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ADVERSE CHILDHOOD EXPERIENCE,
PSYCHOLOGICAL DISTRESS AND OFFENDING:
THE ROLE OF EMOTIONAL INTELLIGENCE AND
RELATED CONCEPTS.

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ADVERSE CHILDHOOD EXPERIENCE, PSYCHOLOGICAL DISTRESS
AND OFFENDING: THE ROLE OF EMOTIONAL INTELLIGENCE AND
RELATED CONCEPTS.

by

J. A. Hart

A thesis submitted to the University of Bedfordshire in partial fulfilment of
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ADVERSE CHILDHOOD EXPERIENCE, PSYCHOLOGICAL DISTRESS
AND OFFENDING: THE ROLE OF EMOTIONAL INTELLIGENCE AND
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J. A. HART

ABSTRACT

Despite evidence to suggest that pathways from adverse childhood experiences (ACEs) to psychological distress and offending are gender-specific, theory-driven research examining intervening factors in such pathways is rare. Utilising a mixed-method design, the research presented in this thesis aimed to provide further insight into gender-specific trajectories from ACEs to negative outcomes and to identify a suitable framework within which to conduct such research. It was anticipated that comparing and contrasting quantitative (Studies 1 and 2) and qualitative (Study 3) findings would help to inform interventions to reduce female offending.

The literature review identified an attachment framework as appropriate and highlighted variables that warranted investigation. Cross-sectional, self-report data were obtained from a community sample (Study 1; $N=153$, 121 females) and women with a history of ACEs (Study 2; $N=43$). Analysis involved correlations, mediation analyses (using bootstrapping) and ANOVAs. Study 1 findings provided some support for unique gendered pathways to offending. In Study 2: secure attachment was significantly associated with fewer psychological distress symptoms and higher levels of emotional intelligence (EI) and emotional coping; a history of high (4+) vs. low (≤ 3) ACEs explained 10% of the variance in dysfunctional attitudes

and posttraumatic stress; ex-offenders reported greater utilisation of a (potentially maladaptive) emotional processing approach to coping than non-offenders.

Semi-structured interviews (Study 3) involving women with a history of ACEs and offending ($N=5$) were analysed using interpretative phenomenological analysis. The findings suggested a need for interventions to target emotion dysregulation in order to ameliorate the potential negative outcomes of chronic childhood adversity. The importance of context was also highlighted. Additionally, EI and an emotional coping approach were identified as factors that were beneficial in terms of the women's psychological well-being.

Overall, support was found for the use of an attachment framework in research that examines the negative sequelae of ACEs. Moreover, emotion coping and management skills were highlighted as useful targets for intervention in women ex-offender populations with a history of ACEs and associated psychological distress. Based on the findings reported in this thesis, recommendations were made with regard to future research in the field of ACEs, psychological distress and offending.

DECLARATION

I declare that this thesis is my own unaided work. It is being submitted for the degree of Doctor of Philosophy at the University of Bedfordshire.

It has not been submitted before for any degree or examination in any other University.

In memory of
Joan Elsie Harrison
and
Enid Mary Hart

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Chapter 1 Introduction

This chapter presents the aims of the current programme of research, summarises briefly the relevant literature, and identifies a potentially suitable theoretical framework for the investigation. The first section details the aims of the research. The next section briefly discusses definitions of antisocial and offending behaviour. This is followed by a brief summary of the adverse childhood experience, psychological distress and offending literature, with a particular focus on the role of gender. Subsequently, a brief review of several of the more predominant theories of antisocial or offending behaviour is presented. The review focuses on research that pertains to adverse childhood experience and gender-specific pathways to negative outcomes (psychological distress and offending). The chapter concludes with a summary of the review and a model of the framework that was identified as a theoretically viable means of examining trajectories from ACE to negative outcomes.

1.1 Aims of the research

The overarching aim of this thesis was to explore and examine the factors that might be involved in pathways from multiple ACEs to psychological distress and offending, with a particular focus on the role of emotional intelligence and related constructs. In order to achieve this aim, the present programme of research had three objectives. First, it aimed to identify a framework that, from a theoretical perspective, would be a suitable mechanism for the examination of gender-specific pathways from adverse childhood experience (ACE; Centers for Disease Control and Protection - USA, 1998) to psychological distress and antisocial or offending behaviour (AS/OB). The second aim was to examine which (if any) of the factors identified within the framework are gender-specific and

if so, how they might predict antisocial and offending behaviour in a community sample. Particular focus was placed on identifying factors for examination in an under-researched minority population (i.e. females with a history of ACE, the majority of whom have committed or been convicted of a criminal offence) in a second quantitative study. The third aim was to obtain a richer, more in-depth understanding of how individual females who have experienced ACEs and who have committed or been convicted of offending behaviour make sense of their early life experiences, the outcomes of those experiences, and their expectancies for the future. It was anticipated that comparing and contrasting the findings from the three studies would extend current knowledge in three areas. First, the findings would add support (or not) for the theoretical framework as a suitable mechanism for the examination of gender-specific pathways from ACEs to offending. Second, the results from the studies would identify gender-specific factors that might exacerbate or buffer the risk of offending and recidivism. Third, comparing and contrasting the findings from the qualitative and quantitative studies would help to inform gender-specific interventions to reduce female perpetrated antisocial or offending behaviour.

1.2 Antisocial, delinquent and offending behaviour

Prior to an examination of antisocial, delinquent or offending behaviour, it is important to consider the differences between the concepts. For instance, delinquency includes status offences (e.g. underage drinking) that are not illegal when carried out by an adult (Smith, 2008) and is usually defined as the perpetration of illegal acts (violent and non-violent) that have been committed by individuals who are under the age of 18 (although the term has also been utilised to describe adult offending, e.g. see Reef, Donker, Van Meurs, Verhulst, & Van Der Ende, 2011). Conversely, offending behaviour refers to both adults and young people and is defined as the perpetration of an act that contravenes a law and is punishable on conviction (Towl, Farrington, Crighton, & Hughes, 2008).

Antisocial behaviour also refers to any individual and is defined somewhat ambiguously by the Crime and Disorder Act (1998) as ‘...acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household.’ (Budd, Sharp, Weir, Wilson, & Owen, 2005, p. 35). Although such behaviour is not necessarily illegal it may include acts (e.g. criminal damage) that are deemed to be criminal (The Police Foundation, 2010).

Indeed, antisocial behaviour is difficult to define owing to its subjectivity: actions or behaviour considered to be antisocial by one person may be perceived as perfectly acceptable by others (Research, Development and Statistics Directorate, 2004). There are also widely differing expectations and tolerance levels between different groups, which inevitably result in disagreement about what actually constitutes an antisocial act (Roe & Ashe, 2008). For example, an adolescent is unlikely to consider that playing music extremely loudly is antisocial, but an elderly neighbour who is exposed to the resultant noise is likely to disagree with this view and might even resort to making a complaint to the police. In the 2003 Crime and Justice Survey (CJS), the two most common antisocial behaviours were reported to be a) causing a public disturbance (15%); and b) causing neighbour complaints (13%) (Hayward & Sharp, 2005). Furthermore, it is not absolutely clear where the line is drawn between antisocial acts and criminal or illegal behaviour (Hayward & Sharp, 2005). Indeed, the adoption of three new definitions of antisocial behaviour (nuisance, personal and environmental) in the United Kingdom in 2012 appears to have complicated the issue even further, given that a review of recorded incidents suggests that over a third of such incidents had not been categorised correctly (Office for National Statistics, 2014).

At times, the term antisocial appears to be interchangeable with delinquent (see e.g. Maschi, Bradley & Morgen, 2008). Moreover, search terms such as crime, violence, delinquency, and aggression (amongst others) are all

used in meta-analytic reviews of antisocial behaviour (e.g. see Cale, 2006; Miller & Lynam, 2001). For clarity, in the current programme of research, the terms antisocial, delinquent and offending are used interchangeably. The measures that were used in the quantitative studies assess a number of offences (e.g. property damage, theft, substance abuse, shoplifting, assault, taking or selling drugs and so on) and were based on Home Office research (Budd et al., 2005; Flood-Page, Campbell, Harrington & Miller, 2000).

1.3 Adverse childhood experience (ACE)

Adverse childhood experience (ACE) includes parental separation or divorce; death of someone close (e.g. a parent, family member or close friend); neglect (physical or emotional); abuse (physical, emotional or sexual); witnessing violence; or the incarceration, substance abuse or poor mental health, of a family or household member. Previous research has identified relationships between ACE and psychological distress (e.g. Afifi, Enns, Cox, Asmundson, Stein, & Sareen, 2008), ACE and offending behaviour (see e.g. Farrington et al., 2006) and psychological distress and offending (e.g. Keenan et al., 2010; Lynam, Miller, Vachon, Loeber & Stouthamer-Loeber, 2009). Indeed, associations between the three variables are now well-established (Stuewig & McCloskey, 2005; Taylor, 2010). Nonetheless, the intervening factors that might be involved in such relationships have yet to be identified (Bender, 2010). In part, this might be due to gender differences in the relationship between ACE and delinquency or offending; a view that has been posited by proponents of a feminist pathway to crime (e.g. Belknap & Holsinger, 2006; Chesney-Lind, 1989).

1.4 ACE, offending and gender

There is a growing body of evidence that highlights the role of gender in ACE and offending. For example, Topitzes, Mersky and Reynolds (2011)

analysed data from a longitudinal panel study ($n = 1,471$) and found that maltreatment in childhood was a significant predictor of male (but not female) juvenile delinquency. Similarly, in a study conducted by Sigfusdottir, Asgeirsdottir, Gudjonsson and Sigurdsson (2008) the direct effect of sexual abuse on subsequent male offending was stronger than on female offending. Conversely, in other research (Sharp, Brewster & Love, 2005), the likelihood of female (but not male) offending was increased by ACE. There is also evidence of unique offence-type gender differences in populations that have a history of ACE. For instance, maltreated females have reported more engagement in drug-related crime (Sanderson & McKeough, 2005), illegal drug use (Forsythe & Adams, 2009) and general (rather than violent) criminal offending (Logan, Leeb & Barker, 2009) than males with a similar history. On the other hand, the findings for some offence categories are inconsistent. For instance, offenders who perpetrated property-related crimes were more likely to be female in the study conducted by Forsythe and Adams (2009), but more likely to be male in a study conducted by Jordan, Clark, Pritchard and Charnigo (2012). Furthermore, with the possible exception of intimate partner violence (see e.g. Jordan et al., 2012, but also see Kimmel, 2002) maltreated females have been reported to engage in lower rates of violent offending than maltreated males in some studies (e.g. Forsythe & Adams, 2009; Jordan et al., 2012; Logan et al., 2009; Sanderson & McKeough, 2005; Topitzes, Mersky, & Reynolds, 2012), but not others (e.g. Lansford, Miller-Johnson, Berlin, Dodge, Bates, & Pettit, 2007). Whilst the studies reviewed above demonstrate the importance of gender in the relationship between ACE and offending, such research does little to explicate the factors that might intervene. Indeed, it has been argued that the identification of gender-specific factors in the route from ACE to offending is an area of research that requires attention (Bender, 2010). Perhaps unsurprisingly given that the rates of male (compared to female) delinquency and offending are disproportionately high, criminological research has typically focused on male offenders (Cauffman, 2008).

