & Socia, 2016). In the academic setting, the first signs of criminal behavior that are developed have been found to occur with those children having diminished ability in maintaining academic and social competence (Levenson & Socia, 2016). These children exhibit poor social skills, are unable to form positive relationships, receive poor grades, and are disruptive in class to their teacher and other students (Levenson & Socia, 2016). As a result of their exhibiting this type of behavior the children begin to elicit negative feedback from teachers and their potential to engage with other delinquent children increases in comparison to other children (Levenson & Socia, 2016). Once the relationship with other delinquent peers is formed a breeding ground is created where criminal behavior is reinforced by other peers; criminal behavior is further encouraged and is used as a means to cope with their trauma (Levenson & Socia, 2016).

Without the proper treatment, as these initial signs are presented, they become the foundation for more negative and aggressive behavior that will develop and continue into adulthood (Levenson & Socia, 2016). The criminal behavior that is exhibited will vary among the individuals, which include misdemeanor and felony criminal offenses as criminal versatility is common for those individuals who experience childhood exposure to trauma and engage in criminal behavior (Levenson & Socia, 2016). These offenders

were found to have a history of committing misdemeanor and other nonviolent felony offenses (Levenson & Socia, 2016). In looking at sex crimes, the correlation and regression analysis of the data found that 97% of the participants were arrested once or more for sexual arrests with three or less sexual victims that were reported (Levenson & Socia, 2016). Additionally, 55% of the participants reported that they had been arrested two or more times for a nonsexual arrest such as a driving crime, drug-related crime, nonsexual assault or battery crime, property crime, nonperson non-property crime, or prostitution (Levenson & Socia, 2016). These statistics show that there is a strong correlation between individuals who experienced childhood trauma and adult criminal offending among a variety of different types of crimes (Levenson & Socia, 2016).

The frequency and type of arrests that occurred amongst the research participants showed that the experience of childhood trauma can have lifelong and devastating effects that include adolescent and adult criminal behavior and social impairment (Levenson & Socia, 2016). As this occurs the individual's life is continuously negatively impacted and the potential for them to negatively impact society or others is greater than those individuals who have not experienced childhood trauma (Levenson & Socia, 2016). From the correlation and regression data analysis the researchers found that 68% of the participants committed a sexual offense that involved contact versus a noncontact sexual offense with minors (Levenson & Socia, 2016). The noncontact offenses included child pornography, internet solicitation, exposure of genitals, and voyeurism with the most frequent offense of child pornography occurring amongst 12% of the participants (Levenson & Socia, 2016). Historically, the sexual offender is more likely to commit an act against an individual in which the victim and perpetrator know one another (Levenson

& Socia, 2016). Additionally, the researchers found that 34% of the participants reported their most recent victim as a stranger; and of the participants 62% of the civilly committed offenders reported that they have had at least one stranger victim in comparison to 25% of the outpatient participants (Levenson & Socia, 2016).

Finally, researchers found that those individuals who have experienced childhood exposure to trauma most frequently report that the source of their trauma was abuse, neglect, or some form of family dysfunction (Levenson & Socia, 2016). In the research conducted by Levenson and Socia (2016) out of 681 participants, 52% reported exposure to verbal abuse, 42% physical abuse, 38% child sexual abuse, 37% emotional neglect, and 16% physical neglect. Furthermore, the researchers found that 54% had parents who were not married, 34% were exposed to domestic violence in the home, 46% were exposed to substance abuse in the home, 26% had mental illness in the home, and 23% had an incarcerated family member (Levenson & Socia, 2016). Child abuse and family dysfunction are more likely to occur simultaneously than other forms of trauma (Levenson & Socia, 2016). Individuals who experience abuse or family dysfunction as a source of trauma are more than likely to experience more than one traumatic event during their adolescence (Levenson & Socia, 2016). Furthermore, individuals who reside in impoverished neighborhoods are more than likely to experience a higher frequency of trauma as a result of community violence (Levenson & Socia, 2016).

Trauma

Buffington and colleagues (2010) conducted a meta-analysis study of 19 sources that related to trauma published from 1992 to 2008. The purpose of the literature review was to highlight 10 crucial areas that judges needed to be familiar with in order to best

assist traumatized youth who entered the juvenile justice system (Buffington et al., 2010). In doing so, the judges of the juvenile justice system would be able to understand the factors that have impacted juveniles and their families so that the most strategic interventions and sanctions that would hold them accountable and also allow for rehabilitation could be given to those juveniles (Buffington et al., 2010). The review of literature found that individuals in society have experienced devastating and life changing traumatic events from various sources, such as acts of nature or negative actions of another human being that have threatened or actually caused harm to their lives (Buffington et al., 2010). A traumatic experience can be the result of being a victim of a dangerous and threatening event or witnessing an event that causes endangerment or suffering to another individual (Buffington et al., 2010). Therefore, a traumatic experience can occur as a result of a variety of different events, such as abuse, assault, neglect, family, school, or community violence, racism, bullying, war, serious accidents and injuries, separation, death, and abandonment (Buffington et al., 2010). The most common type of trauma that is experienced by juveniles is the exposure to family and community violence (Buffington et al., 2010). As trauma is experienced, an individual's ability to cope is diminished, and they begin to have intense feelings of fear, terror, helplessness, hopelessness, and despair (Buffington et al., 2010). Furthermore, as trauma is experienced, youth are more likely to become involved with the juvenile justice system as a result of developing a pattern of delinquent behaviors instead of positive coping mechanisms (Buffington et al., 2010).

The effect that is caused as a result of exposure to trauma will be impacted by the number and intensity of the traumatic events that have occurred (Buffington et al., 2010).

The researchers found that the more traumatic events that an individual experiences the greater the chance they will have developmental deficiencies, and their emotional and physical health will also be negatively impacted (Buffington et al., 2010). Those individuals who are exposed to interpersonal violence and abuse during their childhood are often perpetrated by someone that they trust and that should be protecting them and as a result of the experience they develop an inability to trust (Buffington et al., 2010). Furthermore, the individuals develop distrust and disregard for adults and the rules and laws that have been established by adults, which increases their potential to become engaged in juvenile delinquency and other negative behavior (Buffington et al., 2010). In addition to delinquency and negative behavior the individuals have the potential to operate in a heightened state of physiological arousal and responsiveness to stimuli and a belief that threat is present in their environment (Buffington et al., 2010). As a result, the individuals are more likely to develop abnormal sleep patterns, academic failure, and defensive and aggressive mannerisms (Buffington et al., 2010).

Additionally, Levers (2012) explored the historical context of trauma as a means of determining how to best treat individuals who have been exposed to trauma in the counseling setting. Levers (2012) concluded that trauma has been experienced by individuals for centuries and there is no indication that trauma or the consequences of being exposed to or experiencing trauma will ever go away. That is because there will continue to be various types of individuals that will exhibit behavior that violates the rights and well-being of others as well as natural disasters and other incidents that will cause major disruption and even death to individuals, families, and communities (Levers, 2012). Trauma that is a result of human events has been found to cause more devastation

than natural events (Levers, 2012). Individuals have been found to attach more personal meanings to the events that occur as a result of another human and the personal meanings that are attached disturb and shock their social consciousness (Levers, 2012). This is because the trauma that is caused by another individual is deemed to be an intentional attempt to cause harm or an act of harm committed against another individual that causes deprivation of life in any capacity or death; whereas a natural event is an uncontrollable and unintentional act that occurs as a result of nature (Levers, 2012). Furthermore, trauma that is caused by a human event has been found to impact generations within that family, especially when the reason behind the act is not understood as the family is left with unanswered questions and is unable to understand how to protect themselves (Levers, 2012).

Looking further into trauma, Huh and colleagues (2014) conducted a research study on childhood trauma and adult interpersonal relationship problems. The purpose of the study was to research the correlation of specific types of childhood trauma and its impact on the development of interpersonal problems (Huh et al., 2014). The specific types of trauma that were researched were related to childhood abuse and neglect (Huh et al., 2014). Over a 12-month period, the researchers administered questionnaires to 325 participants, between the ages of 18-65, on socio-demographic variables, different forms of childhood trauma, and current interpersonal problems (Huh et al., 2014). The collected data were analyzed by using multiple regression analyses to investigate the relationship of emotional abuse, emotional neglect, physical abuse, physical neglect, sexual abuse, and interpersonal problems within patients diagnosed with depression and anxiety (Huh et al., 2014).

The study of childhood trauma found that the effects of being exposed to traumatic experiences can result in a variety of different negative effects and situations (Huh et al., 2014). The relationship patterns and behaviors that are present in adulthood were found to be influenced by past behaviors and previous experiences in relationships (Huh et al., 2014). Those individuals who experienced childhood trauma were more likely to have experienced lower relationship quality, intimacy dysfunction, and social adjustment difficulty (Huh et al., 2014). It was revealed that childhood trauma has been found to correlate with anxiety and depression disorders (Huh et al., 2014). More specifically, it was found that emotions and cognitions are influenced by the various types of childhood experiences that were present in an individual's life (Huh et al., 2014). That is, those individuals who experienced depression were found to have been exposed to loss and self-deprecation, and those that experience anxiety were found to have experienced threat and danger (Huh et al., 2014).

The researchers found that the different types of trauma significantly impacted symptoms of depression and anxiety (Huh et al., 2014). Emotional abuse, emotional neglect, and sexual abuse that were experienced during childhood were found to be significantly associated with general interpersonal distress and multiple areas of interpersonal problems in adulthood (Huh et al., 2014). The impact of childhood physical trauma was not found to be as significant as the impact of childhood emotional trauma overall on interpersonal relationship problems (Huh et al., 2014). However, a history of childhood physical trauma was found to be significantly related to dominant rather than submissive interpersonal problems (Huh et al., 2014).

Furthermore, the researchers found that the participants who were diagnosed with a depressive disorder were more likely to have experienced childhood emotional abuse, emotional neglect, and physical abuse in comparison to those participants who were diagnosed with an anxiety disorder (Huh et al., 2014). In relationship to childhood physical neglect and sexual abuse there were no significant differences among the participants who were diagnosed with either a depressive or anxiety disorder (Huh et al., 2014). The researchers also looked into the participants' ability to maintain stable relationships and found that those without a history of emotional abuse were more likely to be in an intact marriage than those participants who had experienced emotional abuse as a child (Huh et al., 2014). The participants who experienced childhood physical neglect were more likely to have a lower level of education than those who had not experienced physical neglect (Huh et al., 2014).

In looking at the awareness of traumatic experiences regarding juvenile offenders, Maschi and Schwalbe (2012) conducted a study of 308 probation officers through the American Probation and Parole Association and administered a web-based survey to determine the probation officers' knowledge of traumatic experiences for their juvenile offenders. The probation officers randomly selected one offender to assess their knowledge of the youth's traumatic experiences (Maschi & Schwalbe, 2012). The gathered data were analyzed through structural equation models to examine the relationship between strategic interventions that were used by probation officers and the cumulative trauma and stressful life events that were experienced by the juvenile offenders (Maschi & Schwalbe, 2012). Specifically, an estimate of the confirmatory factor analysis of the latent variables confirmed the measurement model and fit indices

were used to assess the adequacy of the model (Maschi & Schwalbe, 2012). Lastly, the researchers sequentially added the predictors of the latent variables (Maschi & Schwalbe, 2012). The researchers concluded that there was a correlation between trauma and juvenile delinquency, which is important to understand as researchers have found that juvenile delinquency is a predictor of adult criminal offending (Maschi & Schwalbe, 2012). Also, youths who have been exposed to trauma have been found to have an increased chance of developing psychological and emotional disturbances, substance abuse, and alcohol abuse that are also known to interfere with problem solving and interpersonal functioning (Maschi & Schwalbe, 2012). All of these negative developmental outcomes have been found to impact a youth's coping ability and increases the likelihood that the youth will engage in not only juvenile delinquency but adult criminal offending (Maschi & Schwalbe, 2012).

Maschi and Schwalbe (2012) stated that traumatic experiences often are described as extreme stressors that involve the threat of or actual serious physical or psychological harm to oneself or significant others, such as family members or close friends. The researchers stated that prior research has shown that 93% of juvenile offenders had a history of experiencing trauma (Maschi & Schwalbe, 2012). The current research showed that 19% of youth reported having at least one exposure to a traumatic event with the most common traumatic experience being sexual assault, which was reported by 11% of the probation officers in the study (Maschi & Schwalbe, 2012). Physical assault was reported as the second most traumatic event experienced at 9% (Maschi & Schwalbe, 2012). Furthermore, the researchers found that two-thirds of the juvenile offenders had multiple prior offenses, and compared to first-time offenders the multiple offenders were

older. Of the juvenile offenders, 48.7% had a felony conviction, 43.8% were convicted of misdemeanor offenses, and 6% were convicted of a status offense (Maschi & Schwalbe, 2012).

In looking at research on youth and trauma, Oransky, Hahn, and Stover (2015) conducted research on 114 caregiver-child dyads that were referred for the Child and Family Traumatic Stress Intervention (CFTSI) from four Child Advocacy Centers in New York City. The youth in the study ranged in age from 7 to 16 and the majority of caregivers were mothers (Oransky et al., 2015). The data were collected from charts for all cases that were referred to and began the CFTSI at the Child Advocacy Centers from 2010 to March 2011 and the personal information of each case was held anonymous (Oransky et al., 2013). To conduct data analysis, the means and standard deviations were determined for all of the outcome variables that were studied and a series of statistical analyses and the Kappa correlational statistic were used to examine the agreement amongst the variables while correcting for chance (Oransky et al., 2013). The data were analyzed through a variation of statistical analysis measures that were used to determine the findings from the research (Oransky et al., 2013). The *t* tests were used to determine if any differences existed as to the outcome measures on youths' gender or gender match/mismatch between the youth and their participating caregiver (Oransky et al., 2013). The paired *t* tests were used to determine if there were any significant differences between youth and caregiver report on symptom measures and also to compare the report of the lifetime occurrence of each type of traumatic experience that was identified between youth and caregivers (Oransky et al., 2013). To determine the strength of the relationship between the study variables, the study variables and the youths' age were

calculated by using the bivariate correlations (Oransky et al., 2015). The trauma history questionnaire was used to determine the exposure to specific types of traumatic experiences and the Cohen's kappa was used to determine the concordance between the caregivers' and youths' reports (Oransky et al., 2013). Lastly, the hypotheses that were made for the relationships between informant discrepancies, caregiver PTSD symptoms and the child and caregiver reported psychosocial outcomes were examined by running two multiple regression analyses (Oransky et al., 2013).

In comparison to other research referenced in the study by Stover et al. (2010), Ceballo et al. (2001), Thomson et al. (2007), and Oransky et al. (2013) found that overall caregivers and youth do agree on the prevalence of trauma that is experienced by youth for a variety of different types of traumatic events. The researchers found that out of the 11 events that were measured, the caregiver report of youths' exposure to trauma was only significantly lower for animal attacks and serious accidents (Oransky et al., 2013). However, there may be a discrepancy between the specific caregiver-child dyad in the reporting of a traumatic event (Oransky et al., 2013). That means that when individual situations are explored among the dyads a child may acknowledge an event as being traumatic and their specific caregiver does not (Oransky et al., 2013). In looking at exposure to events such as homelessness or lack of food, animal attacks, witnessing familial or community physical violence, witnessing suicide of someone close, and sustaining a serious illness or injury there were non-significant associations between caregivers' and youths' reports (Oransky et al., 2013). Overall, the researchers found that at most there was either low or moderate agreement between caregivers' and youths' reports of exposure to trauma (Oransky et al., 2013). Specifically, for physical assaults,

an arrest of family member, a family member going to jail, or being in a serious accident there was low agreement; and for experiencing the death of someone close or separation from an important caregiver there was moderate agreement (Oransky et al., 2013). This shows that there is significant disagreement amongst the specific dyads for the specific traumatic events that the youth has experienced (Oransky et al., 2013). One implication that is made as a result of this disagreement is that youths are more likely to not receive the support that is needed from their caregiver after a traumatic experience because the caregiver does not acknowledge it as an experienced traumatic event (Oransky et al., 2013). This is important because the most critical time to intervene after a traumatic event is during the peritraumatic period, which occurs within the first month of the exposure as this is when the stressors are developed and impact the individual (Oransky et al., 2013).