Moreover, it has been argued that mainstream theories of crime fail to account for gender-specific routes to offending (e.g. Belknap & Holsinger, 2006). Thus, one aim of the current programme of research was to identify a framework that, from a theoretical perspective, would be a suitable mechanism for the examination of gender-specific pathways from ACE to psychological distress and antisocial or offending behaviour.

1.5 Theoretical framework

Given that the literature pertaining to the link between childhood maltreatment and offending has been critically reviewed previously (see e.g. Falshaw, Browne, & Hollin, 1996; Malinosky-Rummell & Hansen, 1993; Widom, 1989a; Widom, 1989b), it is beyond the scope of this project to undertake an exhaustive re-examination. Nonetheless, there is a dearth of theory-driven research examining factors that might mediate the pathway between negative events in childhood and delinquency (Maschi et al., 2008) and such factors have yet to be identified (Bender, 2010). Thus, a review of the more prevalent theories would seem to be warranted. This section therefore presents an overview of some of the more established theories purporting to explain antisocial or offending behaviour, with a focus on research that has examined gender-specific pathways from ACEs to such behaviour, together with a brief analysis of some of the relevant supporting and conflicting evidence. Two theories/models that are less widely researched, but that relate to ACE specifically, will also be discussed briefly. These are the trauma-informed offence cycle (Greenwald, 2002) and a feminist development model of offending (Morton & Leslie, 2005). The overview underpins the rationale for the theoretical framework utilised in this programme of research.

1.5.1 Social control theory (Hirschi, 1969)

Generally considered to be an appropriate theoretical framework for explaining delinquency or offending in any population (regardless of social

background or class), social control theory (SCT) is cited frequently in criminological literature (Booth, Farrell & Varano, 2008). According to Hirschi (1969), the theory was not intended to explain why some individuals commit antisocial acts, but instead poses the question 'Why are most people not delinquent?' Social control consists of four elements; emotional attachment to others (e.g. parents, family or friends) and to institutions (e.g. school or work); commitment to goals (e.g. at school or work); involvement in activities (e.g. work, homework, leisure activities etc.); and belief in the legitimacy of rules and the law. These four elements constitute strong social bonds that act as a controlling force, which is necessary to ensure that individuals behave in socially accepted ways (Hirschi, 1969). In essence, people place value on strong social bonds (e.g. with parents, family, peers) and will refrain from any activity (e.g. delinquency) that is likely to endanger those bonds (Hirschi, 1977).

In terms of the link between ACE and offending, damaged or fragile parental bonds (because of neglect or abuse and so on), may lead to the belief that the relationship has no value. Consequently, the individual might feel no concern about damaging the relationship and hence be free of any restraint from criminal activity since the controlling force is absent. In other words, delinquent individuals may deviate from socially accepted behaviour as a consequence of damaged or fragile social bonds (Hirschi, 1969).

SCT has been well-supported by empirical research (De Li, 2004), although much of it has concentrated on male offending or has simply controlled for gender (Booth et al., 2008). Indeed, there has been little exploration of the moderating role that gender may play in the route to offending behaviour (Shutay, Williams & Shutay, 2011), despite findings which suggest that social control pathways to offending are gender-specific (e.g. Booth et al., 2008; De Li & MacKenzie, 2003). Furthermore, these gender differences do not appear to be restricted to adolescents or

to juvenile delinquent behaviour; differences have also been found between male and female adult offenders (De Li & MacKenzie, 2003), thus emphasising the importance of accounting for gender differences whatever the age range of the target population.

A search of the literature relating to the use of an SCT framework in ACEs research returned few results. Indeed, a major criticism of SCT has been that women's childhood neglect, maltreatment, and abuse has tended to be overlooked in models evaluating the theory (Cernkovich, Lanctôt, & Giordano, 2008). This limitation has been addressed in at least two studies. A two wave study by Steiner and Wooldredge (2009) included measures of ACE in their investigation of SCT as an explanatory mechanism for levels of rule violations (both violent and nonviolent) perpetrated by female inmates in 1991 ($N = 2,209$) and 1997 ($N = 2,274$). A number of significant findings led the authors to contend that SCT might be an appropriate framework for the examination of female offending within prisons. For instance, participation in education, training or treatment programmes significantly predicted non-violent rule-breaking (involvement in activities) and violent infractions were predicted by marital status (emotional attachments). Nonetheless, other theoretical perspectives could arguably be relevant explanations for these relationships. For example, mental health (a psychological factor) was a highly significant predictor of both violent and non-violent rule contravention. The second study was also longitudinal. In this case, only one of five social control variables (parental disapproval) included in the study correlated significantly with delinquent behaviour at time 1 in a sample of female ($N = 127$) juvenile offenders (Cernkovich et al., 2008). Furthermore, at time 2 (13 years later; $n = 109$) none of the social control variables could distinguish between high and low offending in the sample.

The findings discussed above lend support to the view that SCT can explain a number of key processes involved in offending. However, the

results of one of the studies suggest that psychological factors need to be taken into account, particularly in terms of the route between ACE, psychological distress and offending. Furthermore, it has been argued that some circumstances are not accounted for by SCT. For instance, Giordano, Schroeder and Cernkovich (2007) identify two such situations; first, persistent offending by people who have married (or entered into long-term relationships) and secondly, individuals who have stopped offending without the influence of social control elements.

1.5.2 Self-control theory (Gottfredson & Hirschi, 1990)

In an extension to social control theory, Gottfredson and Hirschi (1990) proposed a more general control theory of crime, which incorporates the concepts of self-control and illegitimate opportunity. Self-control consists of both commitment and attachment and is interrelated (Gottfredson & Hirschi, 1995), and therefore compatible (Gottfredson, 2011) with social control. Individuals learn self-control in early childhood (e.g. from parents or caregivers) and it is their level of self-control that makes people more (low self-control) or less (higher self-control) likely to be involved in crime, particularly when an opportunity presents itself (Gottfredson & Hirschi, 1995). Self-control is envisaged to be a trait and therefore stable (Gottfredson & Hirschi, 1990). Self-control theory purports to explain crime or deviance in general and as committed by any given individual, regardless of gender, race or ethnicity (DeLisi, Hochstetler, Higgins, Beaver & Graeve, 2008). Akin to SCT, evaluations of control theory have tended to overlook ACE as a factor in the route to delinquent or criminal behaviour (Cernkovich et al., 2008). An exception is a three-wave study utilising data from a national probability sample ($N = 1,725$; 53% male). In this study, Rebellon and Van Gundy (2005) examined self-control, childhood physical abuse and delinquency (property-related and violent offending). Perhaps unsurprisingly given the results of previous research (see e.g. Farrington et al., 2006; Leschied, Chiodo, Nowicki, & Rodger, 2008; Maxfield & Widom, 1996), abuse was found to contribute

significantly to both violent and property-related offending. On the other hand, given that self-control did not reduce the significance of the relationships between abuse and the two types of offending, the viability of self-control theory as an explanatory mechanism for the ACE to offending pathway might be called into question. Perhaps an equally compelling argument against the use of control theory as a framework for the present research is provided by Gottfredson and Hirschi (1995) themselves. In a paper arguing for the use of control theory (both social and self-control) as a guide to control crime rates, they clearly identify adolescent offenders as the target population for control. 'Rule 2. Do not attempt to control the crime rate by rehabilitating adults.' (p. 34).

Moreover, there is evidence to suggest that this might not apply to individuals who have experienced negative events in childhood. For example, ACE has been found to predict a significant amount of recidivism in adult offenders (aged 18 years old and above) of both genders in the United States (e.g. Benda, 2005), the Netherlands (Mulder, Brand, Bullens & van Marle, 2011) and Norway (Kjelsberg & Friestad, 2008). Notably, the authors of the latter study conducted gender-specific analyses and found that pathways to recidivism differed between their male and female participants.

1.5.3 General Strain Theory (Agnew, 1985; 1992)

In the link between ACE and criminal behaviour, general strain theory (GST) proposes a mediating role for maladaptive emotional responses to strain, such as anger and frustration (Agnew, 1985). In other words, exposure to harmful stimuli (e.g. ACE) can lead to strain, which is followed by maladaptive coping (e.g. psychological distress and negative emotional response) and delinquency (Agnew, 1992). It has also been argued that GST can be utilised to explain racial (Kaufman, Rebellon, Thaxton & Agnew, 2008) and community (Wareham, Cochran, Dembo & Sellers, 2005) differences in the perpetration of criminal behaviour, as well as

continual offending over time (Slocum, 2010). Unlike control theories, the revised GST (Agnew, 1992) allows for a broader variety of strain predictor variables, including ACE. In fact, a number of the later studies found in the GST literature do include ACE as a factor.

Mixed gender studies investigating GST as an explanatory mechanism for ACE to offending have tended to include gender as a control variable only rather than exploring its unique effects (e.g. Bao, Haas & Pi, 2004; Lin, Cochran & Mieczkowski, 2011); simply controlling for gender will not provide information to guide interventions. There are a few exceptions though and gendered analyses of GST illustrate important differences in the pathway between ACE and offending behaviour for males and females (e.g. Belknap & Holsinger, 2006; Robbers, 2004; Sharp et al., 2005; Sigfusdottir et al., 2008). For instance, when operationalised as a strain variable, ACE was a significant predictor of female, but not male offending in the study conducted by Robbers (2004). Conversely, in the study conducted by Shutay et al. (2011), GST variables explained both conduct disorder and court involvement for both genders. However, it should be noted that in the latter study, female (but not male) court involvement was also predicted by both SCT and psychological factors. Furthermore, GST variables explained drug abuse by the male participants only; female drug abuse was predicted by SCT and psychological factors (e.g. anxiety), not GST. In Sharp et al.'s (2005) study, the GST model predicted criminal or delinquent behaviour in males only (i.e. anger and depression mediated between the strain variable and offending); the relationship between female delinquency and parental hostility was direct. On the other hand, a GST framework predicted delinquency for both girls and boys in Sigfusdottir et al.'s (2008) study; although the effect size for males was almost double that for female participants. A study by Belknap and Holsinger (2006) examined the GST model of offending from a feminist perspective and also found some support for GST. However, consistent with the feminist pathway approach, Belknap and Holsinger utilised a

broader range of strain variables (such as abuse, bereavement, parental mental health and parental incarceration) and suggest that the feminist pathway approach was actually a better explanatory mechanism for gendered (both male and female) offending.

Among studies that have examined GST as a predictor of offending in female only samples is the research conducted by Cernkovich et al., (2008). In their longitudinal study, both SCT and GST variables were examined. The result of a comparison between the two theories suggests that SCT was a better discriminator between higher and lower levels of offending. Interestingly, their findings also suggest that a history of childhood abuse is more predictive of offending behaviour in adulthood for females (time 2 assessment in 1995) than it is in adolescence (time 1 assessment in 1982).

In sum, with two exceptions (i.e. Sharp et al., 2005; Sigfusdottir et al., 2008) the research reviewed above has tended to either examine males only (Maschi et al., 2008) or to operationalise ACE as (a) strain variable(s), rather than to examine GST as a framework for investigation of the ACE to female offending pathway. The results of these two studies present mixed evidence in this regard. Although the GST model was significant for both genders in the study conducted by Sigfusdottir et al., only male offending was predicted by the model in the research conducted by Sharp et al. Hence, while the research discussed above lends some support for the use of a GST framework as an explanatory mechanism for the ACE to male offending pathway, it is less convincing as a framework for the route to female offending.

1.5.4 Social learning theory (e.g. Bandura, 1977)

Social learning theory is comprised of four elements: - differential association (interaction with criminal or delinquent others), definitions (values and attitudes favourable to), differential reinforcement (perceptions

of rewards and punishments for) and modelling (imitation of) criminal or delinquent behaviour (for a more detailed overview of social learning theory, see Akers & Jensen, 2006). According to Akers and Jensen, a great deal of empirical research has reported moderate to strong effects of social learning variables on criminal and delinquent outcomes. Conversely, a meta-analysis of social learning literature found that effect sizes for the modelling component of the theory were either weak or not significant (Pratt et al., 2010).

In terms of the trajectory between ACE and offending, two hypotheses based on social learning theory have been examined in a number of studies. The intergenerational transmission of abuse and cycle of violence hypotheses suggest that violent or abusive behaviour is learned, then modelled, through witnessing or experiencing abuse (physical, sexual or emotional), or violent behaviour within the family environment (Falshaw, 2005; Widom, 1989a). There is some evidence (for both males and females) to support the theory. For example mothers' experiences of physical or psychological abuse in childhood predicted their own perpetration of child physical and psychological abuse respectively (Haapasalo & Aaltonen, 1999). Similarly, in a study by Murrell, Christoff and Henning (2007), both general violence and abuse were more likely to be committed by men who had been abused as children, while higher levels of domestic violence were perpetrated by those who had witnessed domestic violence as a child. Even cross-culturally, for example in Iran, witnessing or experiencing domestic violence has been found to predict spousal violence (Pournaghash-Tehrani & Feizabadi, 2009).

On the other hand, Corvo and Carpenter (2000) suggest that intergenerational transmission or cycle of violence models based solely on social learning theory may be too narrow. These authors examined the effect of family of origin variables (childhood abuse, witnessing violence between father and mother, and paternal substance abuse) on the severity

of domestic violence perpetrated in the current relationship by males ($N=74$) enrolled on a domestic violence treatment programme. The results suggest that modelled behaviour (childhood abuse and witnessing violence between father and mother) may not be the only component involved in the intergenerational transmission process of domestic violence. Specifically, current domestic violence was predicted equally well by two models: one comprising witnessing and experiencing domestic violence in the family of origin (modelled behaviour) and another, which included child abuse and paternal substance abuse (Corvo & Carpenter, 2000). Additionally, more recent research (Valentino, Nuttall, Comas, Borkowski & Akai, 2012) has emphasised the effect of moderating factors on intergenerational abuse, such as parenting attitudes. In addition, in a critical evaluation of the literature on the subject Widom (1989b) drew attention to the fact that the majority of children who have been exposed to abuse or violence do not subsequently become violent or abusive adults. Furthermore, modelling does not explain why females who have been sexually abused in childhood have later committed offences that are different in nature, such as robbery with violence (e.g. Falshaw & Browne, 1997); or why maltreated adolescents have carried out delinquent behaviours such as joy-riding, car theft and property offenses (e.g. Swanston, Parkinson, O'Toole, Plunkett, Shrimpton and Oates, 2003).

Thus, in common with the other macro-level theories already discussed, social learning has a number of weaknesses and would not appear to be an appropriate framework for the current research. Later theorists have incorporated empirically supported aspects of the aforementioned theories into another macro-level theory that has been termed a developmental (or life-course) theory of offending.

1.5.5 Developmental models and theories

Developmental models have been described as a synthesis of several classical theories of crime including control, strain, differential association,

and social learning (Catalano & Hawkins, 1996; Farrington, 2002) amongst others. In addition, social, personal and economic factors, as well as temporal and fluid aspects (how delinquency and offending can change over the life span) are recognised and incorporated in such models (Catalano & Hawkins, 1996; Farrington, 2002; Loeber & Stouthamer-Loeber, 1996). Moreover, gender-specific studies have been conducted, some of which have incorporated measures of mental health and ACEs. For example, three noteworthy longitudinal studies have examined the effects of a wide range of variables on delinquency and offending in a female cohort (e.g. see Keenan et al., 2010) and two male cohorts in the Cambridge Study in Delinquent Development and in the Pittsburgh Youth Study (Farrington et al., 2006; Loeber, Farrington, Stouthamer-Loeber, Moffitt, Caspi & Lynam, 2001). Indeed, a framework based on developmental or life-course theory would seem to be a suitable mechanism for the examination of trajectories from ACEs to negative outcomes. However, in terms of time and resources, such a framework would be impractical for the current programme of research.

1.5.6 Trauma-informed offense cycle (Greenwald, 2002)

A more parsimonious framework that focuses specifically on ACE (trauma) as a risk factor for offending is Greenwald's (2002) trauma-informed offense cycle. The model is an amalgamation of two developmental models of conduct disorder: the reinforcement for coercive behavior model and the cumulative risk model. It was designed to illustrate the role that trauma plays in conduct disorder, as well as to inform interventions and treatment of such disorder (Greenwald, 2002). According to Greenwald, the negative affect produced by a previous negative event or series of events (e.g. ACE) is triggered by a maladaptive cognitive and emotional response to a situation that leads to antisocial or offending behaviour in an effort to dispel the negative feelings. The cycle is repeated as the negative consequences of the antisocial or offending behaviour (e.g. being placed

under arrest) appears to confirm the perception of threat, resulting in further feelings of anger or fear and so on.

Although little research has investigated this model explicitly, there is some evidence to support it as a framework for the examination of ACE, psychological distress and offending. For example, chronically offending girls who had been referred to a treatment programme (Oregon Girls Study) were found to have experienced multiple negative childhood events and to exhibit high rates of psychological distress (Chamberlain & Moore, 2002). Falshaw and Browne's (1997) research examining adolescents (both male and female) in a youth treatment centre also goes some way to supporting this model. For a majority of the inmates, their childhood was characterised by dysfunctional family of origin environments or family breakdown, domestic violence, parental criminality or substance misuse or both, and a history of foster or institutional care. A considerable minority (approximately 35%) of participants had self-harmed (a risk factor of which is depression, Skegg, 2005) and a significant number had engaged in bullying (both siblings and peers) and also in violent offending. However, the model may be a little too parsimonious to be of use as a framework to examine ACE to offending, despite its focus on trauma. Specifically, the model does not account for risk factors that have been identified as important in the development of antisocial or offending behaviour, such as attachment (e.g. Goldenson, Geffner, Foster & Clipson, 2007) and empathy (e.g. Cauffman, 2008; Jolliffe & Farrington, 2004; Schaffer, Clark & Jeglic, 2009). Nevertheless, the model might be extended to incorporate such factors. On the other hand, given that pathways to crime and offending have been found to be gender-specific (e.g. Belknap & Holsinger, 2006; Shutay et al., 2011) an overview of the feminist development model of delinquency would appear to be warranted.

1.5.7 Feminist pathway to offending

Proponents of feminist criminology have espoused a female developmental model and argue that the unique experiences of girls or women who have been caught up in the criminal justice system are ignored by the most influential traditional (i.e. male oriented) theories of offending (Belknap & Holsinger, 2006; Cauffman, 2008; Chesney-Lind, 1989). A major tenet of feminist pathways theory is that girls/women often resort to crime as a survival strategy and that such behaviour is interlinked with a variety of problems including inequality, poverty and powerlessness, as well as ACEs and subsequent poor mental health (Chesney-Lind & Morash, 2013). According to Chesney-Lind (1989), female offending should be examined in the context of the realities of girls' and women's experience (i.e. of oppression within a male-dominated and patriarchal society). Indeed, reviews examining the plight of women in custody have advocated gender-specific interventions and treatments for female offenders (e.g. Corston, 2007). However, it has been argued that the feminist pathway is not a theory or a model, but a perspective or philosophy which may be able to inform both female and male criminological theory (Sharp & Hefley, 2007). Nonetheless, a model constructed from a feminist perspective may be a useful framework to utilise in the current investigation because both ACEs and mental health issues have been identified as an intrinsic part of the pathway to an engagement in offending behaviour (Belknap & Holsinger, 2006; Daigle, Cullen & Wright, 2007; Holsinger, 2000).

Studies that have tested the viability of the feminist pathway to offending have reported conflicting findings. In fact, it has been argued that the feminist model that is used as the basis of intervention and treatment of female offenders is based on typical female development rather than the atypical developmental path of female offenders (Morton & Leslie, 2005). In a phenomenological study that aimed to assess how principles taken from feminist perspectives fit with the real-life experiences of female

offenders, Morton and Leslie collected data from a group of clinicians who worked with young women (N =approx. 120) detained in a maximum security facility. The young women were reported to display a lack of empathy, to demonstrate an unwillingness to form positive relationships with others, and to be manipulative in the relationships that they had formed. Furthermore, the authors also reported that the women perceived that angry and aggressive behaviour gave them power and control over others. Morton and Leslie argue that these findings are not consistent with the feminist developmental pathway and assert that the women were unlikely to benefit from interventions based on this perspective, such as anger management training.

On the other hand, other studies find some limited support for the feminist perspective. For example, Belknap and Holsinger (2006) evaluated GST, life-course theory and the feminist perspective (together with the cycle of violence theory) utilising self-report data from a sample of incarcerated delinquent youth ($N=444$, $n=163$ girls). Significant gender differences were found for the abuse and mental health variables (both were higher for girls) which, as mentioned, lent support to the feminist pathway approach to female offending. However, the authors note that the boys in the study also reported very high rates of abuse, which may imply that childhood trauma should be assessed in theories of offending per se (Belknap & Holsinger, 2006). In other research, data was utilised from a longitudinal panel study ($n=3,422$; 53.5% girls) to examine violent, nonviolent and total delinquent outcomes. Daigle et al. (2007) used variables from mainstream theories of crime (strain, social control, and social learning and life-course perspective), as well as feminist pathway measures. In common with Belknap and Holsinger's findings, there were both similarities and differences between the genders. Notably, traumatic events predicted overall delinquency and violent (but not nonviolent) offending for both boys and girls. Depression (a feminist pathway factor) predicted female violent offending only. Also of note was the finding that attachment (a factor from

mainstream theories) was a significant predictor of both overall and nonviolent delinquency for the girls (but not the boys) in the sample.

A more recent analysis (using court records) of adjudicated violent female offenders concluded that a feminist pathway framework explained violent offending by the women who had themselves been victims of violence (Tasca, Zatz & Rodriguez, 2012). However, these authors suggest that the framework cannot explain the violent offences perpetrated by girls who had not experienced violence themselves. In addition, the viability of the feminist pathway as a framework to explain gender-specific trajectories to offending has been questioned on the basis that researchers in the field have previously failed to conduct quantitative research involving male comparison groups (Jones, Brown, Wanamaker, & Greiner, 2014). In order to rectify this oversight, these authors compared gendered pathways and traditional antisocial pathways to crime in a large ($n=1,175$ males, $n=663$ females) juvenile offending population. Since the findings included evidence of a traditional antisocial pathway among both females and males, as well as a gendered pathway (females only) and a mixed (gendered and traditional) pathway (males), Jones et al. concluded that future research in the field would benefit from an integration of gendered and mainstream theories.

As demonstrated in the research discussed above, although feminist pathway variables were able to account for some (but not all) delinquency outcomes (both male and female), other factors (e.g. attachment) have also been identified as important variables in the ACE to offending pathway. Given that attachment has been identified as an important factor in the development of antisocial or offending behaviour in numerous studies (e.g. Goldenson et al., 2007; Sousa et al., 2011) the next section presents a brief overview of attachment theory.