In looking at youth in the juvenile justice system, Dierkhising and colleagues (2013) conducted a study of trauma histories of youth that were involved in the juvenile justice system. The study included 658 youth from the ages of 13 to 18 that indicated recent involvement in the juvenile justice system (Dierkhising et al., 2013). The study used the trauma history profile assessment that looks into an individual's trauma history including the type of trauma and the age in which the trauma occurred; data on the trauma histories were also collected from parents/caregivers and other relatives (Dierkhising et al., 2013). The study used Type 3 tests from mixed general linear models for continuous variables and mixed logistic models for binary variables to determine the differences in mental health problems and the associated risk factors between the genders (Dierkhising et al., 2013).

The type, duration, frequency, environmental settings, age, and other factors have all been found to impact the effect of the exposed trauma (Dierkhising et al., 2013). The results from the study revealed that the rates of exposure to trauma were similar for each type of trauma measured with the exception of sexual abuse and assault, which was higher for females (Dierkhising et al., 2013). The researchers found that 62.14% of the adolescents were found to have experienced at least one source of trauma by the age of five and that the trauma continues to occur with 90% of the participants reporting that they had experienced multiple sources of trauma throughout their adolescents (Dierkhising et al., 2013). On average, the researchers found that the participants were exposed to 4.9 different traumatic experiences, with the most prominent type of trauma experienced being bereavement and loss at 61.2% (Dierkhising et al., 2013). Furthermore, the study found that among the participants 51.7% reported experiencing an impaired caregiver, 51.6% domestic violence, 49.4% emotional abuse/psychological maltreatment, 38.6% physical maltreatment and abuse, and 34% community violence (Dierkhising et al., 2013). This means that they were directly experiencing the traumatic events or witnessing the events that occur to someone close to them that causes devastation (Dierkhising et al., 2013). The overall results that the researchers found for both males and females were that those youth who are involved in the juvenile justice system experienced trauma early in their life and they were exposed to multiple sources of trauma that increases the potential for negative behavior throughout their lifetime (Dierkhising et al., 2013).

Additionally, Logan-Greene and colleagues (2016) conducted a study on childhood adversity and youth offenders. The purpose of the study was to determine the

patterns of adversity that existed with court-involved youth by using an expanded measure of Adverse Childhood Experiences (ACEs) and communicate that information to practitioners (Logan-Greene et al., 2016). The study was conducted by using surveys with 5,378 youth that were on probation in a western United States county (Logan-Greene et al., 2016). The participants were identified as moderate to high risk during pre-screen assessment and had received a minimum probation sentence of three months from January 2003 to December 2013 (Logan-Greene et al., 2016). To obtain the data, the participants were administered the Washington State Juvenile Court Assessment (WSJCA; Logan-Greene et al., 2016). The data were analyzed by using Latent Class Analysis and Mplus 6.1 in order to examine the diverse patterns of adverse experiences (Logan-Greene et al., 2016). The Mplus uses the Auxiliary command to test for class differences on variables (Logan-Greene et al., 2016). The juvenile probation counselors (JPCs) were trained to administer the assessments and the data collected were cross-referenced with other agencies and records, if available (Logan-Greene et al., 2016).

The experiences of trauma and adversity for juvenile offenders are highly prevalent (Logan-Greene et al., 2016). As a youth enters the juvenile justice system, they have been found to already have a history of experiencing adversity and will experience more adversity than youth in the general population (Logan-Greene et al., 2016). The common forms of adversity that occur with the youth involved in the juvenile justice system are childhood maltreatment, socioeconomic disadvantage, and family dysfunction (Logan-Greene et al., 2016). This shows a need for a trauma-informed framework to be incorporated into the juvenile justice and community settings that offer services to the youth (Logan-Greene et al., 2016). This would allow for the juvenile offenders to receive

the help that they need and not just be sanctioned for the crime that was committed (Logan-Greene et al., 2016).

One of the most common ways to determine childhood adversity is through the Adverse Childhood Experiences (ACE) assessment that can be used in clinical, community, or court settings (Logan-Greene et al., 2016). The assessment has been used in multiple research studies and the common findings have been that as more adversity is experienced there is a greater likelihood that they will experience increased health risks and maladaptive development (Logan-Greene et al., 2016). The researchers reported that for every additional ACE score that is measured for a youth his or her odds of becoming a serious, violent, or chronic offender is increased by 35% (Logan-Greene et al., 2016). Additionally, the likelihood of multiple arrests and the youth becoming a recidivist offender is also increased compared to those youth with lower ACE scores or that have not endured any adversity (Logan-Greene et al., 2016). The research that has been conducted using the ACE assessment has found that youth who reside in impoverished neighborhoods are significantly more likely to experience more adversity than youth in affluent neighborhoods (Logan-Greene et al., 2016).

Furthermore, the researchers found that having one adversity on the ACE assessment increases the likelihood that another adverse experience will occur (Logan-Greene et al., 2016). The continued exposure to adversity leads to stressful situations for youths that impact their neurobiological and psychosocial development (Logan-Greene et al., 2016). The disruption in neurobiological and psychosocial development has been found to cause life-long problems for youth in their ability to develop positive social and behavioral skills (Logan-Greene et al., 2016). The most common forms of adversity that

are measured through the ACE assessment are sexual abuse, emotional abuse, physical abuse, exposure to family violence, and family dysfunction (Logan-Greene et al., 2016). In measuring adversity that is related to family dysfunction the ACE study includes household substance abuse, household illness, an incarcerated family member, and parental divorce as specific types of events (Logan-Greene et al., 2016).

The researchers found that many of the participants were found to have been exposed to the same type of diversity (Logan-Greene et al., 2016). Thus, the researchers were able to group the participants into six different heterogeneous classes based upon the different types of adversity that were experienced (Logan-Greene et al., 2016). The low-risk class had an overall lower number of ACEs in comparison to the other participants yet 49.7% of the class had been exposed to some type of family dysfunction (Logan-Greene et al., 2016). From the participants, there were enough that could be classified based upon their being exposed to parental incarceration and substance abuse (Logan-Greene et al., 2016). The researchers found that the members of this class were faced with the overall risk of enduring negative life experiences and were more likely to live in impoverished neighborhoods (Logan-Greene et al., 2016). Also, those that had experienced parental incarceration were more likely to have insecure attachments (Logan-Greene et al., 2016). The additional classes that were created by the researchers included poverty and parental health problems, high-conflict/high SES, high maltreatment class, and the high all class (Logan-Greene et al., 2016). Overall, what was found was that all of the different adversities that were experienced increased the likelihood that the youth would have negative life experiences and contact with the juvenile justice system (Logan-Greene et al., 2016). For the high all class these

participants were the youngest of the participants and were found to have the greatest risk as they reported high scores of adversity in terms of family incarcerations, parental mental health problems, and parental drug use (Logan-Greene et al., 2016). The risk factors have all been correlated with long-life behavioral and social problems, and the likelihood of continued criminal behavior is greater than those individuals who have not endured childhood adversity (Logan-Greene et al., 2016).

In looking at trauma for incarcerated individuals, Matheson (2012) conducted a meta-analysis study of articles from 1973 to 2006 on the implications of trauma for both male and female offenders that had been studied over the course of time. The article provided a summary of the findings that were revealed from several research studies that were conducted during that time frame (Matheson, 2012). The article was written to provide insight on the prevalence of trauma in the criminal justice system, which looked into personal, social, and health consequences of the exposure to trauma (Matheson, 2012). Lastly, the researcher wanted to provide the criminal justice system with treatment options that would be the most advantageous for the offender population that would allow for justifiable sanctions and rehabilitation (Matheson, 2012).

The exposure to any form of trauma has been found to cause devastating and lasting impacts (Matheson, 2012). In conducting the meta-analysis, it was found that childhood physical and sexual abuse were experienced by 13% to over 75% of the offender population (Matheson, 2012). Matheson (2012) referred to a variety of social-structural situations that resulted in a traumatic experience for individuals such as family conflict/disruption, child-parent and school/peer attachment and abuse and neglect, and financial resources. Matheson reported that these experiences resulted in lifelong

problems such as juvenile delinquency, adult criminal offending, substance abuse, mental illness, and poor health (2012). Furthermore, as a result of the traumatic experiences, incarceration, financial loss, physical or mental injury, or death are possible outcomes that can be endured (Matheson, 2012). The common outcomes for girls who experienced physical or sexual abuse was found to be adolescent delinquency, adult criminal offending, mental health and addictions, and self-harm (Matheson, 2012). Furthermore, when looking into sexual abuse of boys the resulting responses to the traumatic experiences have been found to be suicide, psychological distress, substance abuse, and sexually related problems such as dysfunction, hypersexuality, sexually aggressive behavior, and confused sexual identity (Matheson, 2012). Despite these findings further research is needed on the direct response that occurs from sexually abused boys as the abuse is now being reported more in comparison to sexually abused girls (Matheson, 2012).

Additionally, Kao and colleagues (2014) conducted research on past traumatic experiences amongst a population of incarcerated males and females. The trauma that was studied included past physical, sexual, and crime-related trauma (Kao et al, 2014). The study used a mixed gender sample of 235 depressed prisoners who were enrolled in depression treatment studies (Kao et al., 2014). The researchers conducted interviews and administered surveys to obtain the data (Kao et al., 2014). The data were analyzed by using linear regression analyses to determine the correlation between the variables that were studied (Kao et al., 2014). The study is significant as it shows that the prisoner population has been found to experience higher rates of trauma in comparison to the community population (Kao et al., 2014).

The researchers found that 88.9 % of the sampled prisoners experienced traumatic events such as interpersonal violence, physical abuse, sexual abuse, or being the victim of interpersonal crime (Kao et al., 2014). Specifically, the researchers found that the most endured source of trauma was physical abuse at 83.4% of the sampled population and both sexual abuse and crime-related trauma were close at 55.7% and 56.6% respectively of the sampled population (Kao et al., 2014). The prisoners experience traumatic events throughout their lifetime and their traumatic exposure has been linked to a wide variety of negative experiences (Kao et al., 2014). The effect of trauma among the prisoner population has been found to be depression, personality disorders, PTSD, substance abuse, anxiety, suicide risk, and criminal offending (Kao et al., 2014). Furthermore, the prisoners suffer from interpersonal deficits, such as a lack of social support and an inability to develop positive relationships (Kao et al., 2014). Those prisoners that have interpersonal deficits are more likely to become recidivist offenders because they will continue to associate with other individuals who exhibit antisocial behavior because they lack the protective factor of forming positive relationships and building trust (Kao et al., 2014).

Looking further into incarcerated persons, Wolff and Shi (2012) conducted a research study on trauma experiences of incarcerated persons. The purpose of the research was to understand the rates of childhood and adult trauma and examine the subsequent impact on the incarcerated persons' emotion and behavior (Wolff & Shi, 2012). The population was drawn from 10 male adult prisons in the northeastern region of the United States who were within 24 months or less of their parole eligibility or maximum release date, which resulted in 3,986 participants (Wolff & Shi, 2012). The

data were collected through a series of surveys that were administered electronically through audio computer-assisted self-interviews from June 2009 to August 2009 (Wolff & Shi, 2012). The data were analyzed through descriptive analysis that tested for the mean, and the statistical analysis was conducted by using regression models, and the hierarchical linear model was used to explore the association between the experienced trauma and depression, anxiety, substance use, interpersonal problems, and aggression problems (Wolff & Shi, 2012).

The researchers found that individuals who are victimized are more likely to be re-victimized thus creating a cycle of lifelong victimization (Wolff & Shi, 2012). However, across all types of trauma, the traumatic experience is more likely to occur before the age of 18 (Wolff & Shi, 2012). The traumatic experience of physical, sexual, or emotional abuse during childhood has an impact on personality development and the trauma continues into adulthood (Wolff & Shi, 2012). The experience of trauma in childhood has been found to increase the risk of violent, aggressive, and self-destructive behavior and criminality in adulthood (Wolff & Shi, 2012). Although the most prominent source of trauma occurred from physical trauma or witnessing interpersonal violence before the age of 18, the researchers also found that emotional trauma during childhood was prevalent among incarcerated men (Wolff & Shi, 2012). Emotional trauma was found to have occurred in a variety of ways that involve a parent or caregiver failing to provide the necessary physical, emotional, and financial support to those under their care, which may include actions of hostility, rejection, abandonment, and verbal abuse (Wolff & Shi, 2012). Research has found that childhood abuse is a significant predictor for alcohol or drug-related arrests, physical abuse is a significant predictor for

physical violence, and sexual abuse is a significant predictor for sexual violence amongst males (Wolff & Shi, 2012).

In looking at research on childhood traumatic experiences in women, Lehavot, Molina, and Simoni (2012) conducted research on childhood trauma and adult sexual assault amongst a population of lesbian and bisexual women. The purpose of the study was to examine the relationship between gender expression and gender identity with childhood abuse along with adult sexual assault (Lehavot et al., 2012). The participants were recruited by using snowball and target sampling procedures (Lehavot et al., 2012). The researchers administered an anonymous online survey to 1,243 women who were living across the U.S. who were recruited through electronic fliers sent to lesbian, gay, and bisexual listservs, website groups, and organizations (Lehavot et al., 2012). The participants who responded were also asked to send the information to other women who would meet the criteria to participate. The researchers used a variation of logistical regression analyses to compare the independent and dependent variables (Lehavot et al., 2012).

The experience of childhood trauma has been found to lead to a variation of different effects such as low self-esteem, depression, self-blame, poor health, substance abuse, body image disturbance, and symptoms of posttraumatic syndrome (Lehavot et al., 2012). Researchers have found that women have a far greater chance of experiencing childhood abuse in comparison to men (Lehavot et al., 2012). More specifically, the researchers found that homosexual women of minority ethnicity status were more likely to experience childhood emotional, physical, and sexual abuse in comparison to heterosexual women (Lehavot et al., 2012). Specifically, among the participants there

was a high rate of childhood abuse and neglect that was reported (Lehavot et al., 2012). Furthermore, although the findings were not significant the researchers noted that women who embraced a more masculine gender expression reported higher rates of childhood abuse and neglect (Lehavot et al., 2012).

Child Maltreatment

Dubowitz and Bennett (2007) conducted a meta-analysis study of articles from 1969 to 2006 on physical abuse and neglect and children. Child abuse and neglect are known as forms of child maltreatment and have become a worldwide problem that varies in intensity and the rate of prevalence (Dubowitz & Bennett, 2007). The rate of prevalence varies because the abuse is often unknown because it is rarely seen outside of the household in which it occurs, and thus it is underreported (Dubowitz & Bennett, 2007). The researchers determined that physical abuse from parents and caregivers is most likely to be endured through beatings, shaking, scalding, and biting (Dubowitz & Bennett, 2007). Furthermore, although corporal punishment has been found to be widely accepted, the researchers have found that any injury beyond immediate redness is considered abuse (Dubowitz & Bennett, 2007). Child neglect was found to include omission of healthcare, education, food, clothing, shelter, supervision, emotional support, protection from hazards, or any other basic needs regardless of the reason that the parent or caregiver who causes the omission (Dubowitz & Bennett, 2007). The researchers found that there is usually more than one cause of child maltreatment and the common reasons that the children experience neglect is due to a parent or caregiver suffering from depression, violence, poverty, lack of support, lack of community resources, or having a child with a disability (Dubowitz & Bennett, 2007).

Additionally, Westby (2007) conducted a meta-analysis on child maltreatment to identify and determine how cultural practices impact maltreatment and the roles for professionals who provide treatment for abuse, neglect, and other trauma. The purpose of the article was to determine how maltreatment varies across cultures and also how children who have speech and language impairments are at an increased risk for being exposed to abuse, neglect, and other trauma (Westby, 2007). Westby (2007) defined abuse as follows:

> When a person willfully or unreasonably does, or causes a child or young person to do, any act that endangers or is likely to endanger the safety of a child or young person or that causes or is likely to cause a child or young person (a) any unnecessary physical pain, suffering or injury; (b) any emotional injury; or (c) any injury to his or her health or development. (p. 140)

The most common forms of trauma that had been studied included witnessing domestic parental or community violence or warfare or directly experiencing a natural disaster (Westby, 2007). However, this article researched maltreatment and abuse as a source of trauma.

Westby (2007) found that child abuse, neglect, and trauma was a reoccurring problem across the globe. Specifically, since 1976 in the United States the rates of child abuse and neglect has grown by 10% each year (Westby, 2007). The researcher found that corporal punishment was used across the globe as a type of punishment for children and from a 1995 United States Survey, 5% of parents admitted that they had hit their child with an object, kicked their child, beaten the child, or threatened the child with a knife or gun as a form of discipline (Westby, 2007). This type of disciplinary practice is not safe for children; and rather than a form of discipline, it is perceived as violence by the children that is underreported and hidden (Westby, 2007). As these perceived

disciplinary practices take place, children's development can be severely impacted and their health, ability to learn, and willingness to go to school are also negatively impacted (Westby, 2007).