1.5.8 Attachment theory

Proposed as a framework to explicate psychopathological responses to care-giving style (Perrier, Boucher, Etchegary, Sadaver, & Molnar, 2010), the key principle of this theory is that reciprocal secure attachment between infants and their primary caregivers is vital for a child's adaptive social and emotional development (Bowlby, 1969). Socio-emotional models of antisocial behaviour based on attachment theory feature insecure attachment, loss of trust, lack of empathy and a deficit in the ability to regulate emotion (Van IJzendoorn, 1997). Much of the literature relating to attachment and offending appears to have concentrated on sexual offending and child molestation (e.g. see Miner, Robinson, Knight, Berg, Romine & Netland, 2010; Ward, Hudson & Marshall, 1996; Wood & Riggs, 2008 & 2009). Nonetheless, significant associations have also been found between parental (or caregiver) attachment and non-sexual male (e.g. Anderson, Holmes & Ostresh, 1999) and female (e.g. Alarid, Burton Jr. & Cullen, 2000) criminal or delinquent behaviour. Indeed, although it has been described as illustrative of a life-course model (Farrington, 2002), the Cambridge Study in Delinquent Development (see e.g. Farrington et al., 2006) also demonstrated that poor parental care is an important factor in the development of male criminal behaviour. In fact it has been argued that, due to cultural norms, boys experience a severing of attachment bonds with primary caregivers (usually the mother) at a much younger age than girls, and that this disruption to attachment can explain why rates of offending are much higher among males (Hayslett-McCall & Bernard, 2002).

Research examining attachment, ACE, and non-sexual offending is increasing; however, a search of the literature produced few results. Indeed, one study did not assess ACE explicitly. Notwithstanding, it has been included in this review due to the prevalence of a history of childhood abuse that was reported by participants. Allen, Hauser and Borman-Spurrell (1996) examined adult attachment, criminal behaviour and drug

abuse in an 11-year follow-up study. One hundred and forty-two participants (71 male, 71 female) were interviewed when they were 14 years old, then re-interviewed at approximately 25 years of age. Comparisons were made between participants who had been psychiatrically hospitalised when they were aged 14 ($n=66$) and a socio-demographically similar group of former high school students ($n=76$). According to the authors, many of the previously hospitalised participants reported that they had experienced severe parental abuse in childhood and nearly all of them exhibited insecure attachment. Indeed, insecure adult attachment was related to criminal behaviour and drug abuse, while levels of insecure attachment were reported to be significantly higher in the ex-hospitalised participants. Furthermore, a significant amount of insecure attachment was accounted for by participants' inability to resolve issues of trauma related to caregiver attachment.

Similar results were found in another mixed-gender, longitudinal study that examined the effects of childhood physical abuse and witnessing domestic violence (separately and in combination) on delinquency and adolescents' attachment to parents (Sousa et al., 2011). Specifically, antisocial behaviour was significantly more likely to be perpetrated by participants who had been exposed to abuse, domestic violence, or both than by those with no exposure to ACE. Moreover, all three types of exposure predicted significantly lower levels of attachment to parents. In other research, parental attachment has been found to act as a mediator between ACE and later violent delinquency (Salzinger, Rosario & Feldman, 2007). Interestingly, although none of the studies reviewed above assessed gender-specific models explicitly, gender differences were found in all of them.

A search of the attachment literature for studies that have examined gender-specific models of ACE to offending also returned few results. Moreover, most of the studies that were identified in the search had

examined gender-specific models simply by virtue of the fact that all of the participants were male (e.g. Dankoski, Keiley, Thomas, Choice, Lloyd & Seery, 2006) or, more often, all female (Goldenson et al., 2007; Golder, 2005; Hubbard & Pratt, 2002; Statland-Vaintraub, Khoury-Kassabri, Ajzenstadt & Amedi, 2012). One exception is a small ($N=20$, 50% male) mixed method study that was conducted by Sanderson and McKeough (2005). For a majority of the respondents in this study, their childhood was characterised by insecure attachment and ACE, but offending outcomes differed by gender. Specifically, male respondents reported engagement in higher levels of aggressive and criminal activities than the female respondents, who reported greater levels of illicit drug use. With respect to research that has focused on single gender samples, a meta-analysis conducted by Hubbard and Pratt (2002) identified ACE and family relationships as important predictors of female offending; while ACE and parental attachment were associated with female delinquency in the study conducted by Statland-Vaintraub et al. (2012). Goldensen et al., (2007) compared female offenders ($n=33$) with a control group ($n=32$) and found that significantly higher levels of attachment security, fewer trauma symptoms, and lower levels of antisocial, borderline and dependent personality disorders were reported by the control group.

The findings discussed above help to illustrate the unique effect of gender on pathways from ACE to delinquent or offending behaviour. In addition, the results from two of the studies reviewed also assessed psychological distress and provide some support for the notion that attachment may play a role in the ACE and psychological distress to offending pathway (Allen et al., 1996; Goldenson et al., 2007).

Within the attachment and offending literature that was reviewed above, gender had an effect on levels of psychological distress (Allen et al., 1996); levels and types of criminal behaviour (Allen et al., 1996; Salzinger et al., 2007; Sanderson & McKeough, 2005) and the relationships between

type of ACE and some types of offending behaviour (Sousa et al., 2011). Equally importantly in terms of the current research, these studies reported significant relationships between insecure attachment and offending in both male and female samples; thus the findings provide some support for the notion that attachment may play a role in the ACE and psychological distress to offending pathway.

In conclusion, despite the paucity of empirical studies, the findings discussed above lend support to the utility of an attachment framework to explain gender-specific pathways from ACE and psychological distress to offending.

1.5.9 Summary

It is clear that no individual theory or model mentioned above can provide an exhaustive explanation of the pathway between adverse childhood experience, psychological distress and offending. As noted by van IJzendoorn (1997) the involvement of social, environmental, biological and psychological factors all need to be taken into account. The review of the feminist pathway to crime (see pp. 17-19) illustrates its potential utility as a framework for the current investigation, since it includes all the main factors of interest (i.e. ACEs, psychological distress and offending). However, a plethora of evidence also supports the view that attachment (to primary care-givers) and family relationships play important roles in the development of offending; a factor that studies examining the feminist pathway appear to have overlooked to date. In addition, given the findings (discussed on p. 19) from recent research with a male comparison group (Jones et al., 2014) it is questionable whether a framework based on the feminist pathway would be suitable for the current investigation. In sum, the findings from the studies reviewed above suggest that an attachment framework might be the most appropriate mechanism to utilise in the present programme of research.

Based on the aforementioned rationale, figure 1 illustrates the theoretical model that was utilised in this programme of research.

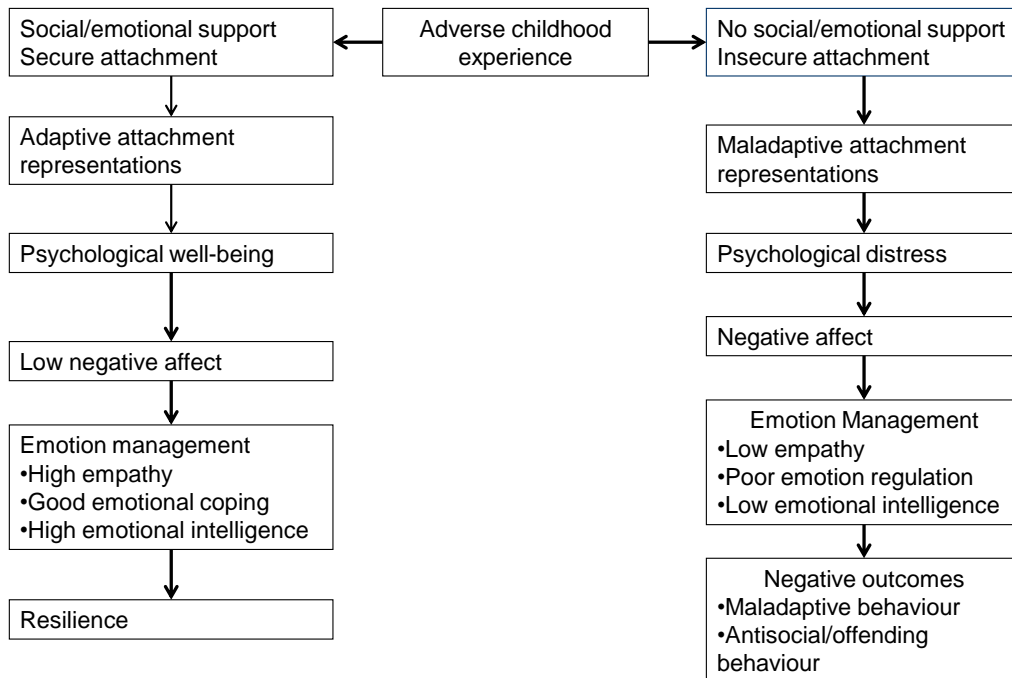


Figure 1 Theoretical model of attachment framework

The next chapter focuses on a review of the literature within the ACEs field. A particular emphasis is placed on research that pertains to factors that might be involved in the relationships between attachment, ACEs, psychological distress and offending.

Chapter 2 Literature review

This chapter presents a review of the literature pertaining to adverse childhood experiences (ACE) and negative outcomes. Initially, a review of the literature regarding ACE and multiple ACEs is presented. From an attachment theory perspective, subsequent sections focus on an identification of the factors that might be involved in trajectories from multiple ACEs to psychological distress and delinquency or offending behaviour. The chapter concludes with an outline of the studies that were conducted in the present programme of research.

2.1 ACE and negative outcomes

It is widely acknowledged that adverse experiences in childhood are linked to negative outcomes (e.g. Afifi, Enns, Cox, Asmundson, Stein, & Sareen, 2008; Belknap & Holsinger, 2006). Indeed, a growing body of research has provided evidence to support this view. For example, substance abuse (Herrenkohl, Hong, Klika, Herrenkohl, & Russo, 2013) poor health-related quality of life (Corso, Edwards, Fang & Mercy, 2008) mental health problems (Nickerson, Bryant, Aderka, Hinton, & Hofmann, 2013; Scott, McLaughlin, Smith, & Ellis, 2012; Young, Harford, Kinder, & Savell, 2007) and antisocial or offending behaviour (e.g. Cernkovich et al., 2008; Douglas-Siegel & Ryan, 2013) have all been associated with adversity in childhood. In some research, ACE has been assessed as a dichotomous variable (e.g. Corso et al., 2008; Herrenkohl et al., 2013; Scott et al., 2012) while other research has tended to focus on the effects of abuse (physical, sexual, or both) on negative outcomes (e.g. Cernkovich et al., 2008; Young et al., 2007). It has been argued that criminological research would benefit from the examination of a broader range of negative childhood

events that might be associated with offending (e.g. bereavement, parental mental health, witnessing abuse, parental incarceration) given the high rates that have been reported in both male and female offending populations (Belknap & Holsinger, 2006).

Indeed, other adverse events in childhood have been associated with negative outcomes. For instance, higher levels of psychological distress have been associated with witnessing domestic violence (Afifi et al., 2008) and parental bereavement (Nickerson et al., 2013). Other studies have found relationships between offending behaviour and parental substance abuse (Caudill, Hoffman, Hubbard, Flynn & Luckey, 1994; Douglas-Siegel & Ryan, 2013), incarceration of a parent or family member (Farrington et al., 2006; Murray & Farrington, 2005) and parental loss before the age of sixteen (Draper & Hancock, 2011). Furthermore, parental separation or divorce has been cited as a risk factor for both poor mental health outcomes (Strohschein, 2005) and delinquent or offending behaviour (e.g. Cassidy, 2011; Price & Kunz, 2003; Strohschein, 2005).

Researchers in the field of ACE have begun to recognise that different types of ACE are often experienced concurrently and that exposure to multiple categories of ACE may lead to an increased risk for negative outcomes (e.g. Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, 2007). Nonetheless, previous research has not tended to focus on the role that multi-type ACEs might play in pathways to psychological distress and offending, which is one aim of the current investigation.

2.2 Multiple (or cumulative) ACEs and negative outcomes

As mentioned above, it has been maintained that exposure to multi-type ACEs may increase the risk for negative outcomes. Indeed, there is some evidence to support such a contention. For instance, graded relationships have been found between multi-type ACE exposure and substance abuse (Turner & Lloyd, 2003) women's risky sexual behaviour (Hillis, Anda,

Felitti, & Marchbanks, 2001) suicide behaviour (Miller, Esposito-Smythers, Weismore, & Renshaw, 2013) and poor mental health (Afifi et al., 2008; Moore, Gaskin & Indig, 2013). Moreover, cumulative exposure to ACE has been linked with increased posttraumatic stress symptoms and self-regulation problems in both child and adult populations (Cloitre et al., 2009). In a recent study, a graded relationship has been found between multiple ACEs and a variety of emotional and behavioural problems in a sample of adolescents (Greeson et al., 2014). In other research, Wanklyn, Day, Hart and Girard (2012) found a graded relationship between exposure to multiple ACEs and levels of depression in an incarcerated adolescent population and Arata et al. (2007) found an additive effect between such exposure and levels of delinquency. In addition, the risk of violent offending and self-harm was found to increase (35% to 144%) with each additional ACE reported by a large sample ($N = 136,549$) of adolescents (Duke, Pettingell, McMorris, & Borowsky, 2010).

Notwithstanding the findings mentioned above, few studies have examined the effects of multiple types of ACEs on both psychological distress and delinquency or offending behaviour. One exception is a recent study, which found relationships between multiple types of ACE, mental health and female offending (DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014). However, the focus of the latter study was on the effects that individual ACE types had on specific offence-types, rather than the effects of multiple ACEs on psychological distress and offending.

The findings discussed above illustrate the potential importance of cumulative negative childhood events in the pathway to negative outcomes. Nonetheless, the role played by multiple ACEs in trajectories to psychological distress and offending has tended to be overlooked in research to date; an oversight that was rectified in the current programme of research.

2.3 Attachment theory, ACE and negative outcomes

The findings from previous research suggest that an important factor in delinquency may be a disruption of family structure. For instance, a history of ACE and poor family relationships have been identified as important predictors of female offending (Hubbard & Pratt, 2002), while higher levels of parental attachment in adolescence have predicted lower rates of engagement in antisocial behaviour by adolescents with a history of exposure to violence (Sousa et al., 2011). Similar results have been found across cultures. For example, ACE and poor parental attachment have been associated with female delinquency in a sample of Israeli adolescents (Statland-Vaintraub et al., 2012) and with violent delinquency in a mixed gender sample of American schoolchildren (Salzinger et al., 2007). In an earlier study, criminal behaviour and drug abuse were linked to insecure attachment, ACE, and an inability to resolve issues of trauma related to caregiver attachment (Allen et al., 1996). In other research, a history of physical abuse has been associated with insecure attachment and has also been identified as a potential risk factor for antisocial behaviour (Finzi, Cohen, Sapir, & Weizman, 2000) while female offenders have reported significantly less attachment security, more trauma symptoms and higher levels of antisocial behaviour than non-offenders (Goldenson et al., 2007).

The findings mentioned above appear to demonstrate clear links between ACE, attachment, psychological distress, and offending; nevertheless, in the studies mentioned, ACE was either operationalised as a dichotomous variable, or individual ACEs were examined in isolation. Attention has recently been drawn to the need for research that examines multi-type ACEs in relation to attachment insecurity, poor mental health, and offending behaviour (e.g. Ford, Chapman, Connor, & Cruise, 2012). In addition, it has been argued that such factors might usefully be examined from an attachment theory perspective (Casswell, French, & Rogers, 2012). Thus, the current programme of research utilised an attachment

framework in order to gain some insight into the effects of multi-type ACEs on negative outcomes.

2.4 Attachment representations, ACE and negative outcomes

Attachment theory posits that attachment representations (attitudes and beliefs about self, others and the world) are developed in the context of early attachment relationships and are among the factors deemed to have an impact on emotions and behaviour (Bowlby, 1969, 1991; Pearce, 2010). Secure attachment leads to positive attachment representations and is characterised by beliefs that one is good, deserving and capable; the world is safe; and that others are available and responsive to one's needs (Pearce, 2010). Conversely, insecure attachment leads to negative beliefs about the self (e.g. incapable or unworthy) others (untrustworthy and uncaring) and the world (unsafe). Thus, for insecurely attached individuals, ACE's may provoke a disruption to their basic assumptions about themselves and the world (Bowlby, 1969; Janoff-Bulman, 1989; Dalbert, 1999) and generate maladaptive attachment representations (or dysfunctional attitudes) regarding their ability to cope with negative events (de Graaf, Roelofs & Huibers, 2009) leading to poor mental health (e.g. Lee & Hankin, 2009).

There is some evidence to suggest that ACEs are associated with dysfunctional attitudes (or maladaptive attachment representations) and poor mental health. For example, psychological distress (Sandberg, 2010), perceived low levels of mastery (McGuire & Guppy, 2003) insecure attachment (Sandberg, 2010; Stronach, Toth, Rogosch, Oshri, Manly, & Cicchetti, 2011) and maladaptive attachment representations (Stovall-McClough & Cloitre, 2006; Stronach et al, 2011) have all been associated with ACEs; while psychological distress (depression, anxiety or posttraumatic stress symptoms) has been linked to insecure attachment (Sandberg, 2010) and dysfunctional attitudes (Lee & Hankin, 2009; Sandberg, 2010). Moreover, dysfunctional attitudes have been identified

as a potential mediator of the relationship between insecure attachment and symptoms of depression (Hankin, Kassel & Abela, 2005). There appears to be very little research that examines attachment, ACEs, dysfunctional attitudes, psychological distress and offending behaviour; nonetheless, the findings from one study suggest unique gendered pathways to negative outcomes. Specifically, dysfunctional attitudes and low parental support were associated with higher depression scores for female participants, but with higher levels of delinquency for males (Marcotte, Marcotte, & Bouffard, 2002).

Taken together, the findings presented above appear to provide evidence that links ACE, dysfunctional attitudes, and negative outcomes (psychological distress and antisocial behaviour). However, such research appears to have paid little attention to the role that might be played by multi-type ACEs in such relationships. Hence, the present programme of research examined multi-type ACEs, attachment representations (i.e. dysfunctional attitudes, just world beliefs, and mastery) psychological distress and offending.

2.5 The role of empathy

Insecure early attachments (e.g. those characterised by ACEs) may also result in a lack of emotional investment, which may undermine the development of empathic understanding and trust and ultimately have a negative effect on the self-control that limits deviant or delinquent behaviour (Bowlby, Fry, & Ainsworth, 1972). Empathy is generally regarded as consisting of two components; affective and cognitive (Davis, 1983; Jolliffe & Farrington, 2006; Terry, Gudjonsson & Young, 2009). Affective empathy has been described as being able to experience vicariously the feelings of another person (Jolliffe & Farrington, 2007) while cognitive empathy is defined as the ability to understand another person's psychological point of view (Davis, 1980). The notion that a lack of empathy plays an important role in the perpetration of offending

behaviour has been supported by previous research. For example, individuals with a high level of empathy have been found to be less likely to perpetrate antisocial acts (de Kemp, Overbeek, de Wied, Engels & Scholte, 2007; Jolliffe & Farrington, 2007); while low levels of empathy have predicted both delinquency (Robinson, Roberts, Strayer, & Koopman, 2007) and recidivism (Mulder, Brand, Bullens & van Marle, 2010).

Much of the research that examines empathy in relation to ACEs and offending seems to focus on sexual offending (e.g. Graham, Kimonis, Wasserman, & Kline, 2012) or to assess callous-unemotional traits, rather than levels of affective or cognitive empathy (e.g. Kimonis, Cross, Howard, & Donoghue, 2013). Hence, although the results of one study have implicated empathy as both a mediator and a moderator of the relationship between ACE and (non-sexual) delinquent behaviour, such findings may not generalise to other populations since participants were recruited from a population of juvenile sex-offenders (Hunter, Figueredo, Becker & Malamuth, 2007). Thus, a further aim of the current investigation was to extend such research by examining the role of empathy in the pathway from multi-type ACEs to psychological distress and offending.

2.6 Emotions, emotion regulation and emotional coping

Previous research suggests that the relationship between ACE and negative outcomes may be exacerbated by factors associated with emotion regulation. For example, strategies such as high rumination and catastrophising have predicted depression, anxiety and anger (Martin & Dahlen, 2005) while a more recent study conducted by Stevens, Gerhart, Goldsmith, Heath, Chesney and Hobfoll (2013) has identified emotion regulation difficulties as a mediator between ACE and PTSD. However, as in many ACEs studies, rather than assess the additive effect of multiple ACEs, the focus of the aforementioned study was on a history of abuse. There is evidence to suggest that the development of adaptive emotion

regulation strategies (and self-regulation in general) may be more severely disrupted by multiple ACEs in comparison to isolated events (e.g. Cloitre et al., 2009). Moreover, the results of a longitudinal study conducted by Kim & Cicchetti (2010) suggest that the risk of poor mental health and delinquent or aggressive behaviour associated with a history of ACEs might be ameliorated by the use of adaptive emotion regulation strategies. Fletcher (2011) has suggested that behavioural problems may result from elevated levels of anger that have developed as a consequence of multi-type ACEs. The identification of anger as a mediator of the relationship between ACE and offending (Maschi et al., 2008), as a predictor of offending and also as an outcome of ACE via the influence of posttraumatic stress symptoms (Swan, Gambone, Fields, Sullivan & Snow, 2005) lends some credence to this view.

It has been maintained that coping processes are important factors in the development of resilience to stress (Rutter, 2007) and that emotional coping may play an important role in positive outcomes after ACEs (Boxer & Sloan-Power, 2013). Certainly, there is some evidence to suggest that emotional coping style is a key factor in such outcomes. For example, in a meta-analytic study conducted by Orth and Wieland (2006) the effect of anger suppression was found to be greater than the effect of outward expressions of anger on levels of psychological distress. Other research findings suggest that excessive emotional processing in the absence of emotional expression may lead to greater levels of distress (Stanton, Danoff-Burg, Cameron et al., 2000). Indeed, emotion processing has been found to mediate the pathway from multiple types of ACE and attachment to illicit drug use and criminal behaviour (Golder, 2005). On the other hand, given that the participants in the aforementioned study were recruited from a population of women who had given birth before the age of 18, such findings may not generalise to other populations. Nevertheless, the study served to highlight the role that attachment representations may play in pathways from multiple ACEs to negative

outcomes. More recent research has found connections between elevated levels of anger, aggression, maladaptive coping behaviours, and psychological distress in a court-referred adolescent population (Price, Salekin, Klinger, & Barker, 2013) and in a female offending population (Kubiak, Kim, Fedock, & Bybee, 2013). However, these authors did not take into account the effects that multi-type ACEs and attachment representations may have had on such relationships; limitations that were addressed in the current programme of research.