Abuse or neglect that is experienced early in age causes biochemical and structural changes in the brain that result in learning disabilities and deficiencies that place the child at an increased risk for lifelong abuse and neglect (Westby, 2007). The most common results of developmental disabilities for children were found to be in cognitive and language abilities (Westby, 2007). The disabilities prevent the children from effectively communicating their feelings and needs, which is important in self-regulation and developing effective social skills (Westby, 2007). The type of communication disability and other effects of developmental disabilities are not visible to the parents and are often perceived as the child's behavior being intentionally disobedient or defiant (Westby, 2007). Thus, the parents feel that the children need to be disciplined and the resulting punishment is deemed to be maltreatment or abusive (Westby, 2007). In addition, to the parents' misconception of the child's behavior the increased abuse was found to be attributed to the additional stress that is placed upon the parents in caring for a disabled child (Westby, 2007).

In looking at sexual abuse as a traumatic experience during childhood, Frazier and colleagues (2009) conducted a meta-analysis study of articles from 1976-2007 on transgenerational trauma and child sexual abuse. The researchers conducted the research to understand how the traumatic experience of sexual abuse has been passed down throughout familial generations (Frazier et al., 2009). Childhood sexual abuse was deemed to be an under-studied phenomenon and that most of the research conducted on

sexual abuse occurred in adults (Frazier et al., 2009). However, it is important to understand the prevalence and impact of sexual abuse in childhood because of the potential negative effects that arise as a result of the experience (Frazier et al., 2009). The researchers found that child sexual abuse was more likely to occur before the age of five and that an estimated 150,000 to 200,000 cases were opened yearly (Frazier et al., 2009). The experience of child sexual abuse is known to cause developmental, psychosocial, emotional, and behavioral problems (Frazier et al., 2009).

Parental Incarceration

Arditti and Savla (2015) conducted a study on parental incarceration in single caregiver homes as a source of trauma for children. The researchers administered semi-structured interviews and surveys to a total of 45 caregiver-child dyad groups in a comparative group research design that had a child enrolled in three local Big Brothers/Big Sisters programs (Arditti & Savla, 2015). The two groups consisted of children who had a parent in prison or a parent who was absent due to divorce or never living in the home to allow for comparison (Arditti & Savla, 2015). Of the 45 dyads, 27 dyads had a parent who was incarcerated currently or prior to the study being conducted that were divided into one group for parents currently incarcerated and the other group were parents who were previously incarcerated (Arditti & Savla, 2015). The data were analyzed by using a non-parametric Wilcoxon test to determine the similarity between the two incarceration subgroups and found that there was no significant difference and thus the groups were combined to strengthen subsequent analyses (Arditti & Savla, 2015). The data were further analyzed by using *t*-tests, univariate analyses, and multivariate

analyses to determine the correlation between parental incarceration and childhood trauma (Arditti & Savla, 2015).

The research is important as parental incarceration has been deemed to be a source of trauma for children that negatively impacts their lives (Arditti & Savla, 2015). The researchers found that nationally, 52% of state inmates and 63% of federal inmates account for 2.3% of the children in the United States under the age of 18 (Arditti & Savla, 2015). In looking at the overall percentage it may appear that this is a small percentage; however, it totals to 1,706,000 minor children who have an incarcerated parent and are exposed to this source of trauma (Arditti & Savla, 2015). The experience of parental incarceration is an ongoing traumatic event as the stressors that are endured last throughout the period of incarceration and result in a culmination of negative effects (Arditti & Savla, 2015). These children experience a decline in health, an inability to adjust to parental incarceration, academic failure, poverty, increased aggressive behavior, and deteriorated family relationships (Arditti & Savla, 2015). Their relationship with their incarcerated parent suffers and results in a disruption of the parental bond and has been linked to childhood and adulthood aggressive and antisocial behavior (Arditti & Savla, 2015). Additionally, the children are at risk to have social, emotional, and cognitive neurodevelopmental impairments that lead to adolescent and adulthood high-risk behavior (Arditti & Savla, 2015).

Through the univariate and multivariate analyses, the researchers found that parental incarceration was connected with child trauma symptomology (Arditti & Savla, 2015). That is, the children who had or were currently dealing with the incarceration of a parent scored significantly higher on their surveys than the comparison group (Arditti &

Savla, 2015). The researchers found that the children were more likely to experience more trauma through the experience of visitation with an incarcerated parent; although it may seem to help increase the parental bond, the overall experience is perceived to be more traumatic (Arditti & Savla, 2015). Additionally, the findings reveal the severity of the traumatic exposure as it shows that children with similar backgrounds and demographics will suffer more from the experience of parental incarceration than those children who do not have an incarcerated parent (Arditti & Savla, 2015). Thus, with the overall percentage of children who have a parent that is incarcerated there are many lives that are negatively impacted and will potentially exhibit negative behavior throughout their lifetime (Arditti & Savla, 2015).

Violence

Stewart-Tufescu and Piotrowski (2013) conducted a study on intimate partner violence and child trauma symptoms. The study itself researched the impact that the family had on the childhood trauma symptoms that were experienced among siblings as a result of the exposure to intimate partner violence (Stewart-Tufescu & Piotrowski, 2013). Childhood trauma from intimate partner violence results from witnessing, hearing, participating, or seeing the consequences of the violence (Stewart-Tufescu, & Piotrowoski, 2013). The participants consisted of 47 mothers, younger siblings that included 27 boys and 20 girls, and older siblings that included 29 boys and 18 girls. The data were collected through interviews, observations, and by administering surveys (Stewart-Tufescu & Piotrowski, 2013). The data were analyzed by using hierarchal regression analyses and Pearson product moment correlation to determine the correlation between the variables researched (Stewart-Tufescu & Piotrowski, 2013).

Intimate partner violence has also been found to be a significant source of trauma and has detrimental effects on the developmental outcome of the child (Sterwart-Tufescu & Piotrowski, 2013). Worldwide, intimate partner violence is found to impact 275 million children (Sterwart-Tufescu & Piotrowski, 2013). The experience is even more traumatic in mother-child relationships than father-child relationships (Stewart-Tufescu & Piotrowski, 2013). The researchers found that over 66% of the mothers reported that they had violence directed towards them by an intimate partner and that 68% had directed at least one violent behavior towards an intimate partner (Sterwart-Tufescu & Piotrowski, 2013). Furthermore, the researchers found that older siblings are exposed to intimate partner violence for a longer period of time and they display higher trauma scores than younger siblings when controlling for sibling age and length of exposure (Stewart-Tufescu & Piotrowski, 2013).

As intimate partner violence is witnessed, the impact will vary and when more than one child is subject to witnessing intimate partner violence it has been found that the older sibling viewed the encounter as a more traumatic experience than the other siblings (Stewart-Tufescu & Piotrowski, 2013). The effect of witnessing intimate partner violence includes the feeling of a loss of protection, re-experiencing the traumatic event, increased arousal, numbing, flat affect, impulsivity, risk-taking behavior, and the formation of new fears (Stewart-Tufescu & Piotrowski, 2013). Furthermore, the researchers found that the childhood exposure to intimate partner violence results in many different consequences, such as compromised social and cognitive functioning, poor academic achievement, internalizing and externalizing difficulties, negative functioning in emotions and behavior, and declined health (Stewart-Tufescu &

Piotrowski, 2013). Specifically, with intimate partner violence the exposure to trauma is more significant than exposure to other types of violence due to the connection of the parent-child relationship (Stewart-Tufescu & Piotrowski, 2013).

Looking further into violence as a source of trauma, Garrido and colleagues (2010) conducted a study on community violence exposure and trauma symptoms for a sample of 179 youth with a recent history of experiencing maltreatment. The purpose of the study was to look into the relationship between community violence exposure as a predictor of trauma symptoms while controlling for family violence exposure (Garrido et al., 2010). The participants in the study had all been recently placed in foster care due to abuse and/or neglect (Garrido et al., 2010). The date were collected by conducting interviews and administering surveys with the youth at their residence or a community location (Garrido et al., 2010). The data was analyzed by X^2 and *t*-tests to examine if there was any differentiation in the exposure rate to community and family violence between the boys and girls (Garrido et al., 2010). The researchers used correlational analyses by the participants' gender differently because previous research had found differences in the associated problems between girls and boys (Garrido et al., 2010). Lastly, a multiple regression analysis was used to test if community violence exposure predicted trauma symptoms after controlling for associated effects with family violence exposure (Garrido et al., 2010).

Across the United States community, family violence exposure is a problem and more youth are exposed to community violence than domestic violence (Garrido et al., 2010). As a co-occurring effect, the researchers found that children who have been exposed to domestic violence are more likely to have experienced physical abuse

(Garrido et al., 2010). The types of violence that youth are exposed to include witnessing individuals being choked, stabbed, and shot; the exposure to violence occurs for prolonged periods of time (Garrido et al., 2010). The severity, pervasiveness, and frequency of violence that youth are exposed to contribute to the level of trauma that is endured (Garrido et al., 2010). Youth who experience violence in the community are less likely to be as traumatized as a youth who experiences violence in the home (Garrido et al., 2010).

The researchers found that 171 of the participants witnessed at least one act of community violence within the last year and on average witnessed 10 acts of violence (Garrido et al., 2010). The violence was more likely to occur from the neighborhoods that they were removed from rather than their current environments (Garrido et al., 2010). In comparison, 115 of the participants had been exposed to family violence prior to being removed from the home and placed into foster care (Garrido et al., 2010). Overall, there was no difference between the frequency or type of violence exposure that occurred between males and females (Garrido et al., 2010). However, the researchers found that both males and females exhibited higher levels of trauma and negative coping skills when exposed to community violence in comparison to family violence (Garrido et al., 2010). Furthermore, higher levels of community violence exposure and trauma symptoms were still present after controlling for family violence exposure and age (Garrido et al., 2010). Therefore, the traumatic experience is more significant for youth when they are exposed to community violence in comparison to family violence.

Treatment

Boals, Banks, and Hayslip (2012) conducted a study on a self-administered, mild form of exposure therapy for 263 older adults who had experienced an older adult in their lives. The purpose of the study was to examine the effectiveness of completing memory questionnaires in reference to a specific traumatic event as a treatment intervention to minimize distress for older adults (Boals et al., 2012). Exposure therapy has been found to be an effective treatment intervention that alleviates trauma-related distress; however, the adult population has been found to either be resistant or unable to participate in exposure therapy (Boals et al., 2012). The sample was recruited from a local community through presentations that were given at churches, older adult organizations such as the AARP, and newspaper announcements (Boals et al., 2012). The participants were assigned to either the experimental group or the control group and the data were collected through a series of questionnaires that were related to the negative event that the participants identified as being traumatic for the experimental group (Boals et al., 2012). The control group was asked to identify nine different events that occurred in their lives instead of completing a survey on the negative event that was identified. Both groups were administered a post-test survey that was composed of the Autobiographical Memory Questionnaire (AMQ) and the PTSD Checklist-Specific Event (PCL-S; Boals et al., 2012). The data were analyzed by conducting a repeated measure ANOVA on the changes in scores on the PCL-S and AMQ surveys (Boals et al., 2012).

Mental health assistance was identified as a need for the older adult population over a decade ago; yet, due to the stigma many individuals have failed to utilize available resources (Boals et al., 2012). Also, these individuals oftentimes are unwilling to share

their most intimate thoughts and feelings regarding their traumatic exposure to a therapist (Boals et al., 2012). The inability to successfully cope with a traumatic event occurs amongst all adults and can lead to depression, decline in physical health, cognitive dysfunction, and poor quality of life (Boals et al., 2012). Although, it is known that adults also struggle with coping with trauma there are very few treatment options that have been identified to treat adults (Boals et al., 2012). Exposure therapy is the most empirically supported treatment option for severe stress and trauma and even mild forms of exposure therapy have been found to be successful in treating less severe stress and trauma that results in significant improvement (Boals et al., 2012). The repeated exposure to the traumatic event in a controlled environment provides the individuals with a sense of competence, mastery, and safety that will allow them to successfully cope with the traumatic experience for the rest of their lives (Boals et al., 2012). Specifically, repeated writing about the traumatic event and completing surveys related to the memory of the stressful event are specific methods of exposure therapy that have been found to be successful in helping an individual cope with trauma (Boals et al., 2012).

The participants reported experiencing a variety of traumatic events such as illness, divorces, death, career- and retirement-related trauma, and interpersonal familial occurrences (Boals et al., 2012). Out of all of the participants the researchers found that the most reported traumatic event was the death of a loved one (Boals et al., 2012). In relation to the traumatic event reported the participants reported an average distress score of 24.2 on a scale of 17 to 81, where a score of 44 or higher was indicative of Post-Traumatic Stress Disorder (Boals et al., 2012). There were only five participants who reported scores of 44 or higher (Boals et al., 2012). Therefore, the majority of the

participants were concluded to be mildly distressed by the exposure to their traumatic event (Boals et al., 2012).

The average time that had passed between the exposures to the traumatic event was 24 years for the participants (Boals et al., 2012). This is significant in showing that trauma can impact an individual throughout their lifetime (Boals et al., 2012). The researchers found that the older adults who completed the questionnaires showed significant evidence of decreased distressed as it related to the traumatic incident (Boals et al., 2012). This shows that participating in treatment is important, regardless of any individual's age who has experienced trauma (Boals et al., 2012).

In looking at research on a treatment option specifically for child physical abuse, Kjellgren and colleagues (2013) conducted a pilot study on a structured intervention for children who experienced child physical abuse and their parents. The research was conducted with 18 different families of 26 adults and 25 children who were referred to treatment after reports of abuse were made from June 2010 to December 2011 (Kjellgren et al., 2013). The purpose of the research was to evaluate Combined Parent-Child Cognitive-Behavioral Therapy for Families at Risk for Child Physical Abuse (CPC-CBT) over the course of 16 weeks (Kjellgren et al., 2013). The data were collected through four self-report questionnaires for the children, five self-report questionnaires for the adults; interviews were also conducted for both the children and adults (Kjellgren et al., 2013). The data were analyzed through the use of paired *t*-tests that examined possible differences in the continuous variables (Kjellgren et al., 2013). Also, Cohen's *d* was used to calculate the effect size (Kjellgren et al., 2013).

The research that has been conducted on child physical abuse has found that across countries there is not a clear distinction between physical abuse and corporal punishment in terms of raising a child (Kjellgren et al., 2013). In most countries corporal punishment is permitted so long as it does not cause physical injury (Kjellgren et al., 2013). Researchers have found that corporal punishment can easily transition into physical abuse either expectedly or unexpectedly (Kjellgren et al., 2013). As physical abuse occurs the impact can lead to different negative effects that occur throughout the individual's lifetime such as depression, post-traumatic stress disorder (PTSD), internalizing behavior, and externalizing behavior (Kjellgren et al., 2013). Furthermore, researchers have found that the experience of multiple traumatic events, such as reoccurring physical abuse, for children causes polyvictimization and polytraumatization (Kjellgren et al., 2013).

Lastly, the researchers found that children who experience child physical abuse are more at risk for poor mental health as an adult (Kjellgren et al., 2013). The treatment options for physically abused children is limited as most treatment is designed for parents to help modify and develop their parenting skills (Kjellgren et al., 2013). Parent-Child Interaction Therapy and Combined Parent-Child Cognitive-Behavioral Therapy for Families as Risk of Child Abuse (CPC-CBT) are the only two evidence-based interventions that have been used for both parents and children (Kjellgren et al., 2013). In CPC-CBT the intervention consists of both the parent(s) or caregiver(s) and child participating in 16 two-hour long sessions over the course of 16 weeks (Kjellgren et al., 2013). The therapeutic strategies that are used with CPC-CBT for adults are motivational interviewing, psychoeducation, non-coercive parenting strategies, and development of

coping and problem-solving skills (Kjellgren et al., 2013). The therapeutic strategies that are used for children include development of positive coping and anger management skills and the use of trauma narratives as a form of gradual exposure that allows the child to successfully cope with the experienced trauma (Kjellgren et al., 2013).

From this study, the researchers found that the participants had decreased levels of depression at the conclusion of the treatment (Kjellgren et al., 2013). In fact, there were no parents who had scores indicative of depression post-treatment in comparison to pre-treatment in which five parents reported mild to severe depression (Kjellgren et al., 2013). This was found to be a key element in breaking the cycle of child physical abuse as parental depression has been found to be a risk factor for child physical abuse (Kjellgren et al., 2013). In addition to child physical abuse the most prevalent form of trauma that was experienced by children was the exposure to domestic violence (Kjellgren et al., 2013). However, the children who participated in the study were found to have a reduction in trauma symptoms (Kjellgren et al., 2013). This is important in fostering positive development in children who have experienced child physical abuse as they are at more risk to experience short- or long-term negative health symptoms or relationships (Kjellgren et al., 2013). Furthermore, the exposure to trauma has been found to impact a child's ability to successfully cope with social adjustment (Kjellgren et al., 2013). Lastly, the researchers found that after treatment the parents were less likely to use violent parenting towards their child and that parenting styles were more positive and consistent (Kjellgren et al., 2013).