The research findings discussed above help to illustrate the roles that attachment, anger, and emotion regulation may play in pathways between chronic childhood adversity and negative outcomes. Thus, a further aim of this research programme was to examine how factors such as anger and emotion regulation might moderate or mediate trajectories from multi-type ACEs to such outcomes.

2.7 Emotional intelligence (EI)

It has been argued that childhood adversity is not necessarily a predisposing factor for problems in later life, but that outcomes may depend on how an individual copes with the events (Davidson, Devaney, & Spratt, 2010). There is some evidence to suggest that adaptive coping with psychological distress and successful processing of memories of stressful events may, to some extent, depend on a construct termed emotional intelligence (EI) (Salovey, Mayer, Goldman, Turvey & Palfai, 1995). The term EI refers to individual differences in how people think about and manage their emotions. EI has been described by Salovey et al. (1995) as 'attending to moods, experiencing them clearly, and trying to regulate them' (p. 136). The damaging psychological effects of adverse experiences in childhood may have an impact on EI in terms of an inability to identify, or to find an adaptive way of repairing, negative emotions such as anger or fear.

Two conceptualisations of EI exist in the literature: trait EI (Salovey et al, 1995), which assesses an individual's perceived levels of EI via self-report; and ability EI (Mayer, Salovey & Caruso, 2012), which utilises performance measures to assess an individual's competence in perceiving, understanding, using and managing emotions. Research that has investigated the influence of both ability EI (Lanciano, Curci & Zattun 2010) and trait EI (Ramos, Fernández-Berrocal, & Extremera, 2007) on intrusive thoughts in participants who have been exposed to an acute stressor has found that those able to manage their emotions more effectively experienced less negative emotional responses. Moreover, depressed patients who had experienced a traumatic event exhibited lower ability EI than healthy controls in a study conducted by Kwako, Szanton, Saligan and Gill (2011); while a study examining posttraumatic stress symptoms, trait EI, and gender differences among refugee children from the Middle East found a significant negative correlation between PTSD and trait EI (Ghazali, 2004). Furthermore, participants high in trait EI have reported significantly lower anxiety (Connor & Slear, 2009; Fernández-Berrocal, Alcaide, Extremera & Pizarro, 2006) and depression (Extremera & Fernández-Berrocal, 2006; Fernández-Berrocal et al., 2006) in studies examining the role that EI plays in psychological health. Similarly, individuals with high levels of trait EI have been found to exhibit fewer trauma related symptoms than those with low levels of EI (Hunt & Evans, 2004).

These findings might suggest that both ability and trait EI may provide some protection from the adverse psychological sequelae of negative events. However, in a sample of adolescents ($N=748$), trait EI was identified as more effective than ability EI in terms of the implementation of adaptive coping leading to a reduction in psychological distress (Davis & Humphrey, 2012a). Moreover, other research has provided some evidence to suggest that trait EI buffers the effect of ACEs on psychological distress (Armstrong, Galligan, & Critchley, 2011; McElroy &

Hevey, 2014). In addition, trait EI has been found to attenuate the effect of family dysfunction on adolescent acting out behaviour (Davis & Humphrey, 2012b). Thus, the current programme of research focused on the effects of trait EI on pathways between ACEs and negative outcomes.

According to Pearce (2010) maladaptive emotional and behavioural responses to insecure attachment may increase the likelihood of defensive and antisocial behaviour. Arguably, higher emotion management skills should enable individuals to deal more effectively with environmentally stressful events such as negative experiences in childhood (Hunt & Evans, 2004); hence, such responses might reflect low levels of EI. Certainly, low EI has been found to mediate the relationship between insecure attachment and dysfunctional emotion regulation strategies (Lanciano, Curci, Kafetsios, Elia, & Zammuner, 2012). As yet, there are few studies examining explicit links between EI and offending, but there is evidence to suggest that EI may be a factor in criminal behaviour. Low EI was found to predict aggression and delinquency in a study of adolescents by Santesso, Reker, Schmidt & Segalowitz (2006). Moreover, lower trait EI was significantly correlated with higher levels of both delinquency and mental ill-health (depression, anxiety and stress) in Siu's (2009) study of problem behaviours in Hong Kong adolescents. Similarly, in a comparison between three groups of youths (a community group, an incarcerated group, and a group attending a psychiatric clinic) the incarcerated group and the group with mental health problems were found to have significantly lower levels of EI than the community group (Hayes & O'Reilly, 2013).

It has been proposed that individuals who are confronting traumatic life events would benefit from a therapeutic intervention that involves the development of EI (Elliott, Watson, Goldman, & Greenberg, 2004). Indeed, although EI is more often conceptualised as a trait, there is evidence that it can be enhanced and programmes have been developed to do so (see

e.g. Clarke, 2006; Castillo, Salguero, Fernández-Berrocal, & Balluerka, 2013; Ruiz-Aranda, Castillo, Salguero, Cabello, Fernández-Berrocal, & Balluerka, 2012). The fact that EI is thought to be to some extent malleable implies that such programmes might be useful in informing interventions to reduce antisocial and offending behaviour.

The research findings mentioned above strongly suggest that EI (whether trait or ability based) may play a key role in the perpetration of crime. This factor has been largely ignored in offending research to date. Equally, previous research has tended to overlook EI in connection with multi-type adverse childhood experience. More importantly, there appears to be no research investigating the role of EI in the multi-type ACE to psychological distress and offending behaviour pathway; an omission that was also addressed in this programme of research.

2.8 Resilience

As mentioned previously, a considerable body of research has provided evidence that links ACE to psychological distress (e.g. Afifi et al., 2008). However, not all victims of abuse or maltreatment develop mental health problems (Herrman, Stewart, Diaz-Granados, Berger, Jackson, & Yuen, 2011). In addition, although it has been argued that ACE has a significant impact on the likelihood of arrest for delinquent or criminal behaviour (Maxfield & Widom, 1996), it has also been recognised that the majority of people exposed to negative events in childhood do not become antisocial, delinquent or criminal (e.g. see Widom, 1989a, 1989b).

Relatively recently (since about the 1970s) the term resilience began to be utilised to describe an individual's positive social, emotional, and psychological functioning despite the experience of adverse circumstances (Bonanno & Diminich, 2013). Resilience has been identified as a potential mediator in relationships between ACEs and both depression (Wingo, Wrenn, Pelletier, Gutman, Bradley, & Ressler, 2010)

and posttraumatic stress symptoms (Fincham, Altes, Stein, & Seedat, 2009). Definitions of resilience have varied widely in the literature; nevertheless, it has been conceptualised more recently as an interactive process between personal/genetic attributes and social/environmental factors that facilitates adaptive functioning (e.g. emotional, social, behavioural and psychological) both during and following chronic or acute adverse experiences throughout the lifespan (Bonanno & Diminich, 2013). The construct is neither a stable personal trait nor a specific outcome; it is a dynamic, multi-dimensional process that is time and context-specific, and which cannot necessarily be drawn upon to cope effectively in all (adverse) circumstances (Herrman et al., 2011). For example, reviews of the burgeoning literature in the field have emphasised that resilience may vary depending on environmental (e.g. socio-economic status, gender, neighbourhood, parental control etc.), situational (i.e. individuals may demonstrate resilience in some situations, but not others) and cultural factors; also that protective, risk and outcome factors may differ across populations (e.g. Ungar, 2013; Zolkoski & Bullock, 2012).

The results of a large ($N=5,149$) cross-sectional study that examined family violence, depression and levels of resilience in adolescents from four European Union countries suggest that emotional self-control is more strongly associated with resilience than gender, socio-economic status or country of origin (Kassis, Artz, Scambor, Scambor, & Moldenhauer, 2013). On the other hand, socio-economic status featured among the significant predictors of resilience in a sample of adolescents ($N=237$) who had been sexually abused in childhood (Williams & Nelson-Gardell, 2012). However, it should be noted that the latter study also identified prior abuse history, social support, and hope as significant predictors of the construct.

Consistent with attachment theory, there is also evidence to suggest that parental functioning and supportive relationships exert an influence on psychological adjustment after ACE. A study conducted by Graham-

Bermann, Gruber, Howell and Girz (2009) provided evidence to support the view that an important influencing factor in children's psychological adjustment to witnessing and experiencing domestic violence is parental functioning. Indeed, reviewers of the literature have tended to agree that a stable family environment and supportive relationships are important protective factors associated with resilience (Afifi & MacMillan, 2011; Haskett, Nears, Ward, & McPherson, 2006; Zolkoski & Bullock, 2012).

With regard to the ACE, psychological distress and offending literature, resilience has been conceptualised as an outcome (e.g. an absence of psychopathology) and as a set of abilities such as emotion regulation and empathy (Segovia, Moore, Linnville, Hoyt, & Hain, 2012). In fact, some researchers have tended to rely on outcome variables such as the absence of psychological symptoms and antisocial behaviour in order to identify factors related to resilience (e.g. Collishaw, Pickles, Messer, Rutter, Shearer, & Maughan, 2007; DuMont, Widom, & Czaja, 2007; Kassis et al., 2013; Williams & Nelson-Gardell, 2012). Other studies have utilised a single psychometric instrument to assess the construct (e.g. Delhaye, Kempenaers, Stroobants, Goossens, & Linkowski, 2012; Roy, Carli, & Sarchiapone, 2011; Wingo et al., 2010) although none of these authors have examined the effect that multi-type ACE's may have on psychological distress and offending. It has been argued that the development of resilience is a dynamic and non-linear process, which has been found to be somewhat fragile in situations of re-traumatisation (Banyard & Williams, 2007). For example, the results of one study have provided evidence to support the view that children who experience multi-type ACEs may not possess adequate personal resources to develop resilience in the face of their adverse experiences (Jaffee, Caspi, Moffitt, Polo-Tomás & Taylor, 2007). However, with the exception of the latter study, extant research appears to have overlooked the impact that multi-type ACE may have on levels of resilience to psychological distress and offending; an oversight that was rectified in this programme of research in

a study with a sample of females who had a history of ACEs, offending or both.

2.9 ACE and psychological distress in offending populations

Most research focuses on the psychological effects of ACEs in community samples, but evidence is emerging that mental ill-health is more common among individuals who have been caught up in the criminal justice system. For example, poor mental health has been reported to be greater amongst community offenders than the general population (Brooker, Syson-Nibbs, Barrett & Fox, 2009). In fact, according to a recent report in the Probation Journal, a substantial minority (39%) of individuals supervised by the probation services have mental health problems (McArt, 2013). Nonetheless, a search for literature explicitly investigating the multi-type ACEs and psychological distress to offending pathway in this population was largely unsuccessful. Notwithstanding, one study which had examined the mental health of a sample of youths ($N=800$, 15% females) who were serving community orders reported higher than normal rates of ACE (Kenny, Lennings, & Nelson, 2007). Moreover, the rates of ACE that were found among the female participants in this study were significantly more severe than those in the males.

In addition, the notion that poor mental health is greater among prison detainees and that the prevalence of such problems is higher among incarcerated females than in the general population is widely accepted (Taylor, 2010). For example, Cauffman, Lexcen, Goldweber, Shulman, and Grisso (2007) found that adolescents in detention facilities exhibit significantly more mental health problems than control groups in the community. Moreover, in comparison to differences between the detained and community groups of boys, these authors found a significantly greater difference between the detained and control groups of girls. However, despite a growing body of research, female offenders represent a population that has tended to be neglected in research to date, particularly

in terms of their mental health needs (House of Commons Justice Committee, 2013). According to a statistics bulletin published by the Ministry of Justice (2012a) 36.6% of female offenders were re-convicted in 2009, while the Prison Reform Trust (2013) have reported that re-conviction rates within the first year of leaving prison are as high as 45% in this population. Such statistics lend some emphasis to the importance of research with females who have been caught up in the criminal justice system. Consequently, this programme of research also aimed to examine the factors identified in the first study in a group of females with a history of ACEs, the majority of whom had committed or been convicted of a criminal offence.