In looking at treatment options for child sexual abuse, Olafson (2011) conducted a meta-analysis on child sexual abuse to explore the demography, impact, and interventions

for child sexual abuse. In doing so, the researcher was able to provide a comprehensive outlook on child sexual abuse along with the resulting effects and the available evidence-based treatment options. Child sexual abuse is not specific to any specific act or age restriction and "is defined as any use of a child for sexual gratification by another person" (Olafson, 2011, p. 8). The type of abuse that occurs can vary from different types of contact or noncontact sexual abuse, such as voyeurism or exhibitionism, in which a child may not immediately know that they have been abused. Furthermore, the researcher found that the impact of child sexual abuse will vary for each child and their respective families. It was also found that child sexual abuse often occurs as a pattern of polyvictimization as the child is also experiencing additional traumatic events such as physical or emotional abuse, neglect, witnessing domestic or community violence, death of a loved one, and substance abusing family members (Olafson, 2011).

Although, child sexual abuse has been found to occur at lower rates than child physical abuse or neglect, the impact is potentially greater because of the various types of acts of sexual abuse that can be committed (Olafson, 2011). The resulting impact has been found to negatively impact an individual's health, cognitive ability, and emotional stability (Olafson, 2011). Furthermore, the individuals that experience child sexual abuse are at a greater risk to be victimized more than once, to have diminished adult functioning, to experience depression, alcohol and substance dependence, to engage in high-risk sexual behavior, and to have conduct problems and altered perceptions of themselves and other people (Olafson, 2011). The outcomes have been found to be more devastating for boys who experience child sexual abuse than girls (Olafson, 2011). Also, for both boys and girls it has been found that those who experience more severe abuse

such as penetration, abuse with violence, aggression, or coercion, or that occurs over the course of multiple developmental stages, will have more severe effects than those children who did not experience those types of abuse (Olafson, 2011). Because of the variation in the overall impact of child sexual abuse it is important to have multiple options for evidence-based treatment that can be used as an intervention for the trauma that has been experienced (Olafson, 2011).

The researcher found that in addition to effective treatment a child that experiences child sexual abuse and has a parent who believes that the abuse occurred after the abuse has a better chance at recovery (Olafson, 2011). One of the most prominent and evidence-based treatment options for child sexual abuse is Trauma-Focused Cognitive Behavioral Therapy. This treatment option challenges the inaccurate and unhelpful cognitions that are developed as a result of experienced trauma for both the child and the parent through various techniques such as Socratic questioning and the creation of a trauma narrative that is expressed through writing, art, dance, language, or poetry. This therapeutic intervention is comprised of multiple components such as psychoeducation about child sexual abuse and other traumatic events that have been experienced, strategies to reduce stress, coping mechanisms, and affect expression and modeling. Furthermore, the parents also learn child behavior management as those that experience child sexual abuse have a greater chance of exhibiting conduct and behavioral problems. In adulthood, the researcher found that the most prominent form of evidence-based treatment that is used is Cognitive Processing Therapy and trauma treatment (Olafson, 2011).

Lastly, Olafson (2011) determined that although Trauma-Focused Cognitive-Behavioral Therapy has been heavily researched and studied as a treatment intervention most studies only include children up until the age of 15. The researcher recommends that the interventions that are developed and tested should be able to provide both individual and group treatment options. Specifically, the researcher suggested that more research is needed on comparable treatment options for older adolescents and more specifically for those adolescents who also experience substance abuse and sexual behavior problems that are connected to child sexual abuse. Also, those adolescents who have resulting problems that lead them to residential or juvenile facilities need more comparative interventions to be researched and tested (Olafson, 2011).

Overall in looking at intervention and treatment options, Sandoval, Scott, and Padilla (2009) conducted a meta-analysis of crisis counseling and effective interventions. The researcher found that individuals who are exposed to traumatic events find themselves in a state of psychological disequilibrium in which the normal psychological functioning and coping skills are challenged and operate at a lower level (Sandoval et al., 2009). When an individual has progressed to this state more advanced therapy options should be utilized to restore the individual to a normal state of functioning where they can continue to use creative problem solving and adaptive coping skills (Sandoval et al., 2009). The researcher found that an inability to effectively cope is a contributing factor to the negative effects that occur as a result of experiencing trauma and leads individuals to a state of psychological disequilibrium (Sandoval et al., 2009). The advanced skills that are used with therapists will not only return an individual to a normal state of

functioning but also teaches them new and more efficient coping skills that can be applied as new problems arise (Sandoval et al., 2009).

The researcher found that there are several steps that are needed to increase the chance that individuals are able to successfully learn to cope with their trauma and are considered to be psychological first aid that should be used by a therapist (Sandoval et al., 2009). The National Child Traumatic Stress Network and National Center for Post-Traumatic Stress Disorder take immediate steps that are needed as making contact with the victim, providing safety, stabilize the victim's mood, address the immediate needs and concerns, provide practical assistance, facilitate social support and coping, and provide referrals and access to collaborative services as needed (Sandoval et al., 2009). The early intervention allows for the victim to receive compassionate support that may aid in facilitating adaptive coping (Sandoval et al., 2009). Also, the therapist will have the ability to analyze the situation and plan for further intervention as needed (Sandoval et al., 2009). As the victim is able to be stabilized, treatment options that can be used include school-based therapy, Bibliotherapy, community-based psychotherapy, or medication (Sandoval et al., 2009).

School-based therapy has been found to be effective with individuals who have experienced trauma as a result of a national disaster or terrorist act (Sandoval et al., 2009). During counseling, the students are encouraged to explore fears, misunderstandings, and emotions that are connected to the death or injury of a loved one as a result of the traumatic experience through discussion, drawing, and role playing (Sandoval et al., 2009). Additionally, with the traumatic experience of a natural disaster or terrorist attack, those that are exposed have been found to develop a lower sense of

control over their destiny (Sandoval et al., 2009). Therefore, the individuals are encouraged to participate in restorative activities that will rebuild a sense of efficacy and empowerment such as support groups or play therapy (Sandoval et al., 2009). Bibliotherapy is an alternative therapeutic approach to individuals who have endured a natural disaster (Sandoval et al., 2009). This approach focuses on exploring an individual's thoughts and feelings after the disaster by providing information, communication, reassurance, and the reestablishment of a routine (Sandoval et al., 2009).

Community-based psychotherapy is the use of Cognitive Behavioral Therapy to treat the most common effects of all experiences of trauma including the most severe effect of Post-Traumatic Stress Disorder (Sandoval et al., 2009). Cognitive Behavioral Therapy is a symptom-focused therapy that utilizes skill-building techniques to make maladaptive behaviors more functional (Sandoval et al., 2009). The techniques that are applied focuses on using cognitive information processing and behavioral techniques associated with reducing anxiety to mitigate the thoughts and behaviors that can cause negative emotions and patterns of interactions with others (Sandoval et al., 2009). The specific techniques that have been found to be helpful are relaxation, imaginal or in vivo exposure, eye movement desensitization and reprocessing (EMDR), role playing, and play and art therapy (Sandoval et al., 2009).

Lastly, medication has been found to be a measure of last resort that should be used to combat the effects of trauma (Sandoval et al., 2009). Medication as a treatment options has been found to be used more commonly with individuals who experience severe Post-Traumatic Stress Disorder (Sandoval et al., 2009). The medication that is prescribed is used to mediate the symptoms of anxiety and depression and should be

prescribed based upon an individual's specific symptomology (Sandoval et al., 2009). Additionally, when medication is used as a treatment option it should be prescribed in consultation with a psychiatrist who will be able to monitor the effectiveness and deleterious side effects (Sandoval et al., 2009).

Conclusion

In gaining an in-depth understanding of the relationship between the experiences of childhood trauma and criminal offending, the criminal justice system will be more equipped to appropriately sanction those offenders (Matheson, 2012; Wolff & Shi, 2012). As the criminal justice system begins to apply these appropriate sanctions offenders will be provided with an opportunity to rehabilitate their lives (Matheson, 2012; Wolff & Shi, 2012). Also, as the criminal justice system addresses the underlying causes of criminal offending, they are more likely to reduce the rates of recidivism, thus they will be able to reduce the prison population (Matheson, 2012; Wolff & Shi).

Trauma occurs as a result of individuals experiencing or witnessing an event that threatens or has the potential to threaten their life, well-being, or psychological state of mind (Buffington et al., 2010; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007). Trauma can be experienced at any age and can begin as early as infancy and continue throughout adolescents (Arditti & Savla, 2015; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Olafson, 2011; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007; Wolff & Shi, 2012;). These events may occur as a result of a natural disaster or as an act that occurs as a result of another individual causing the traumatic experience (Arditti & Savla, 2015; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Olafson, 2011; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007; Wolff

& Shi, 2012). The research has shown that the experience of trauma increases the likelihood that an individual can encounter a variety of different negative effects throughout their lifetime (Arditti & Savla, 2015; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Olafson, 2011; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007; Wolff & Shi, 2012).

The duration of the effects and the level of the impact will vary from individual to individual and may occur individually, simultaneously, or progressively with other effects that are occurring (Arditti & Savla, 2015; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Olafson, 2011; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007; Wolff & Shi, 2012).

The effects that are incurred are often a result of the individual attempting to cope with the trauma that has been experienced or the development of faulty cognitions and negative thought processing (Cuadra et al., 2014; Huh et al., 2014; Kao et al., 2014; Levenson & Socia, 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Wolff & Shi, 2012).

As a result of the experience of trauma and the resulting effects, the need for treatment that is specific to the individual and their needs have expanded (Cuadra et al., 2014; Kjellgren et al., 2013; Matheson, 2012; Olafson, 2011; Sandoval et al., 2009; Wolff & Shi, 2012). Those individuals who are able to receive treatment immediately or as an early intervention have a better chance of being successful in treatment (Sandoval et al., 2009). The trauma and the experienced effects can be targeted through specific and evidence-based treatment interventions such as Cognitive Behavioral Therapy with a trauma focus that will allow the offender to learn how to develop positive coping skills

and restructure cognitive distortions that were developed (Kjellgren et al., 2013; Olafson, 2011; Sandoval et al., 2009). Although, Cognitive Behavioral Therapy with a trauma focus has been deemed the most effective and evidence-based therapeutic intervention for individuals who have experienced trauma during their childhood there is a need for more resources and interventions (Kjellgren et al., 2013; Olafson, 2011; Sandoval et al., 2009).

These additional resources and interventions should be more strategic in incorporating techniques and skills that will allow for the individual needs of the offender to be met as all individuals will not be exposed to the same trauma, will not experience the same overall effects, and will not commit the same crime (Cuadra et al., 2014; Matheson, 2012; Wolff & Shi, 2012). The interventions should incorporate skills and techniques that will allow the individual to address the specific risk factors that are associated with the trauma that has been experienced (Cuadra et al., 2014; Matheson, 2012; Wolff & Shi, 2012). Therefore, by conducting further research on adult criminal offenders and their perceived childhood exposure to trauma, the researcher was able to identify specific needs of individuals based upon the results of the perceived effects of childhood exposure to trauma (Sandoval et al., 2009). The specific needs that were identified for this research study were identified by the perceived effects of the childhood exposure to trauma as expressed by the participants that were studied. The information obtained can be used to develop strategic techniques and skills that can be used to help individuals handle and overcome their experience and return to a state of normalcy (Sandoval et al., 2009).

CHAPTER III: METHODOLOGY

Trauma can occur at any stage of life for individuals and occurs as a result of individuals experiencing or witnessing an event that threatens or has the potential to threaten their life, well-being, or psychological state of mind (Buffington et al., 2010; Stewart-Tufescu, & Piotrowoski, 2013; Westby, 2007). The duration of a traumatic experience cannot be predetermined and may include events that are experienced or witnessed such as experiencing a natural disaster, death of a loved one, abuse, violence, an accident, parental incarceration, neglect, and many other events. When individuals go through a traumatic experience they may have a higher chance of experiencing negative effects that can last for the duration of their lifetime and the effects may occur individually, simultaneously, or progressively with other effects as they are trying to cope with the traumatic experience (Arditti & Savla, 2015; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Olafson, 2011; Stewart-Tufescu, & Piotrowoski, 2013; Westby, 2007; Wolff & Shi, 2012).

Additionally, as a result of the traumatic experience individuals begin to behave differently; and as their behavior changes, it is more common that the behavior changes in a negative manner (Cuadra et al., 2014; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Huh et al., 2014; Kao et al., 2014; Levenson & Socia, 2016; Logan-Greene et al., 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Sandoval et al., 2009); Stewart-Tufescu, & Piotrowski, 2013; Westby, 2007; Wolff & Shi, 2012).

Individuals continue to progress in their altered state and for some individuals their behavior leads them to commit a crime either intentionally or unintentionally

(Cuadra et al., 2014; Levenson & Socia, 2016; Matheson, 2012; Wolff & Shi, 2012). For individuals who have experienced trauma there is a higher risk that these individuals may commit a criminal offense in comparison to individuals who have not experienced trauma (Levenson & Socia, 2016). At the onset of criminal offending most individuals will begin by committing a misdemeanor offense and overtime the criminal offending will progress to committing a felony offense (Levenson & Socia, 2016).

Restatement of the Purpose

The purpose of this study was to conduct phenomenology research that explored childhood exposure to trauma and subsequent criminal offending by adults who have experienced childhood trauma. Factors that were explored included the participants' perceptions of childhood traumatic experiences that occurred as a result of their lived experiences, losses, and psychological, mental, and physical effects that occurred with their family environment with first or second generation family members and that occurred within their social, community, and educational environments.

Research Design

A phenomenological research design was used for this investigation. Phenomenological research allowed for the study of experiences of individuals through interviews that were conducted to gather an understanding of the phenomenon that was studied. It allowed the researcher to explore the perceived lived experiences, understandings, and feelings of the participants as related to the phenomenon that was studied. For the purpose of this investigation individuals who had been involved in criminal offending as an adult were the participants for the study. The participants for the

investigation were selected by using nonprobability sampling. The specific selection process was conducted by using the purposeful sampling method.

Sample or setting. The participants for this sample were selected by using nonprobability sampling and the purposeful sampling method (Merriam & Tisdell, 2016). The participants were selected based upon the availability of inmates as deemed appropriate by the designated staff of the Georgia Department of Corrections facility with a minimum or medium level security risk. The participants were in stable physical and psychological health as predetermined by the Georgia Department of Corrections through their physical and psychological assessments that had been previously conducted by the Georgia Department of Corrections. The participants were able to complete the interview and remain cognizant throughout the interview without any type of medical assistance or aide from another individual. The participants were able to write, hear, and see in order to complete the consent form and the interview. There were no participants included that were determined to have a severe mental health level as directed by the Georgia Department of Corrections. A total of at least enough people to reach data saturation were asked to participate in the study. The sample size was determined based upon data saturation in which the researcher terminated the sampling when a point of saturation had been reached with the answers gathered from the participants (Merriam & Tisdell, 2016; Fusch & Ness, 2015). The researcher determined that data saturation had been met when the data collection no longer provided any new data or new themes thus further coding was no longer feasible as a result of the depth of the data collected (Fusch & Ness, 2015; Merriam & Tisdell, 2016). The minimum age of the participants for this investigation

was 18. The setting for the interviews took place in a Georgia Department of Corrections correctional facility housing adult offenders.

Research question. The following research question was addressed for this study:

RQ 1: How are the childhood experiences and exposure to trauma from birth to the age of 17 perceived by an adult criminal offender?