The findings mentioned above implicate a number of factors in the multi-type ACEs, mental health and offending pathway; nevertheless, to the author's knowledge, previous research has not investigated the relative impact of these variables simultaneously, particularly from an attachment theory perspective.

2.10 Outline of studies

As discussed in chapter 1, an attachment framework was identified as a potentially suitable mechanism for the examination of trajectories from multiple ACEs to negative outcomes. The review of the literature presented in the current chapter utilised the theoretical framework as a basis for the identification of variables of interest. Such variables were examined in the first study in this programme of research; however, given that response rate may be adversely affected by a lengthy survey (Yammarino, Skinner & Childers, 1991) the number of variables that were assessed in the first study was restricted as far as possible. According to attachment theory, attachment representations (attitudes and beliefs about the self, others, and the world) are developed based on one's care-giving environment (Bowlby, 1991). Thus, in order to test the utility of an attachment framework as an explanatory mechanism for the pathway

between multi-type ACEs and negative outcomes, attachment was operationalised in terms of attachment representations. Hence, the first study examined how attachment representations (dysfunctional attitudes, mastery, just world beliefs), psychological ill-health, negative affect (i.e. anger), emotion regulation, empathy, and EI might predict antisocial behaviour and offending in a cross-section of the general population. Gendered analyses of the data were conducted in order to assess the viability of utilising an attachment framework to examine gender-specific pathways between multi-type ACEs to psychological distress and offending. As a consequence, an attachment measure was preselected for inclusion in the second quantitative study. Moreover, given that the first study focused on the negative outcomes (rather than positive outcomes) associated with multiple ACEs, resilience was also preselected for inclusion in the second quantitative study. The variables assessed in the quantitative studies and how they relate to the attachment framework can be seen in figure 2.

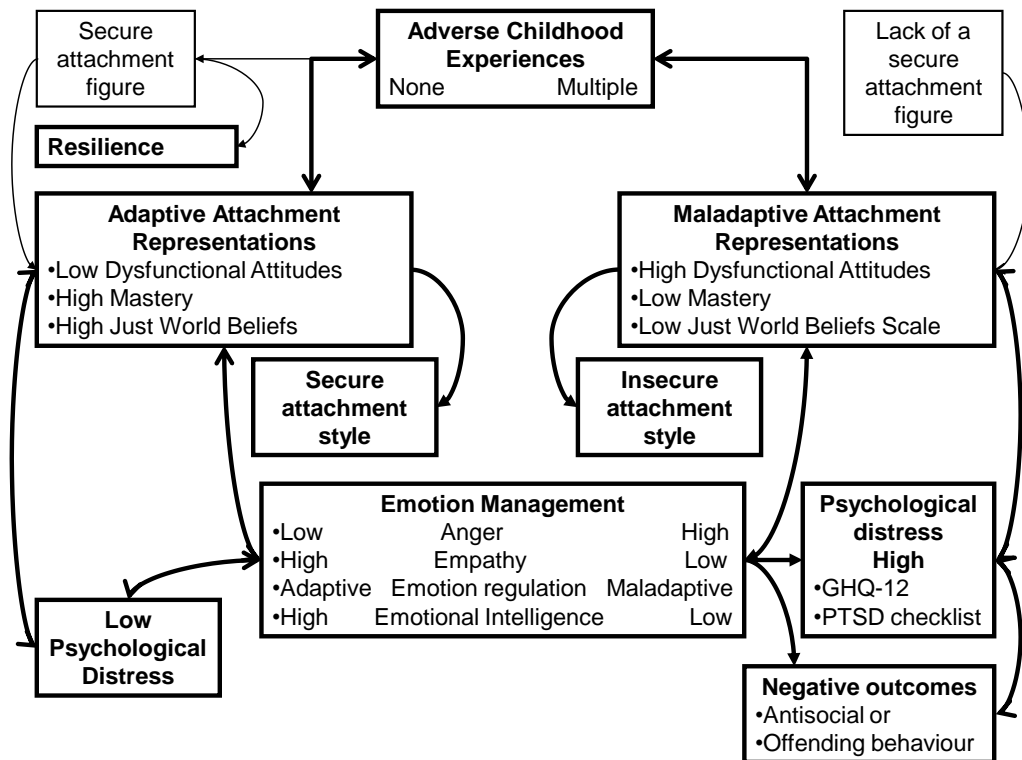


Figure 2 Attachment framework illustrating study variables (shown in bold type)

The results of the first study informed the selection of variables for inclusion in a subsequent quantitative study, which focused on the examination of these factors (together with measures of attachment and resilience) within an under-researched minority population by means of a survey. Thus, the first study served as the groundwork for the second study. Specifically, the second study built upon the results of the first study by examining the factors identified in a sample of women who had a history of ACEs, the majority of whom had committed or been convicted of criminal offending.

Additionally, the theoretical framework and the findings from the first study were used to inform the structure of an in-depth qualitative semi-structured interview. Interviews used an interpretative phenomenological design (IPA) and were conducted concurrently with data collection for the second

quantitative study. Females who had a history of ACEs and who had committed or been convicted of criminal offences were involved in the interviews, which used an IPA approach to analysis in order to obtain qualitative data in the form of more richly detailed personal accounts of how the women make sense of their experiences.

Subsequently, the results from the quantitative and qualitative aspects of the research were compared and contrasted. It was anticipated that the results from the studies in the current programme of research would build on previous research and contribute to knowledge regarding the pathway from multi-type ACEs to psychological distress and offending behaviour in a heretofore somewhat neglected population.

The next chapter presents the methodology that was utilised in the present programme of research.

Chapter 3 Methodology

The purpose of this chapter is to present the research methods that were utilised in the present programme of research. The chapter commences with a restatement of the aims of the research and a brief description of the research design. This is followed by an overview of the approach that was utilised (mixed methods), with a brief summary of the advantages and shortcomings of this approach. The next section considers ethical issues (i.e. potential harm to participants) that may be concomitant with the examination of aspects of trauma. Subsequent sections provide the rationale that underpinned the utilisation of the specific quantitative and qualitative research methods. The chapter concludes with an overview of the methodology that was utilised in each study.

3.1 Aims and summary of research methods

The present programme of research aimed to examine gender-specific trajectories from ACEs to psychological distress and antisocial or offending behaviour within a theoretically viable framework. It also aimed to identify factors that a) might moderate or mediate pathways between ACEs and negative outcomes and b) might predict AS/OB; first in a community sample, and subsequently in a population of females with a history of ACEs. In addition, a further objective was to obtain an insight into the lived experience of women who self identified as having a background of ACEs and antisocial or offending behaviour.

As discussed in chapter 1, a framework based on attachment theory was judged to be the most suitable for the purposes of the current investigation. Thereafter, the research was conducted using a mixed

method approach. Specifically, methods were selected that were considered to be the most appropriate in terms of the research question and the ethical issues arising from the sensitive nature of the research. Utilising the attachment framework as a basis for the identification of variables of interest, quantitative data were collected in order to select key variables and work towards the development of models that could be tested in a subsequent quantitative study. Additionally, the theoretical framework and the findings from the first study were used to inform the structure of an in-depth qualitative semi-structured interview. The latter was conducted concurrently with the second quantitative study and utilised an interpretative phenomenological design (discussed later in this chapter). Drawing on both quantitative measures and a qualitative semi-structured interview provided an opportunity to identify important factors which might be overlooked in a purely quantitative or qualitative investigation. A flow chart illustrating the structure of the research is shown in figure 3.

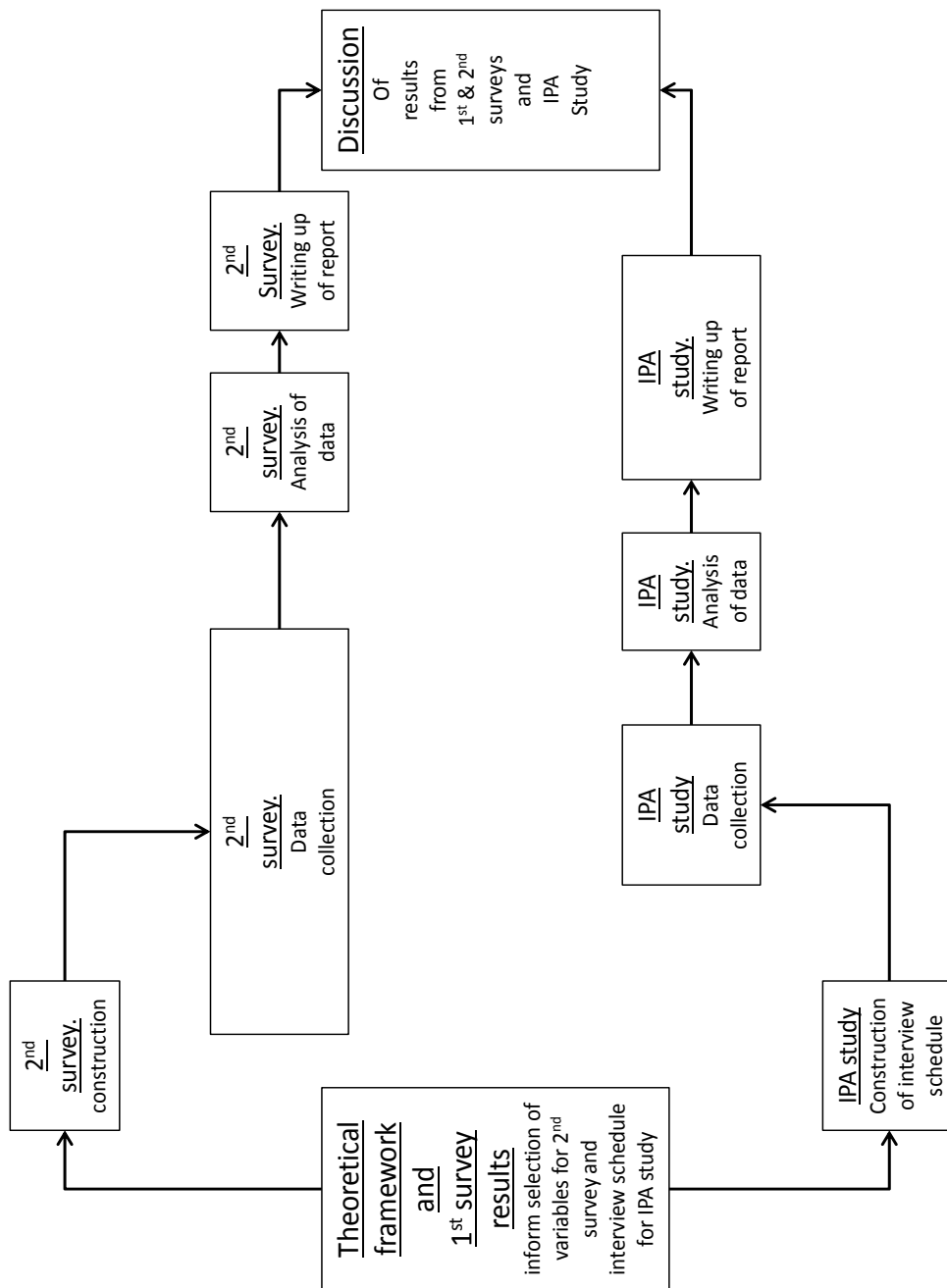


Figure 3 Flow chart illustrating research structure

3.2 Mixed methods – an overview

Dedicated supporters of the two seemingly opposing paradigms within psychological and applied social research (e.g. a positivist or postpositivist perspective that employs quantitative methods or a constructivist, critical

realist, phenomenological or feminist perspective that utilises qualitative methods) contend that the two approaches should not be mixed because the underlying philosophical tenets are incompatible (Gelo, Braakmann, & Benetka, 2008). However, this contention has been disputed by proponents of mixed methods research (e.g. Gelo et al., 2008; Johnson & Onwuegbuzie, 2004; Tashakkori, 2009) who argue that the mixed methods approach can result in a broader and more complete picture of the phenomena under investigation (Johnson & Onwuegbuzie, 2004). Even though the term 'mixed methods' is relatively new and the approach is still undergoing development, several early 20th century researchers in the social and behavioural science fields reportedly utilised a mix of quantitative and qualitative methods in order to investigate a research question (Johnson, Onwuegbuzie, & Turner, 2007).