Instrument. The investigation was conducted by using a semi-structured interview process to explore if there were any themes or trends that may be perceived to exist with childhood exposure to trauma and adult criminal offending. The data were collected through face-to-face interviews guided by the following open-ended questions (Appendix A):

While you were growing up, as a minor, between the ages of 0-17:

1. Tell me who the first or second generation family members of your household were and describe your relationship with each of them:
2. Describe your experiences with any major disturbance (such as divorce, separation, violence) between your parents and provide the age that the experiences occurred:
3. Describe your experiences with any type of discipline (time-out, restrictions, punishment, spanking, or school disciplinary action) and the age that the experiences occurred:
4. Describe your educational learning experiences (grades, socialization, bullying, experiences with teachers) during elementary, middle, and high school:
5. Describe your experiences and age with participating in school activities (sports,

afterschool, band, music, chorus, art, drama, club/group (4-H, Beta, National Honor Society, Student Government, etc.)) or residential community (city, town, county, district, municipality) activities (sports, YMCA, boy scouts, girl scouts, mentoring, community service):

6. Describe your experiences to any exposure of violence (pushing, hitting, grabbing, slapping, punching, beating, bruises, fighting, murders, stabbing) or drugs including alcohol and provide the age that the experiences occurred:
7. Describe your experiences with undergoing or witnessing any event that threatened or had the potential to threaten your life, well-being, or psychological state of mind (death, loss of a home, loss of a friend, accident, bullying, abuse, assault, rape, etc.):
8. Describe your experiences with any psychological (depression, stress, or anxiety), mental (feelings of pain, hurt, anger, sorrow, disbelief, shame, embarrassment, disconnected from the world, family, and friends, an inability to process their thoughts, make decisions, hold a conversation, stay focused, or understand information or other individuals), or physical effects (decline in physical strength, the loss of a limb, dismemberment of a body part, permanent scaring, weight loss, weight gain, loss of appetite, increased appetite, or developed a physical disability) and provide the age that the experiences occurred:
9. Describe how you have handled/coped with your losses (death of a loved one, parental incarceration, loss of a home, loss/decline in mental/physical/emotional strength, loss of physical ability, loss of security/protection, loss of a friend/friendship/relationship):

Procedures

The researcher submitted the required application and documentation that was necessary to gain IRB approval. All of the participants were selected by using purposeful sampling of available minimum and medium security inmates as it was deemed accessible by the designated staff of the Georgia Department of Corrections facility. The participants were solicited through an advertisement for participation that was disseminated by the Georgia Department of Corrections facility staff. A sign-up sheet was made accessible for the inmates to sign up if they wished to participate. Each participant who signed up was provided with a consent form (Appendix B) to review prior to their interview. The participants were interviewed in the order that they signed up until saturation was met. Any participant who was determined to have a severe mental health level as directed by the Georgia Department of Corrections was not permitted to participate in the study. At the time of the interview the consent form (Appendix B) was read to the participants and were signed before the interviews began. Once the researcher had reviewed the consent form, the interview was conducted face to face and recorded with an audio recorder. All participant interviews were guided by the same set of open-ended interview questions. The only demographical information that was collected was the participant's gender, age, and ethnicity. The content from the interviews was then transcribed for data analysis.

Methodological assumptions. There were three main assumptions underlying the expected findings of this investigation:

1. Individuals that have experienced childhood trauma do not engage in school/community/socialization activities.

2. Individuals that have experienced childhood trauma do not develop positive coping skills.
3. Individuals that have experienced childhood trauma do not have positive educational learning experiences and relationships with their first or second generation family members.

There were several assumptions based upon the selected data collection method for this investigation. There was the assumption that conducting face-to-face interviews was the best way to collect data for the investigation because it allowed the researcher to obtain detailed and in-depth information as opposed to using surveys or questionnaires. Also, there was the assumption that by using purposeful sampling the researcher was able to gather participants who were the best to represent the investigation that was conducted. Furthermore, it was assumed that this would have helped the researcher to obtain saturation in obtaining the responses from the interview questions.

Limitations. The following limitations were applied to this study:

1. The data was only collected from a population of inmates at the Georgia Department of Corrections.
2. The information collected was based upon the individual's perceived personal experience and his or her interpretation of events that occurred during the individual's childhood. Thus, the results of the investigation may be limited as a result of the participants providing inaccurate information based upon their perceptions regarding their experiences that cannot be verified.

Delimitations. The following delimitations were applied to this study:

1. This study did not include adult criminal offenders that were housed in

different types of institutions such as jails or boot camps. Additionally, the participants for this study did not include adult criminal offenders who were on active probation, parole, or not currently incarcerated. Therefore, this study is not generalizable across the United States because the participants were not representative of the entire population.

2. The credibility of the interview questions that were constructed for this research was a delimitation as they were not validated or used in any other research project. This was a delimitation because it does not show if this study was repeated that similar responses would be received.

Data Collection and Analysis

The interviews were recorded, transcribed, and coded for analysis. The responses were analyzed to determine any themes or trends in the participants' perceptions that may exist with childhood experiences for adult criminal offenders who experienced trauma during their childhood. Furthermore, the responses were analyzed to determine the specific types of trauma that were perceived to be experienced during an individual's childhood to determine if there were any themes or trends that may be perceived to exist with a specific type of criminal offending. All data were recorded through a digital voice recorder and were analyzed through NVivo software and the NVivo coding manual.

CHAPTER IV: RESULTS

Restatement of the Purpose

The purpose of this study was to conduct phenomenology research that explored childhood exposure to trauma and subsequent criminal offending by adults who had experienced childhood trauma. The researcher used specific factors to explore the participants' perceptions of experiencing childhood trauma. The factors that were explored included the participants' perceived childhood traumatic experiences that occurred as a result of their lived experiences, losses, and psychological, mental, and physical effects. Furthermore, these specific factors were explored based upon having occurred within the participants' family environment with first or second generation family members and within their social, community, and educational environments. In doing so, the researcher used the following research question:

RQ 1: How are the childhood experiences and exposure to trauma from birth to the age of 17 perceived by an adult criminal offender?

Description of the Sample

For this investigation all of the participants were selected by using purposeful sampling of available minimum and medium security inmates as deemed accessible by the designated staff of the Georgia Department of Corrections facility. There was a total of 12 female participants and six male participants. The female and male participants were recruited from the Metro Transitional Center and Phillips State Prison, respectively. Georgia Department of Corrections facility staff requested the participants to participate in the research investigation. A sign-up sheet was made accessible for the inmates to sign up if they expressed their desire to participate. The participants were interviewed at both

facilities until saturation was met. There were no participants included that were determined to have a severe mental health level as directed by the Georgia Department of Corrections. At the time of the interview the consent form (Appendix B) was read to the participants and signed before the interviews began. Upon review of the consent form all participants who participated in the interview signed the consent form prior to the beginning of the interview. After the participant signed the consent form, the researcher then conducted a face –to-face interview with each participant. All interviews were recorded with an audio recorder. All of the participant interviews were guided by the same set of open-ended interview questions. The only demographic information that was collected were each participant's gender, age, and ethnicity. All interviews were transcribed and coded through Nvivo Software.

The demographics of the participants in this study are presented in Table 1 below.

Table 1

Participant Demographics (N=18)

Age	N	%
23 – 30	4	22.2
31 – 35	3	16.7
36 – 40	4	22.2
41 – 45	1	5.6
46 – 50	1	5.6
51 – 55	3	16.7
56 – 60	2	11.1
Gender	**N**	**%**
Male	6	33.3
Female	12	66.7
Ethnicity	**N**	**%**
White Caucasian	7	38.9
Hispanic/Latino	1	5.6
Black/African	10	55.7

Results Presented by Interview Questions

The questions that were asked during the interview were as follows:

1. Tell me who the 1st or 2nd generation family members of your household were and describe your relationship with each of them:
2. Describe your experiences with any major disturbance (such as divorce, separation, violence) between your parents and provide the age that the experiences occurred:
3. Describe your experiences with any type of discipline (time-out, restrictions, punishment, spanking, or school disciplinary action) and the age that the experiences occurred:

4. Describe your educational learning experiences (grades, socialization, bullying, experiences with teachers) during elementary, middle, and high school:
5. Describe your experiences and age with participating in school activities (sports, afterschool, band, music, chorus, art, drama, club/group (4-H, Beta, National Honor Society, Student Government, etc.)) or residential community (city, town, county, district, municipality) activities (sports, YMCA, boy scouts, girl scouts, mentoring, community service):
6. Describe your experiences to any exposure of violence (pushing, hitting, grabbing, slapping, punching, beating, bruises, fighting, murders, stabbing) or drugs including alcohol and provide the age that the experiences occurred:
7. Describe your experiences with undergoing or witnessing any event that threatened or had the potential to threaten your life, well-being, or psychological state of mind (death, loss of a home, loss of a friend, accident, bullying, abuse, assault, rape, etc.):
8. Describe your experiences with any psychological (depression, stress, or anxiety), mental (feelings of pain, hurt, anger, sorrow, disbelief, shame, embarrassment, disconnected from the world, family, and friends, an inability to process their thoughts, make decisions, hold a conversation, stay focused, or understand information or other individuals), or physical effects (decline in physical strength, the loss of a limb, dismemberment of a body part, permanent scaring, weight loss, weight gain, loss of appetite, increased appetite, or developed a physical disability) and provide the age that the experiences occurred:
9. Describe how you have handled/coped with your losses (death of a loved one,

parental incarceration, loss of a home, loss/decline in mental/physical/emotional strength, loss of physical ability, loss of security/protection, loss of a friend/friendship/relationship):

Family members. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17 tell me who the first or second generation family members of your household were and describe your relationship with each of them." From this interview question, 88.89% of the participants (12 females and four males) reported living with their mom. However, in comparison only 33.33% of participants (three females and three males) reported living with their dad and an additional 16.67 % of the participants (one female and two males) reported living with their stepdad. This data shows that more participants lived with their mom than their dad or stepdad. Of the 18 participants 0% reported living with a stepmom. Of the 18 participants 88.89% of participants (nine females and three males) reported living with at least one brother and 38.89% of participants (five females and two males) reported living with at least one sister. In looking at the participants who lived with a grandparent, of the 18 participants 38.89% of participants (five females and two males) lived with a grandparent. Additionally, one female reported living with a stepbrother, one reported living with an aunt, and one reported living with an uncle. Lastly, one male reported living with an aunt and two males reported living with an uncle.

The majority of the participants lived with their mom at some point during their childhood and also lived with at least one brother and/or one sister. In understanding the relationship between the participants and those that had at least one sibling it was found that overall there were peaceful, supportive, protective, and loving relationships amongst

the participants and their siblings. The participants expressed that if there were any quarrels between themselves and a sibling, they considered them to be typical situations that happened amongst siblings. The female participants talked about how they shared clothing or would fight over clothing with another sister. Also, the male participants talked about how they would spend time with their other siblings hanging out or playing. Overall, the participants felt that their best relationships were with their siblings.

Although, the majority of the participants lived with their mom at some point during their childhood, there were different experiences reported from their childhood household. Overall, the participants who lived with their mom during their childhood reported having a negative experience. The experiences reported were that the relationship with their mom was turbulent and distant and those experiences caused them to feel unloved, unsupported, and even unwanted. The participants expressed that they felt distant from their mom because they were raised by someone else, drug usage that occurred, or because of violence that occurred against their mom and all of those experiences prevented their mom from being emotionally available to them. The participants also expressed that the status of the relationship with their mom during their childhood made them feel unprotected as they did not have anyone that they could turn to for help or to help protect them. There were some participants that reported that the relationship with their mom was turbulent because their mom would not allow them to be who they were and would not allow them to openly express themselves or their feelings about situations that occurred within their lives during their childhood. For instance, one participant discussed how when she told her mother that she had decided to keep her child at the age of 16 that her mom did not agree with her decision and often expressed to

her that she would not be there to help her or support her if she was going to keep her child.

The participants also expressed that overall they did not have relationships with their biological father and more participants were raised by a stepfather. The majority of participants that had a relationship with their biological father or stepfather reported that they were beaten and abused. There was one participant that expressed how she felt that her stepdad did not like her and did not accept her as his child. She expressed that when her mom divorced her stepdad that she was happy. Furthermore, those participants that lived with their grandparent felt that they had positive, nurturing, and caring relationships with their grandparent in comparison to the relationship with their parent. The participants felt that their grandparent was a protector for them during their childhood.

One of the participants said,

> I was adopted at three years old, but they had me since I was two weeks old, so I grew up with my grandparents. When I turned 16 my real mom told me that my daddy wasn't my daddy, so I basically stayed with people that I wasn't no kin to me for my whole life til I was like 16. Then I went to live with my real mom and the man that she said was my daddy still wasn't my daddy.

One of the participants said,

> I lived with my grandma from the time I was four until the age of 12 because my mother lost custody of me so we lived with my grandma. . . . but when my grandmother passed away my uncle wanted to move us back into my mother's house so we all moved in together and my mother took up raising us until we were 18.

Another participant said,

> I lived in the house with my mom, my grandma, my cousin, my first cousin which was my mom's sister's children, and I had a brother that I grew up with. My dad didn't live in the same household as me. My mom was a drug addict.

There was another participant who said,

> My mother and father were not there immediately. I was raised by my mother's family as far as her sister and her brother and her mother. The relationship between us was distant it was cold; it was a nephew to an auntie. I was an outsider most of the time. I felt unwelcomed in the house.
>
> One of the participants said:,
>
> My grandma, my mother, my aunt, my uncle, my mother's sister's children, and my mother's children all of us grew up in the house together. It was 10 grandchildren and five adults so it was 15 of us in the household. We had a good relationship.
>
> Another participant stated,
>
> My mom would always take my phone or whatever and would not let me talk on the house phone. I never had privacy. I was just sheltered; she just tried to shelter me from everything. I was beyond my years in my mind and the way she tried to raise me; and the way my mind was set up it just never worked out; it was not compatible. So, I was just rebellious, on my own too; and then not being able to express myself or not having parents that understood my mind and were willing to help mold me into the version of myself that I was instead of the version of myself that they wanted me to be, that caused friction too.

Major disturbance. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17 describe your experiences with any major disturbance (such as divorce, separation, violence) between your parents and provide the age that the experiences occurred." The overall theme from this question was violence with the most prevalent major disturbance experienced being physical and/or verbal abuse that occurred to at least one parent during their childhood.

Of the 18 participants 33.33% (five females and one male) reported experiencing a divorce during their childhood. Additionally, 11.11% of the participants (one female and one male) reported experiencing a separation during their childhood. This shows that less than half of the participants (44.44%) reported experiencing either a divorce or a separation during their childhood. In looking at violence between parents over half of the female and male participants, 83.33% (10 females) and 66.67% (four males) for a total of

77.78% of the 18 participants reported experiencing at least one parent being a victim of physical and/or verbal abuse during their childhood.

One of the participants said,

> My mom and dad divorced when I was a baby. My dad remarried when I was 2 and my mom has been married several times. The violence or whatever as far as what I saw with my dad and my mom one time when I was seven years old; he was coming to pick us up—well I don't think he was coming to pick us up. He just showed up at the house for no reason and he pulled a gun on us, my mom, my stepdad, my brother, and my stepbrother.

Another participant related, "My mom and dad divorced when I was like three and she remarried. He was abusive verbally and physically and sexually." One of the participants said, "A far as I can remember I think I was about three as far as my parents' divorce."

Discipline. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe your experiences with any type of discipline (time-out, restrictions, punishment, spanking, or school disciplinary action) and the age that the experiences occurred." The overall themes from this question were physical discipline and privileges taken. For most of the participants, they described feeling that the physical punishment was beyond what was acceptable and felt more like abuse. The participants discussed how their parent or guardian would use extension cords and belts to beat them and how it made them feel upset and unloved. Also, the participants shared that they felt that when they were being punished that it was the only time that they were able to get the attention of their parent or guardian. Furthermore, the participants felt that they received excessive punishments because their parent or guardian took their personal frustrations out on them as a result of their own personal situations. Overall, the participants felt that the punishment that they received was not because of anything that they had done to get into any type of trouble.

There was one participant who said,

> We got in trouble a lot by my stepdad. We really didn't have to do anything; he was just angry like that. I got in trouble at school one time for having cigarettes on the school bus. I think I was like 13. I received a three-day suspension. With my stepdad he used to beat us.

Another one of the participants said,

> There were period of times I remember getting hit where my nose was busted and my septum in my nose and I needed surgery I've needed it my whole life, but I've saved it. One of my ears is sticking out more than the other because he tore the cartilage by pulling my ear. I don't know if the scar is still there, but he burnt me with cigarettes and hit me with two by fours.

Of the 18 participants, physical discipline by either being whipped and/or spanked or beat was the most reported form of discipline. Additionally, for the 12 female participants, the second most reported form of discipline was having a privilege taken away. Lastly, what was found was that female participants reported being disciplined more than the male participants.

Of the 12 female participants, the most prevalent form of discipline reported was 66.67% of the females (eight females) reported that they were disciplined during their childhood by being whipped or spanked. Additionally, in looking at all of the reported forms of physical discipline one female reported that she had items thrown at her, two females reported being beaten, one reported being pinched, and one reported being slapped as forms of discipline experienced. The second most prevalent form of discipline for females was 41.67% of female participants (five females) reported that they experienced a privilege being taken from them as a form as discipline. Lastly, the additional forms of discipline reported by female participants were restriction (one female), timeout (one female), verbal admonishment (one female), and school suspension (two females).

Of the six male participants 33.33% (two males) reported being whipped or spanked. Also, of the six male participants 33.33% (two males) reported being beat. The male participants reported experiencing other forms of discipline during their childhood such as a privilege being taken (one male), placed on restriction (one male), school detention (one male), writing sentences (one male), and school suspension (two males).

One of the participants said, "I always at got whippings when I was younger." Another participant said, "Spanking growing up probably two or three times. I was a good kid coming up. I wasn't too bad as a kid growing up." Also, one participant stated, "My mom would always take my phone or whatever and would not let me talk on the house phone."

One participant said,

> I've never been spanked or anything as a child. I remember my older brother had been spanked once and I stood at the door and cried for him the whole time, but I don't have any experience with that. Of course, my mom would send me to my room for time out but I was a brat so I would just destroy things in my room and then I will have to clean it up afterwards. Once I got older and was disciplined, like my mom had bought my car and all of that stuff when I turned 16 so I felt like that was her form of discipline. Like if I was to get in trouble at school she would take my car. She would use the things that she gave me as leverage, but I was never like spanked. She would pinch me in public and I would turn around and pinch her right back, so she tried.

Educational experiences. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe your educational learning experiences (grades, socialization, bullying, experiences with teachers) during elementary, middle, and high school." The overall themes collected from this question were that the participants reported overall receiving good grades and a positive school experience. The participants shared that overall they enjoyed school and the positive and nurturing relationships that they were able to develop with their teachers. However, as a result of

personal experiences that occurred in the home during their childhood such as being exposed to drugs and/or alcohol, abuse, lack of supervision, and/or violence they did not complete school or did not do as well as they could have with their grades. The participants felt that that they should have been more committed and focused while they were in school as they realized the importance of education. Additionally, of the 18 participants more female participants reported a positive teacher experience and more male participants reported a negative teacher experience.

Of the 12 female participants two participants reported being bullied during school. Two reported quitting school, one reported being retained in kindergarten, one reported having a problem with socialization, one reported having a negative teacher experience, and four reported a positive teacher experience. The female participants reported receiving good grades overall while they were in school.

Of the six male participants there were two males that reported experiencing bullying, one reported quitting school, three reported a negative teacher experience, and one reported a positive teacher experience. The male participants reported that overall their grades were good while they were in school.

One of the participants said,

> I was very smart in school. I made Straight A's. I was very smart but by the time I hit 12 years old I started skipping school, not going doing all kinds of crazy stuff because my mom was so strict. I would go out on my own because she didn't give me any leeway to do any of the things that the other kids were doing. I was going to do something but I would just do it behind her back skipping school sneaking out the window but I still made great grades in class. I would make an A on everything I did but because I wouldn't do homework I started failing. So, in 8th grade they did the whole 8th grade test so I think technically I failed that grade but because I made so high on the standardized test, they passed me up. By the time I was 14 years old I quit school.

There was another participant who said,

> I wasn't a bully. There was one guy who used to bully me a lot. He lived across the street from us and he bullied me in school and stuff, and that kind of had a lot to do with me getting in trouble. My grades and my teachers were great. I had an attendance problem. I couldn't stay focused enough to want to stay in school.

Another participant stated,

> In elementary I had a lot of run-ins with some teachers. I was rebellious at a young age. I had bad experiences in elementary school with a few teachers. When middle school came it got a little better, but I had some run-ins with principals. I always had behavior issues in school, but it got a little better the older I got. In high school I didn't stay in high school for too long and I dropped out in the 10th grade. So, I really don't have much high school experience with teachers because by then I just thought I was grown, and school wasn't for me.

There was one participant that stated,

> I don't remember too much about elementary school because my mom wasn't really active in school. Like with anything else when I graduated from elementary school my mom didn't participate in that and when I graduated from high school my mom didn't come to that.

Another participant said,

> I really don't remember too much about school. I quit school in the 7th grade because of everything that happened, and they didn't care, I didn't care so I just quit school.

A participant stated:

> My kindergarten teacher, she knew what was going on in my life and she would take time with me after school she would take me to Dairy Queen. I didn't know why but now that I'm older I realize she was trying to save me from what I had to go home to. I think that was the only teacher that went outside of school that did that. All of my other teachers would send me to the counselor, and they would mark down this is what she came to school looking like or this is what happened to me and my brother.

One participant said, "My grades and my teachers were great. I had an attendance problem and I couldn't stay focused enough to want to stay in school." Another participant stated, "I always had good grades. I graduated with honors from high school." Also, a participant said, "I was always the teacher's pet because I was usually more

advanced than the other kids. I was always helping the teacher teach the other kids. I got good grades."

School and community activities. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe your experiences and age with participating in school activities (sports, afterschool, band, music, chorus, art, drama, club/group (4-H, Beta, National Honor Society, Student Government, etc.)) or residential community (city, town, county, district, municipality) activities (sports, YMCA, boy scouts, girl scouts, mentoring, community service)." The overall themes from this question were that the participants participated in more school activities than residential community activities. The most reported activities for the participants were sports or musical activities. Of the 12 female participants 67% (8 females) reported participating in a sport, including dance or cheer, and/or band or chorus at their school. Lastly, of the 12 female participants 41.7% (five females) reported participating in a school club. Additionally, of the 12 female participants 41.7% reported participating in the YMCA or girl scouts within their community. Of the six male participants 50% (three males) reported being involved in a sport and/or band at their school. Additionally, 16.7% (one male) reported being involved in a club at their school. Of the six male participants 16.7% (one male) reported being involved in a community activity and the activity was band.

The participants expressed how they enjoyed participating in their respective activities for the time that they were able to participate. The participants shared that the activities allowed them to escape from the negative experiences that occurred during their childhood. However, although the participants enjoyed the activities, they expressed that

they were unable to participate in the activities throughout their childhood because of the lack of support from their parents. Furthermore, the participants stated that during the times that they participated, their parent or guardian wasn't supportive of them, which made them feel unloved.

One participant said,

> I did 4-H when I was in elementary school, so I think I was about 11 at the time. We went to Rock Eagle and that was fine, and it was good or whatever like that. I played the saxophone when I was in middle school, so I was like 13. I always have been singing. I always sing at church. I remember I was like five and I got up and led devotion, and there were grown men crying like this little girl is up here leading devotion and we're sitting up here and won't even get up and lead devotion. So, I always had a good spirit and had a good heart from doing stuff. When I got in high school, I played basketball. I always been athletic, been a basketball star and always singing.

There was another participant who said,

> I was in the choir. I was in the music when I was there. I was in the Girl Scouts. I became a Girl Scout leader after a while. I went all the way through. I participated in a lot of things. I loved the football games. I tried out for cheerleading. I was in the color guard for the band.

Also, another participant said,

> When I was in high school, I was in the band. I played the trumpet. I was an assistant section leader, so I got some solos and stuff like that. So, I enjoyed that. I played Varsity soccer for four years in high school. I was the goalie on the soccer team for four years. That was a fun experience.

There was one participant who stated,

> From 5 years old to 13 years old I took dance and from 12 years old to 13 years old I took competition cheerleading. I took dance very seriously and I was very active in that. My mom didn't have a lot of money so I would actually work Monday through Thursday with the dance teacher helping to do her classes to pay for my dance school which actually kept me busy. A lot of times my mom would be working so many jobs there was nobody at home anyway, so it kept me occupied and safe.

Another participant stated,

> I was in FBLA. I was in the Beta Club in high school. I was on the flag team in high school. In elementary and middle school, I didn't do anything. The only way I was able to do it in high school was because I worked and I was able to afford it and by the time I went to high school I no longer lived with my mom and I lived with my grandma.

Violence and drugs. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe your experiences to any exposure of violence (pushing, hitting, grabbing, slapping, punching, beating, bruises, fighting, murders, stabbing) or drugs including alcohol and provide the age that the experiences occurred." The overall themes from this question were fighting and drug exposure and/or drug usage. The most reported form of violence of the 18 participants was fighting. The participants shared that the exposure to violence left them feeling afraid as they watched their parent or guardian become a victim of violence or a perpetrator of violence. The participants shared that they were afraid for themselves, their siblings if they had any, and their parent or guardian that was being abused. Of the 18 participants alcohol was the most reported drug that they were exposed to and/or had used during their childhood. Overall, the participants shared that they remember being shocked upon their initial exposure to drugs but as they became more exposed they became interested in experimenting with the drug. The participants shared that they would often take alcohol or use drugs when their parent or guardian was not around. There were some participants who shared that their exposure to drugs and alcohol made them fearful because of so many of their family members being addicted to the drug and/or alcohol and they did not want to be like them and become addicted.

Out of the 18 participants 50% (seven females and two males) reported engaging in at least one fight during their childhood. Of the 18 participants 72.2% (nine females

and four males) reported that they were exposed to and/or used alcohol during their childhood. Of the 12 female participants 41.7% (five females) reported that they were exposed to and/or used marijuana. Additionally, of the 12 female participants 33.3% reported (four females) reported that they were exposed to and/or used cocaine during their childhood. Of the six male participants 50% (three males) reported that they were exposed to and/or used marijuana and 33.3% (two males) reported that they were exposed to and/or used cocaine.

One participant said,

> It was in sixth grade, seventh, I still had to fight—and 8th grade. When I got in high school, I was like I'm not going to keep fighting. We done fought before so it kind of stopped when I got into high school.

There was another participant that said,

> I was in 8th grade and I got into a fight. The first time I really got into a fist fight was in the 8th grade with this girl and she always made fun of me but this particular time somebody was making fun of her so I took the opportunity. I was laughing really really loud and over exaggerating and she got mad me and so when we left class she was like laugh in my face now and I laughed and she punched me and we started fighting. That was the first time I got into a physical altercation because I was a pushover. I didn't fight anybody else, a physical altercation, until I was in 10th grade.

Also, another participant said,

> I had a hard time in school; that's why I stayed in fights all the time, got in trouble or what not. I was really a good kid except for that; that was the only thing that really drugged me down.

One participant said,

> I met my first drug dealer. So, I started talking to him; that was the first time that I had seen drugs, cocaine, weed, just whatever you name it. I had always smoked weed since I was 14. I had smoked weed here and there but I was just never smoking like back to back to back to back so then I just really started smoking weed. . . . I met another dude and that was the first time I had really just seen someone snort cocaine, and I was like I'm not about to be on no coke; that ain't nothing. But then being around him and he doing it and he was okay and he

> wasn't tripping. I was like I might try it and I did. I tried or whatever, like that, and I was never on any junkie status.
>
> Another participant said,
>
> I started smoking weed when I was like 13, started selling drugs for like $5, me and my friends, and that continued. I always have pot and throughout the years it had a lot to do with me getting into trouble at school because I was stoned all the time. My grandmother was an alcoholic.
>
> Also, another participant said,
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> My mom always smoked weed. She still does. She was an alcoholic. The only reason why she's not alcoholic anymore is because she has diabetes real bad. She used to get beat up real bad by her boyfriend. I have never done a drug a day in my life. I have never drank alcohol a day in my life. I have been real afraid to do alcohol because my mom is an alcoholic, my dad is an alcoholic, my uncle is an alcoholic, my aunt is an alcoholic—everybody's an alcoholic.
>
> Lastly, one participant said,
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> As I got older, I drunk one time and smoked a blunt one time. But I don't consider me doing any drugs because I was just really trying to fit in and do something. Yes, I done seen drugs staying in the projects. I've seen a lot of drugs but as far as me using them I've never did any of that stuff. My mom was on drugs. My mom has been on drugs as long as I could remember.

Trauma. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe your experiences with undergoing or witnessing any event that threatened or had the potential to threaten your life, well-being, or psychological state of mind (death, loss of a home, loss of a friend, accident, bullying, abuse, assault, rape, etc.)." The overall themes from this question were experiencing and/or witnessing sexual assault, physical abuse, and death.

Of the 18 participants 44.4% (four females and four males) reported experiencing or witnessing a traumatic death during their childhood. Of the 18 participants 38.9% (four females and three males) reported being sexually assaulted during their childhood. Of the 18 participants 27.8% reported being physically abused during their childhood.

Additionally, there were other traumatic experiences reported such as an absent parent (two females), an accident (one female and two males), bullying (two females and one male), loss of a home (one female and two males), verbal abuse (two females), physical abuse (one male), and drug abuse (one female).

One participant said,

> I had physical issues with my dad, but I also had sexual issues with my dad. The sexual abuse was when I was like six years old and when I got older, I was 16 years old he would do things here and there. The physical abuse was up until I was 11 years old, and I would see him every couple of years or so maybe like at Christmas or something like that, and it would turn bad or something like that but not on an often basis after the age of 11.

There was another participant who said,

> One of my problems that I had was that a doctor tried to molest me when I was 10 years old. I was getting a physical, and he put his mouth down there on me, and I just I didn't say anything.

Also, another participant said:

> Traumatic experience, the only thing that really messed me up is what really messed me up. I was molested when I was 14 by a guy in the neighborhood, and it continued through the years, and I couldn't get him out of my life, and he just continued to manipulate me mentally.

One participant said, "I saw a murder in Tampa Florida when I was seven in the football field in broad daylight while everybody was in the park. I've seen about three murders." Another participant said, "I saw my auntie get killed in front of me when I was a real young girl and her boyfriend killed her." Lastly, another participant said, "The most trauma I ever had was seeing my brother get killed by the car . . . waiting for the school bus that was very traumatic for a five-year-old."

State of being. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe your experiences with any psychological

(depression, stress, or anxiety), mental (feelings of pain, hurt, anger, sorrow, disbelief, shame, embarrassment, disconnected from the world, family, and friends, an inability to process their thoughts, make decisions, hold a conversation, stay focused, or understand information or other individuals), or physical effects (decline in physical strength, the loss of a limb, dismemberment of a body part, permanent scaring, weight loss, weight gain, loss of appetite, increased appetite, or developed a physical disability) and provide the age that the experiences occurred." The overall themes from this question were that there were more psychological effects with the most prevalent being anxiety and secondly depression. Furthermore, the female participants reported experiencing more psychological, mental, and/or physical effects than the male participants.

Out of the 18 participants 33.3% (five females and one male) reported anxiety and 27.8% (four females and one male) reported depression. Of the 18 participants, the following were also reported as psychological effects: experienced stress (one female), fear (one female), suicide attempt (one female), and mental illness (one male). Out of the 12 female participants the most reported mental effects were 25%; three females reported experiencing anger; and 16.7 % (two females) reported experiencing hurt. Out of the six males the most reported mental effect was 33.3%: two males reported experiencing embarrassment. Out of the 18 participants 16.7% (one female and two males) reported permanent scaring.

One participant said,

> I had a lot of anxiety I had to go to the hospital for like six months after I got kidnapped and raped. . . . I was ashamed for a long time. . . .I was angry for a long time. I was very bitter.

There was another participant who said,

> Anxiety I can remember being in high school and not even wanting to come home. . . . anxiety stress and depression to where I was just taking classes when I was in high school. . . . I developed ulcers as a result of what was going on at the age of 16.

Also, another participant said,

> When I was 12 was the first time that I tried to commit suicide. I was institutionalized from like 12 years old to 16 years old or committed like four or five times just from depression.

Lastly, one participant said, "I had a lot of depression I was just depressed." Another participant stated, "I would have some depressive episodes." Also, another participant said, "I suffered with depression."

Coping. The participants were asked, "While you were growing up, as a minor, between the ages of 0-17, describe how you have handled/coped with your losses (death of a loved one, parental incarceration, loss of a home, loss/decline in mental/physical/emotional strength, loss of physical ability, loss of security/protection, loss of a friend/friendship/relationship)." The overall theme from this question was that the participants did not cope with their losses during their childhood.

Out of the 18 participants 55.6% (six females and four males) reported not coping or not knowing how to cope with their losses during the childhood. Also, out of the 18 participants 22.2% (four females) reported negatively coping with their losses during their childhood. One participant said, "I guess just from my dad dying, it's like what you know doesn't hurt you, so I felt like I never really coped." There was another participant who said, "Most of it was negative dealing with it. I didn't do any positive dealing with it. It was like I just went deeper into the problem." Also, another participant said, "I coped with mine the wrong way."

Reinforcement of Family Structure

In looking beyond the risk factors that were associated with the participants the investigation found that the family structure was a critical component in understanding the experiences of the participants. The results of the interviews with the participants provided insight into the overall circumstances of the family structure that was in place during their childhood. What was revealed as a result of the investigation was that various elements of the family structure served as a gateway for the participants to be introduced to risk factors such as violence, alcohol, drugs, abuse, death, divorce, separation, and other factors. Thus, it is important to understand how the family structure impacted the traumatic childhood experiences of the participants.

Lack of positive parental/guardian guidance/support. The research from this investigation revealed that the participants experienced various types of struggles within their immediate family structure throughout their childhood. Over the majority of the participants stated that they were not raised in the household with both their mother and father and some did not live with either parent and lived with a grandparent, another family member, or were adopted. Furthermore, the participants stated that they did not have positive relationships or stability with the parent or guardian who had primary custody of them throughout their childhood. Also, the participants shared experiences of feeling unloved, unwanted, or unsupervised by their parent/guardian throughout their childhood. As a result of those experiences the participants shared that they did not feel as if their parent/guardian really cared about their well-being or what they were doing during their childhood. This provided them with the opportunity to not do well in school

and eventually drop out or behave however they decided to behave without any consequences.

One participant stated,

> I was adopted at three years old, but they had me since I was two weeks old. So, I grew up with my grandparents. When I turned 16, my real mom, my biological mom, told me that their son wasn't my daddy, so I basically stayed with people that I wasn't no kin too for my whole life till I was like 16.

There was one participant who said,

> My grandmother and my mother's eldest brother, we lived with them; me and my sister lived with them. My relationship with my grandmother was great and my uncle was great; he took me fishing what men do and what not. When my grandma passed away, I moved back in with my mother. My grandmother meant a lot to me. I lived with my grandma from the time I was four until the age of 12 because my mother lost custody of me.

Another participant stated,

> I mostly lived with my mom and my brother up until I was 11 years old and then he went to live with my grandparents so really it was just me and my mom. My mom has been married like seven times, and we moved a lot so there were a lot of different men and a lot of different houses.

Another participant stated,

> My mother and father was not there immediately. I was raised by my mother's family as far as her sister and her brother and her mother and the relationship between us was distant. It was cold; it was a nephew to an auntie. I was an outsider most of the time. I felt unwelcomed in the house.

Lastly, there was one participant who said,

> My mother, she did her best . . . she did the best she could as I look back on it but now that I think about it, we were lacking a lot as far as attention that we needed. I believe we got into a lot of trouble because we didn't get a lot of attention.

Lack of parental/guardian protection. In looking further into the family structure, it was revealed that the majority of the participants lacked protection during their childhood. The participants shared experiences of being abused by their

parent/guardian or by others due to the lack of protection provided by their parent/guardian. The abuse began early within their childhood and for some of the participants it lasted for an extended period of time.

One participant that stated:

> My mom and dad divorced when I was like three and she remarried. He was abusive verbally and physically and sexually. He molested me when I was eight and he used to beat on us a lot.

There was another participant who stated,

> I was beat seriously by my mom. When I was seven to eight years old I was put into a foster home. My mom was really abusive, physically abusive, as well as mentally abusive.

Another participant stated,

> There was violence from the time I was born, and there were attempts on my life from the time that I was born. My mother's family had to keep constant watch on me because the husband was unhappy with the arrangement. He thought I wasn't his child and he was trying to terminate my life to start all over.

Lack of parental/guardian display of positive behavior. Lastly, in looking into the family structure it was revealed that the participants were not exposed to positive behaviors that were displayed by their parent/guardian. The participants shared experiences that their primary custodial parent/guardian was absent/distant, violent, and/or used drugs. These behaviors were witnessed and/or experienced by the participants throughout their childhood. Furthermore, those experiences created emotional responses that lasted throughout their childhood.

One participant stated,

> I've seen a lot of violence people fighting and stuff like that. My mom was on drugs and my mom has been on drugs as long as I could remember but me and my brother, we were not crack babies. She has been on drugs for a long time and we have even tried to get her off, but I guess you just have to want to do it. My auntie was on drugs too. . . . I ain't never dealt with stress or anxiety like that. I'm not

angry now that my mom was a crackhead. I hide my anger a lot, but I think I was a little angry then.

Another participant stated,

My mother could be violent. She didn't mind hitting you and there was violence with my mother's relationships. My mother I believe she took a little speed. . . .

Well like I said I was always pretty insecure about my mother. I never knew if she was going to come back. She would leave and just be gone for months so I think I had a lot of anxiety from that. I think I was pretty embarrassed by my mother so that kind of kept me from being involved in things. That was the way she was; she shouldn't have had any children.

There was another participant that stated,

The abuse started at a young age about seven or eight. He used to beat my mama and then we would go to my dad for the weekend. My aunt and uncle used to fight all the time and they would do drugs all the time. I was introduced to drugs at 15. They were using crack marijuana and alcohol and pills. I used crack for the first time at the age of 15.

Summary

The purpose of this study was to conduct phenomenology research that explored childhood exposure to trauma and subsequent criminal offending by adults who had experienced childhood trauma. The researcher used specific factors to explore the participants' perceptions of experiencing childhood trauma. The factors that were explored included the participants' perceived childhood traumatic experiences that occurred as a result of their lived experiences, losses, and psychological, mental, and physical effects. Furthermore, these specific factors were explored based upon their having occurred within the participants' family environment with first or second generation family members and within their social, community, and educational environments. The participants were very candid, presumably, but this is uncertain in sharing their childhood experiences from their perspectives as an adult. There were

similar themes but different experiences for the 18 participants within those themes based upon how the experiences made them feel during their childhood.

The responses presented a prevalent theme for the participants of experiencing various forms of violence and witnessing and/or experiencing drugs during childhood. For example, those that experienced the theme of violence did not have the same experiences or feelings that resulted from their exposure to violence. The experiences that were presented consisted of the participant witnessing physical abuse with a parent or being a victim of physical and/or sexual violence with the encounters leaving some participants feeling angry, unprotected, and/or unloved. Additionally, there were participants who also engaged in physical violence by fighting during their childhood due to their development of anger or as a method to protect themselves from others.

Those who experienced exposure to drugs and/or alcohol did not share the same experience from their exposure. The overall feelings shared were that the exposure to drugs and/or alcohol made them feel shocked, interested, and/or fearful. There were more participants who stated that they were exposed to alcohol by at least one family member than any other drug. However, there were some participants who stated that they were exposed to other drugs such as marijuana and cocaine at school, from their friends, or from a family member. Furthermore, those who experienced the theme of mental effect did not experience the same type of mental effect to the participants who stated that they were angry as a result of a traumatic experience and the other participant who felt embarrassed and ashamed as a result of the traumatic experience. Also, those who identified psychological effects varied from experiencing depression or anxiety but did not experience the same type of depression or anxiety. Overall, the participants identified

that they had positive school experiences that included good grades overall and positive experiences from participating in school activities or sports. The participants shared that although they had positive experiences they were not allowed to participate as they would have liked and/or felt unsupported by their parent or guardian.

The data revealed that many participants who endured a traumatic experience such as being exposed to physical, verbal, and/or sexual abuse/violence and/or drugs also became a participant in physical violence by engaging in fighting during their childhood and/or began to use drugs. This provides some insight into the impact of the traumatic experiences on the participants and the importance of resolving trauma to decrease the potential for continued traumatic experiences. Although the findings suggested that there were many experiences that were shared by the participants, over half of them reported not coping with any loss or the associated feelings that evolved and that were experienced during their childhood. Therefore, over half of them were not provided with resources that could help them in overcoming the impact of the traumatic experiences that they had endured.

CHAPTER V: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Purpose of the Study

The purpose of this study was to conduct phenomenological research that would explore childhood exposure to trauma and subsequent criminal offending by adults who had experienced childhood trauma. The researcher used specific factors to explore the participants' perceptions of experiencing childhood trauma. The factors that were explored included the participants' perceived childhood traumatic experiences that occurred as a result of their lived experiences, losses, and psychological, mental, and physical effects. Furthermore, these specific factors were explored based upon having occurred within the participants' family environments with first or second generation family members and within their social, community, and educational environments. In doing so, the researcher posed the following research question:

RQ 1: How are the childhood experiences and exposure to trauma from birth to the age of 17 perceived by an adult criminal offender?

Procedures

The researcher submitted the required application and documentation that was necessary to gain IRB approval. All the participants were selected by using purposeful sampling of available minimum and medium security inmates as deemed accessible by the designated staff of the Georgia Department of Corrections facility. Potential participants were solicited through an advertisement for participation that was disseminated by the Georgia Department of Corrections facility staff. A sign-up sheet was made accessible for the inmates to sign-up if they wished to participate. Each participant who signed up was provided with a consent form to review prior to their

interview. The participants were interviewed in the order that they signed-up until saturation was met. Any participate that was determined to be diagnosed with a severe and persistent mental illness as directed by the Georgia Department of Corrections was not permitted to participate in the study. At the time of the interview the consent form was read to the participants and signed before the interviews began. The researcher reviewed the consent form and the interviews were conducted face to face and recorded with an audio recorder. All participant interviews were guided by the same set of open-ended interview questions. The only demographic information that was collected was each participant's gender, age, and ethnicity. The content from the interviews was then transcribed for data analysis by using Nvivo software.

Summary of Results

The research that was conducted found that there were similar themes but different experiences for the 18 participants. The most prevalent themes that were present were the themes of experiencing violence, drugs, and various types of traumatic experiences and how those experiences impacted each participant's life. For example, those who experienced the theme of drugs and violence did not have the same experiences with drugs and violence. In looking at violence the research found that the participants shared experiences of their witnessing physical abuse with a parent or being a victim of physical and/or sexual violence. The participants developed feelings of being sad and fearful. Furthermore, the experiences of drugs and violence led the participants to develop negative coping skills as they began to use drugs and/or engage in violence themselves as a way of protecting themselves and others. The participants shared different traumatic experiences to which they were exposed, such as being a victim of

sexual abuse and/or physical abuse, witnessing a murder, and the death of a loved one. The impacts of the traumatic experiences were all different, but the participants found themselves feeling "helpless, violated, devastated, and heartbroken" as a result of the specific traumatic experiences.

In addition to the most prevalent themes that were found as a result of the research, it is important to note some other key experiences. The research found that those who experienced the theme of mental effect were found to have experienced those impacts differently; the effects included anger, embarrassment, and shame. The most common psychological effects were found to be depression and anxiety. There were some participants who shared that they felt that the mental and psychological effects that were endured occurred as a result of the traumatic experiences that occurred during their childhood. Those participants shared that they did not totally understand what their mental and psychological effects were, but most realized that drugs and other negative coping skills were used to help them overcome the resulting effects. Overall, the participants had a positive experience as it related to school and participation in activities. However, because of the effects from the traumatic experiences the participants found themselves eventually being less engaged in school and activities despite having nurturing relationships from teachers and enjoying the activities.

Although the findings supported that overall there were many themes that were shared by the participants the results of the experiences were not all the same. The participants did not experience the same level of intensity or duration of exposure to their childhood experiences. However, although the experiences were different what was found to be consistent was that the participants did not have access to learning positive

coping skills. As a result of not utilizing any positive coping skills, the participants did not feel that they had the tools to overcome their traumatic experiences.

Conclusion

The participants from this study all experienced various types of trauma that affected each individual differently. The participants recalled enduring traumatic events that they either directly experienced or witnessed; that they felt threatened or had the potential to threaten their life, well-being, or psychological state of mind that supports previous research on traumatic experiences (Buffington et al., 2010; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007). The events that were experienced occurred at different ages for the individuals with some individuals experiencing trauma early in their childhood, later in their childhood, and/or throughout their entire childhood. Also, the duration of the experiences varied for the participants but there were several participants who reported enduring various types or traumatic experiences or the same source of trauma throughout their entire childhood as far as they could recollect the experiences. The research revealed that the individuals experienced acts that were directly attributed to the actions of another human being with the exception of one individual who experienced the loss of a home due to a fire. This study found that the trauma experienced by the participants included verbal, physical, and sexual abuse; violence; substance abuse to include alcohol; and separation or divorce, which supports previous research that found these types of trauma as well (Cuadra et al., 2014; Huh et al., 2014; Kao et al., 2014; Levenson & Socia, 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Wolff & Shi, 2012).

Additionally, this study found that an unhealthy family structure that is linked to having an absentee or neglectful parent(s)/guardian(s) was a source of trauma as the participants expressed that having an absentee or neglectful parent(s)/guardian(s) allowed them to feel that they had easier access to engage in negative behavior, which adds to previous research that only identified family dysfunction as a source of trauma but did not provide any type of specification on the type of family dysfunction that was experienced (Buffington et al., 2010; Cuadra et al., 2014; Huh et al., 2014; Kao et al., 2014; Levenson & Socia, 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Wolff & Shi, 2012).

In comparison to previous research that looked into the prevalence of various types of childhood traumatic experiences (Cuadra et al., 2014; Huh et al., 2014; Kao et al., 2014; Levenson & Socia, 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Wolff & Shi, 2012), this research instead looked into the perceived impact of childhood traumatic experiences. This research found that the participants reported that they formulated a different outlook on their lives and those individuals that were closest to them such as their first or second generational family members as a result of their childhood traumatic experiences, which is different from other research that reported on the types of trauma that had been experienced during an individual's childhood (Cuadra et al., 2014; Huh et al., 2014; Kao et al., 2014; Levenson & Socia, 2016; Maschi & Schwalbe, 2012; Matheson, 2012; Olafson, 2011; Wolff & Shi, 2012).

This research found that the participants endured negative situations that negatively impacted their mental, emotional, and physical well-being, which supports previous research that found that the duration of effects and impact from traumatic

experiences would vary but the more traumatic events that an individual experiences the greater the chance that they would have developmental deficiencies, and their emotional and physical health would also be negatively impacted (Arditti & Savla, 2015; Buffington et al., 2010; Dierkhising et al., 2013; Frazier et al., 2009; Garrido et al., 2010; Olafson, 2011; Stewart-Tufescu & Piotrowoski, 2013; Westby, 2007; Wolff & Shi, 2012).

As a result of their traumatic childhood experiences, the participants expressed that they felt unloved, abandoned, unsupported, and unprotected by the parent or guardian. In response to the traumatic experiences the participants began to think and behave differently. For instance, some of the participants who were exposed to violence also began participating in violence throughout their childhood as they felt that it was necessary for them to protect themselves. There were participants who reported that they were good students in school and received good grades in school but after experiencing trauma they no longer had the same interest in school because they felt that their parents and/or guardians no longer cared about their well-being or because they could no longer focus and maintain interest as required. As a result of those feelings it led to them engaging in activities that led to school disciplinary action, experiencing a decline in their grades, and/or quitting school.

Also, individuals that reported that they were sexually abused on multiple occasions throughout their childhood; and they expressed that the sexual abuse left them to feel unprotected, unloved, ashamed, and embarrassed. As a result of feeling unprotected, unloved, ashamed, and embarrassed, participants reported that they ran away and even began to use drugs including alcohol because they felt that no one cared about

their well-being. The research also revealed that the participants who endured trauma throughout their childhood did not report having a positive or productive method to help them overcome their traumatic experiences. Instead the participants lived with those experiences throughout their childhood and lived with the negative effects such as poor decision making; lack of trust; and feelings of guilt, shame, embarrassment, unworthiness, and being unloved and unprotected.

This research looked beyond the prevalence of the use of drugs to include alcohol as a source of trauma and found that the ability for the individual to be exposed was the result of an unhealthy family structure that is linked to having an absentee or neglectful parent(s)/guardian(s). The unhealthy family structure left individuals to feel that they were unprotected, improperly supervised, unwanted, and neglected by their families; and thus to cope with those negative feelings those individuals also used drugs to include alcohol. Therefore, the hypothesis is that those individuals who experience an unhealthy family structure as a result of being exposed to violence, abuse, and/or drugs including alcohol are at a greater risk to be negatively impacted by their childhood exposure to trauma and thus have the greatest need for treatment in an effort to minimize the negative impact. This shows that exposure and/or use of drugs including alcohol is impactful, but the underlying impact of the broken family structure may create a greater source of trauma and future research should be conducted to support or reject this hypothesis.

As a result of the negative effects that the participants reported in this study that occurred from the participants' exposure to trauma during their childhood, this research has revealed that providing specific treatment options that can be personalized to meet the individual needs that result from the individual's traumatic experience may be

beneficial. This may be beneficial as previous research revealed that Cognitive Behavioral Therapy with a trauma focus was found to be one of the most effective evidence-based therapeutic interventions for individuals who have experienced trauma during their childhood; however, the approach was considered to be a generic treatment option (Kjellgren, Svedin, & Nilsson, 2013; Olafson, 2011; Sandoval, Scott, & Padilla, 2009). Overall, previous research found that what was needed was an intervention that incorporates skills and techniques that would address the risk factors that are specifically associated with the trauma that has been experienced for that individual as all individuals would not be exposed to the same trauma and would not experience the same overall effects (Cuadra et al., 2014; Matheson, 2012; Wolff & Shi, 2012). This research found that some of those specific risk factors that are specifically associated with an individual's trauma to be an unhealthy family structure are linked to having an absentee or neglectful parent(s)/guardian(s); poor decision making; lack of trust; and feelings of guilt, shame, embarrassment, unworthiness, and being unloved and unprotected.

Furthermore, this may be beneficial to minimizing the type and duration of the negative effects that occur as a result of childhood traumatic experiences, as previous research has found, that the types of risk factors that were reported in this study such as cognitive distortions, irresponsible decision making, and negative coping mechanisms have been found to correlate with individuals who have committed a criminal offense (Buffington et al., 2010; Cuadra et al., 2014; Levenson & Socia, 2016; Matheson, 2012; Wolff & Shi, 2012). Furthermore, this could be essential as the majority of the participants from this study reported that they did not have any positive methods to assist them as to coping.

Implications for Practice

The purpose of this study was to explore childhood exposure to trauma and subsequent criminal offending by adults who had experienced childhood trauma. The most effects from the most prevalent types of traumas that were found can be considered risk factors that would allow counselors to provide specialized intensive treatment that is specifically designed for those risk factors. Therefore, as a result of individuals from this study who reported having feelings of being abandoned, unloved, unwanted, unsupported, unprotected, ashamed, and/or embarrassed, it is recommended that these individuals are further evaluated for treatment needs. Also, as a result of the identified risk factors, the juvenile justice system may be able to utilize more strategic sanctions that would include therapeutic treatment to help individuals with their identified risk factors in lieu of or in combination to incarceration. In understanding the data that were collected as a result of this study these are the detailed implications that can be made for professionals in the field of counseling and the criminal and juvenile justice system.

Counseling. The participants in this study revealed that there was a high percentage of individuals that experienced and/or participated in violence as well as experienced and/or participated in drug use including alcohol. Furthermore, the participants reported that they felt fearful of drugs because of the impact that they witnessed it having upon other family members. However, there were participants that stated that due to the lack of supervision that they were able to engage in drug and/or alcohol usage without any suspicion from their parents. The participants felt that an unhealthy family structure from having an absentee or neglectful parent(s)/guardian(s) served as a gateway for them to be exposed to traumatic experiences.

For counseling, it could be beneficial to develop a specialized evidence-based family therapy treatment approach that would specifically address the factors that lead to an unhealthy family structure instead of having to use a broad evidence-based therapeutic approach such as Cognitive Behavioral Therapy with a trauma focus because there are a multitude of traumatic experiences that can be endured. An intervention that focuses on identifying the components that are needed to create a healthy family structure may be beneficial in overcoming trauma that impacts the entire family structure for an individual. One specific benefit may be the development of an intervention that helps to rebuild relationships between an individual and an absentee or neglectful parent(s)/guardian(s) by teaching new family skills, such as how to effectively communicate; create healthy family habits; create effective discipline practices; learning how to rebuild trust; learning how to provide protection, love, and support; and/or create healthy family boundaries to create a healthy family dynamic for the individual's core family unit. This may allow the family structure to rebuild together while creating positive memories and allowing the individuals to witness positive behavior being exhibited from their family. Ultimately, the goal of the treatment would be for the individual to develop experiences that would allow them to feel protected, supported, loved, and wanted. Therefore, as a result of these findings it may be beneficial for counselors to have specialized evidence-based family therapy treatment practices that could be used that specifically target the impact of having an unhealthy family structure that is linked to having an absentee or neglectful parent(s)/guardian(s).

Also, for those whose absentee or neglectful caregiver is unavailable it may be beneficial to have a specific evidence-based therapeutic plan that would help an

individual navigate through having an absentee or neglectful caregiver. An individual could have an absentee or neglectful caregiver for a variety of reasons to include but not limited to death, incarceration, caregiver being unknown, caregiver using alcohol and/or drugs, or the caregiver refusing to be a part of the individual's life. The goal of this treatment would be to help individuals safely process why a parent may be absent in their lives and develop positive coping skills that may allow them to navigate through that void. Additionally, in the event that it is foreseeable to reconnect with an absentee or neglectful caregiver, the therapeutic plan would also provide tools that may allow that individual to safely navigate through the reconnection process and, if necessary, how to safely terminate the reconnection process in order to continue to move forward positively with their lives.

Furthermore, as an implication for counselors it is important to have a specific therapeutic plan that targets sexual abuse. The effects that were shared as a result of experiencing sexual abuse negatively impacted their emotional well-being. The participants who experienced sexual abuse reported that they felt embarrassed, ashamed, unloved, and unprotected. As a result of these feelings, it is important to have an intervention that is developed for sexual abuse that would specifically target these feelings that are developed in an effort to minimize the overall negative impact and the duration of the impact in helping the individual to rebuild a positive self-image and positive outlook on life.

Lastly, the development of a therapeutic intervention that focuses on coping in overcoming trauma may be beneficial. This intervention method should allow individuals to identify their feelings as they are associated with their trauma and also

teach positive coping skills that may allow individuals to understand how they may be able to lessen the impact of the trauma and change their outlook towards the traumatic experience. Additionally, learning positive coping skills may help individuals learn how to develop, engage in, and display positive behavior. Furthermore, the skills that are learned may also help individuals to be proactive in withstanding any future traumatic experiences.

These types of specific interventions may allow an individual to receive personalized care and direct attention to specific needs in lieu of a standard intervention method that is used with multiple individuals. The interventions should be made available to individuals as soon as possible after they have experienced trauma during their childhood as this may help to lessen their chance of engaging in negative behavior. For individuals who did not have access to treatment for their trauma during their childhood treatment should be provided as soon as possible in an effort to help individuals process their trauma and understand any impact that has occurred as a result of the trauma experienced. Specifically, in looking at individuals who are incarcerated, it may be beneficial to mandate treatment for offenders who have endured trauma during their childhood in an effort to help process their trauma and learn tools that may help to break their cycle of criminal offending. Overall, the ability to utilize specific interventions in treatment could help to decrease the impact of the negative feelings that were developed as a result of the traumatic experience.

Criminal and Juvenile Justice System. The introduction of criminal charges that occur as a result of criminal offending often begins in the juvenile justice system for many individuals. What has been known from prior research is that trauma is correlated

to juvenile delinquency and juvenile delinquency is a predictor of adult criminal offending (Maschi & Schwalbe, 2012). Therefore, this research looked into childhood exposure to trauma to explore the types of trauma that may have been more impactful than others as those sources of trauma may be considered immediate risk factors. As a result of the findings that the exposure to violence, drugs, and abuse were the most negatively impacted types of trauma experienced, it is likely beneficial for the criminal justice system and the juvenile justice system to also address these sources of trauma as a means of sanctioning and rehabilitation.

As an implication for the criminal justice system for individuals who are incarcerated, it may be beneficial to mandate treatment for offenders who have endured trauma during their childhood in an effort to help those offenders process their trauma and learn tools that may help to break their cycle of criminal offending. Also, those adults and/or guardians with children who are found to be addicted to drugs and/or alcohol or have a history of violent offenses may be referred to undergo family treatment where the offenders may learn skills on rebuilding their family and how to exhibit positive behavior for their family. Often, individuals may receive individualized treatment to help with their personal needs and yet they may still lack the skills on how to rebuild their family. Furthermore, the children of these adults may be offered treatment to combat the traumatic experiences they have endured as a result of their parent and/or guardian. As an implication for the juvenile justice system, individuals who have committed a crime and are found to lack a solid family structure or a family support system may benefit from receiving counseling in an effort to minimize the effects of the possible trauma experienced as well as the potential for continued criminal offending.

Recommendations for Further Research

Because this study focused only on adults, future research on individuals under the age of 17 within the juvenile justice system would be beneficial to determine the prevalence and effect of childhood traumatic experiences. The results of the study could be used to determine the need for the juvenile justice system to provide trauma specific treatment options for juveniles during their time of incarceration. Furthermore, the results of the study could be used to help determine effective alternative sanctions that could be used in lieu of incarceration. This would be similar to the use of drug or mental health court sanctioning programs that are used in lieu of incarceration for certain adults.

Furthermore, it is recommended that a quantitative study is conducted to provide a more diversified collection of data to determine the generalizability of the data across different cultures and locations in the world. The results of the replicated studies can be utilized in identifying the most prevalent effects of childhood exposure to trauma that can be considered risk factors. Thus, the results of this study and other replicated studies could be used to enhance the evidence-based treatment models as tools that can be used among diversified populations.

Because the findings of this research found that childhood traumatic experiences were linked with unhealthy family dynamics, it is suggested to conduct future research to explore if interventions can help rebuild a healthy family dynamic for the individual's core family unit. The results of this study showed that the participants endured lasting effects as a result of the trauma that was experienced during their childhood. The research revealed that some of the participants experienced the same type of trauma, but the effects of the trauma were different for each participant. Thus, it is recommended

that further research is conducted on individuals who received any form of treatment or positive coping skills to minimize the impact of the effects that resulted from specific types of childhood trauma to determine its efficacy. This information would be helpful to use in the development of specialized evidence-based therapeutic treatment plans that are designed to target the effects of the traumatic experiences in gaining a deeper understanding for techniques that were effective and those that were ineffective. Furthermore, it would be beneficial to conduct a study with individuals who received treatment at different ages and at different time periods after experiencing trauma to determine if there were any differences with individuals who received treatment based upon age differences or throughout a span of years after treatment had been received.

Also, because the majority of the participants in this study reported that they did not receive counseling or were not taught a method for positively coping with their childhood traumatic experiences, it would be beneficial to conduct a long-term study of individuals who have been through counseling during their childhood to gain further insight on the effectiveness of the treatment that was provided as this was not reported during this research. Additionally, a long-term study could also be conducted to determine if participating in early treatment for childhood traumatic experiences had any direct cause on an individual that experienced childhood trauma, yet they did not enter into the justice system. The results of the long-term studies could also be used to modify the specialized evidence-based therapeutic treatment plans as needed and the overall effectiveness of utilizing counseling.

Summary of Research

The purpose of this study was to conduct phenomenological research that would explore childhood exposure to trauma and subsequent criminal offending by adults who had experienced childhood trauma. The results of this study found that the participants reported that violence, drugs and/or alcohol, and abuse were the most prevalent forms of childhood traumatic experiences. Furthermore, the participants expressed results of their family members engaging in acts of violence, drugs and/or alcohol, and abuse they experienced having absentee or neglectful parents and disconnected families. The study also revealed that the majority of the participants did not identify any method that was used to assist them in coping with the trauma that was experienced. These factors further show the importance of the research that is needed in identifying more information on the effects that result from the types of traumatic experiences that are endured, as a means of establishing risk factors that can be used to develop specialized evidence based treatment plans and identify individuals within the criminal justice system and the juvenile justice system that could benefit from therapy in lieu of or in combination to incarceration.

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APPENDICES

APPENDIX A

Interview Questions

Appendix A: Interview Questions

Demographic Questions:

Gender: _____

Age: _____

Ethnicity: _____

Interview Questions:

While you were growing up, as a minor, between the ages of 0-17:

1. Tell me who the 1st or 2nd generation family members of your household were and describe your relationship with each of them:
2. Describe your experiences with any major disturbance (such as divorce, separation, violence) between your parents and provide the age that the experiences occurred:
3. Describe your experiences with any type of discipline (time-out, restrictions, punishment, spanking, or school disciplinary action) and the age that the experiences occurred:
4. Describe your educational learning experiences (grades, socialization, bullying, experiences with teachers) during elementary, middle, and high school:
5. Describe your experiences and age with participating in school activities (sports, afterschool, band, music, chorus, art, drama, club/group (4-H, Beta, National Honor Society, Student Government, etc.)) or residential community (city, town, county, district, municipality) activities (sports, YMCA, boy scouts, girl scouts, mentoring, community service):

6. Describe your experiences to any exposure of violence (pushing, hitting, grabbing, slapping, punching, beating, bruises, fighting, murders, stabbing) or drugs including alcohol and provide the age that the experiences occurred:
7. Describe your experiences with undergoing or witnessing any event that threatened or had the potential to threaten your life, well-being, or psychological state of mind (death, loss of a home, loss of a friend, accident, bullying, abuse, assault, rape, etc.):
8. Describe your experiences with any psychological (depression, stress, or anxiety), mental (feelings of pain, hurt, anger, sorrow, disbelief, shame, embarrassment, disconnected from the world, family, and friends, an inability to process their thoughts, make decisions, hold a conversation, stay focused, or understand information or other individuals), or physical effects (decline in physical strength, the loss of a limb, dismemberment of a body part, permanent scaring, weight loss, weight gain, loss of appetite, increased appetite, or developed a physical disability) and provide the age that the experiences occurred:
9. Describe how you have handled/coped with your losses (death of a loved one, parental incarceration, loss of a home, loss/decline in mental/physical/emotional strength, loss of physical ability, loss of security/protection, loss of a friend/friendship/relationship):

Appendix B: Consent Form

This research is being conducted by Taneshia Sims who is a student in the College of Counseling, Psychology, and Social Sciences at Argosy University Online working on a dissertation. This study is a requirement to fulfill the researcher's degree and will not be used for decision-making by any organization.
The title of this study is Adult Criminal Offenders Recollection of Childhood Exposure to Trauma and Its Impact.

- The purpose of this study is to conduct phenomenology research that will explore childhood exposure to trauma and subsequent criminal offending by adults who have experienced childhood trauma. Factors to be explored will include the participant's childhood traumatic experiences that occurred as a result of their lived experiences, losses, and psychological, mental, and physical effects that occurred with their family environment with 1st or 2nd generation family members and that occurred within their social, community, and educational environments.

- I was asked to be in this study because I am an inmate housed in a Georgia Department of Corrections Facility.

- A total of at least enough people to reach data saturation have been asked to participate in this study. The sample size will be determined based upon data saturation in which the researcher will terminate the sampling when a point of saturation has been reached with the answers gathered from the participants (Merriam & Tisdell, 2016; Fusch & Ness, 2015). The researcher will determine that data saturation has been met when the data collection no longer provides any new data or new themes thus further coding is no longer feasible as a result of the depth of the data collected (Merriam & Tisdell, 2016; Fusch & Ness, 2015).

- If I agree to be in this study, I will be asked to provide information on my childhood exposure to trauma.

- This study will take approximately 1 hour of my time.

- The risk associated with this study is psychological as the participant may have a flashback and begin to analyze the trauma that has been endured.

- The benefits of participation are that the participants may potentially benefit from treatment interventions that are identified as more effective as a result of their specific risk factors. The participant may potentially be able to receive a comprehensive and personalized treatment intervention that may potentially allow them to develop positive coping skills to overcome the effects of the childhood trauma that has been experienced.

- I will receive no compensation, monetary or otherwise, for participating in this study.

- The information I provide will be treated confidentially, which means that nobody except Taneshia Sims will be able to tell who I am.

- The records of this study will be kept private. No identifiers linking me to the study will be included in any sort of report that might be published.

- The records will be stored securely and only Taneshia Sims will have access to the records unless a subpoena is issued authorizing the release of the recording. If there is a subpoena for the recording of the interview, I understand that I will be notified, and the Georgia Department of Corrections will be notified of the request. I will be advised that the recording is being released as a result of a subpoena being issued unless legal justification can be provided to prevent the release of the recording per the subpoena. All documents, materials, and data that is generated during the study will be kept for three years after the study concludes and will then be destroyed.

- I have the right to get a summary of the results of this study if I would like to have them. I can get the summary by contacting Taneshia Sims at taneshiasims@yahoo.com.

- I understand that my participation is strictly voluntary. If I do not participate, it will not harm my relationship with the Georgia Department of Corrections. If I decide to participate, I can refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time without my relations with Taneshia Sims being affected.

- I can contact Taneshia Sims at taneshiasims@yahoo.com or Grayson Kimball at gkimball@argosy.edu with any questions about this study.

I understand that this study has been reviewed and certified by the Institutional Review Board, Argosy University Online. For problems or questions regarding participants' rights, I can contact the Institutional Review Board Chair, Dr. Roger Fuller at rdfuller@argosy.edu.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. By signing this document, I consent to participate in the study.

Participant's Signature: _____ Date: _____
Print Name: _____