The mixed method approach has been described as the 'third research paradigm' (Johnson & Onwuegbuzie, 2004, p. 14) which has 'unique philosophical, methodological, and analytic foundations' (Tashakkori, 2009, p. 287). However, advocates of mixed methods research do not necessarily subscribe to a common philosophical perspective and this has led to some debate with regard to its philosophical underpinnings (Teddlie & Tashakkari, 2012). On the other hand, many members of the mixed methods community assert that the underlying philosophy of mixed methods is pragmatism (e.g. see Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2012). Pragmatism rejects the view that philosophical tenets are incompatible and indeed, proponents of this stance are more interested in the research question than the method used to address it (Pole, 2007). In fact, the general consensus within the mixed methods community would seem to be that multiple paradigms (e.g. the adoption of both a post-positivist and a phenomenological stance) can be utilised as an underlying philosophy for the approach (Teddlie & Tashakkari, 2012).

As inferred above, data collection in a mixed method study (or project) is achieved by means of both quantitative and qualitative methods (Creswell, 2003). Quantitative methods can include non-experimental or correlational designs (e.g. questionnaires or surveys) and experimental designs that infer causation (the independent variable is manipulated while controlling for potential confounding variables); qualitative methods include case studies (e.g. a detailed description of a person, group or event), field observations (e.g. direct or participatory), and interviews (structured, semi-structured or unstructured) among others (Gelo et al., 2008). The two approaches can be combined in several different ways. For example, qualitative data might be collected to generate theory, which can then be tested with the collection and analysis of quantitative data (Pole, 2007). An alternative (used in the present programme of research) is to collect quantitative data in order to examine hypothesised predictors of outcomes, or moderators and mediators of relationships between variables; the results of which can then be expanded upon by obtaining richer, qualitative data to explore what the phenomena means to individuals in the population of interest (Creswell, 2003). Data collection depends on the research question; one method (quantitative or qualitative) may play a more dominant role than the other, or both methods may be utilised equally. Moreover, data can be collected sequentially, concurrently or, in the case of a multi-study project (such as the present programme of research), a mixture of both. The next section explicates some of the advantages and disadvantages of using a mixed method approach and provides the rationale for the approach that was taken in the current investigation.

3.3 Strengths and weaknesses of mixed method research

Perhaps the most important advantage of the mixed method approach is that the strength of one method can surmount any weakness in the other and effectively provide more robust results (Johnson & Onwuegbuzie, 2004). For example, the process of drawing out an individual's meaning

making of his or her experience in a qualitative study may identify key factors or processes that a quantitative study might overlook. For instance, two possible scenarios in a quantitative investigation that may result in a failure to identify key factors are: first, exclusion of a relevant construct may occur due to a lack of supporting evidence in the literature, and second, the researcher is likely to dismiss findings that do not reach statistical significance. It has been argued that utilising the two methods together can result in more complete knowledge (in the form of insights and understandings) which can be used to inform practice (Johnson & Onwuegbuzie, 2004). Major weaknesses noted by these authors include the cost and time involved in conducting mixed methods research; the difficulty for a sole researcher of carrying out a concurrent investigation; and the fact that the researcher must by necessity learn how to utilise several methods and how to mix and analyse them in an appropriate manner. Nonetheless, despite these caveats, the following quote by Johnson, Onwuegbuzie and Turner (2007) encapsulates the essence of why a research project would utilise a mixed methods approach:

“It recognises the importance of traditional quantitative and qualitative research but also offers a powerful third paradigm choice that often will provide the most informative, complete, balanced, and useful research results.” (p. 129).

Given that the current programme of research was conducted by a sole, self-funded researcher, time and cost were pertinent considerations; thus these two issues were also taken into consideration during the process of method selection. The research was conducted from a pragmatic philosophical standpoint and utilised quantitative and qualitative methods sequentially and concurrently. Although the sequencing of the studies in the current investigation diverges from the customary ‘qualitative (to generate theory) succeeded by quantitative (to test the theory)’ inquiry, it was deemed to be the most logical approach given that the aim of the

research was to test an existing theoretical framework rather than to develop theory. Such an approach is considered to be particularly appropriate for trauma-focused research and has been utilised in many such studies previously (Creswell & Zhang, 2009).

3.4 Ethical issues

The sensitive and potentially distressing nature of the topics covered in the present research imposed some constraints in terms of the methods that could be utilised to collect data. It has been argued that the participation of vulnerable individuals (e.g. people who have a history of ACE) in research that examines aspects of trauma may increase the risk of emotional and psychological distress for the individuals concerned (McClain, Laughon, Steeves & Parker, 2007). Thus, the selection of a methodological approach to research should not only include a consideration of the potentially harmful effects on participants, but steps should also be taken to minimise such effects (BPS, 2010). On the other hand, Melrose (2011) has cautioned that over-regulation of ethical procedures may result in the exclusion of vulnerable participants who might otherwise have agreed to take part in the research (e.g. in order to have an opportunity to understand the why and how of their situation, and also to have their voices heard). Indeed, there is some evidence to suggest that survivors of trauma have valued their experience of participating in research (Ferrier-Auerbach, Erbes, & Polusny, 2009; Griffin, Resick, Waldrop, & Mechanic, 2003) particularly when sensitivity has been a primary consideration in the construction of the research methodology (see Wager, 2011). Exclusion of such people may mean that the findings are skewed and underestimate the incidence of trauma.

Participants in studies of trauma appear to have various preferences with regard to methodologies used. For example, in a study conducted by DiLillo, DeGue, Kras, Di Loreto-Colgan and Nash (2006) respondents with a history of ACE reported a preference for computer surveys (deemed to

offer the highest level of confidentiality) over paper and pencil surveys or interviews. Conversely, DePrince and Chu (2008) found that the perceived benefit of participation in trauma-related research was higher when interviews were included in the design. Participation in interviews (relating to the experience of ACE) may be beneficial in terms of a modification to long-held dysfunctional beliefs (e.g. self-blame and guilt) about the experience. For instance, participants felt more positive and reported a decline in negative self-perceptions (e.g. responsibility and guilt) related to parental alcohol abuse at the conclusion of a series of one to one interviews conducted by Murray (2003). Similarly, a sample of women who had witnessed domestic violence in childhood reported that the interview process enhanced their personal growth (Scerri, Abele, & Vetere, 2012). The findings from a qualitative study that examined the impact of trauma research on a sample of incarcerated women ($N=142$) suggest that trust, rapport with the researcher, privacy, and an element of control over the interview process can facilitate positive outcomes for participants (Hlavka, Kruttschnitt, & Carbone-López, 2007). In fact, the use of mixed methods in trauma research has been recommended on the basis of its potentially unique contribution to knowledge in the field (Creswell & Zhang, 2009). The following sections present the rationale (including attendant ethical issues) for the methods utilised in the current programme of research.

3.5 Rationale underpinning the quantitative method utilised

Since the aim of the first study in the current programme of research was to test the viability of a theoretical framework to explicate pathways between key variables and to identify factors that might mediate or moderate such pathways, a quantitative design was indicated (Creswell, 2003). Given the nature of the variables under investigation (ACE, psychological distress and offending) an experimental design was clearly unsuitable, hence a cross-sectional survey design was selected. A further necessary consideration was cost (time and money) in terms of data entry; thus, a web-based survey was selected as the most appropriate method

due to the ease with which data can be uploaded into a statistical package (Wager, 2011). Additional benefits related to internet research include reduced costs and ease of dissemination (Kraut, Olson, Banaji, Bruckman, Cohen & Couper, 2004), particularly among hard to reach populations (Nosek, Banaji, & Greenwald, 2002). Other advantages to this method relate to ethical concerns. First, respondents are not faced with the dilemma of how to politely withdraw from the study (due to the absence of the researcher); second, using secure server online technology effectively protects the confidentiality of respondents (paper and pencil questionnaires expose respondents to possible identification when delivering them back to the researcher); and third, the data is held in a central, secure, password protected repository and aggregate data is then downloaded, with the result that individual data cannot be identified (Nosek et al., 2002).

Provided ethical guidelines are followed (BPS, 2012) social networking sites such as Linked In, Facebook and Twitter are a useful and straightforward means of disseminating surveys. For example, there is little difficulty involved in the placement of a recruitment announcement (incorporating a direct link to a survey) onto the social media site in question. Nevertheless, it has been suggested that moderators of such sites should be contacted beforehand in order to establish the authenticity of the research (Buchanan & Zimmer, 2012). Moreover, it is important to ensure that the research conforms to the requirements for informed consent (BPS, 2013). To that end, the researcher should include a clear and transparent statement regarding the aims of the research in the recruitment advertisement, information sheet and consent form (Buchanan & Zimmer, 2012). Details of how each study in the current programme of research complied with ethical requirements are discussed later in this chapter.

Although the use of self-report measures invariably raises the question of validity (Mayer, 2001), there is little alternative when the object is to capture personal emotional states. Moreover, the advantage of using self-report to assess antisocial or offending behaviour is that it captures data about offenders and offences that fall outside the criminal justice system (Farrington et al., 2006), which can only provide data for formally processed offences (Roe & Ashe, 2008). Furthermore, it has been argued that respondents provide more honest answers to computer-based offending surveys than to the paper and pencil mode of collecting self-report data (Flood-Page et al., 2000).

3.6 Rationale underpinning the qualitative methodology utilised

As mentioned earlier, although traditional cross-sectional research is useful for testing models, it does not capture the complex and rich context-specific meanings that participants may attribute to their experiences (e.g. Johnson & Onwuegbuzie, 2004). One aim of the current study was to provide an opportunity for an under-researched minority population to tell their stories and give voice to their own understanding of their experiences. Taking into consideration the ethical and practical issues highlighted previously in this chapter, several qualitative methods were considered for use in the present programme of research (the repertory grid, vignettes, focus groups, biographical or narrative approaches, and unstructured or semi-structured interviews).

3.6.1 The Repertory Grid

The repertory grid technique is a method that has its roots in personal construct theory (Kelly, 1955; cited in Walker & Winter, 2007). It has been used to examine meaning-making (an individual's personal construction of their world) in educational, organisational, sports, forensic, accounting and artificial intelligence contexts (Walker & Winter, 2007) and has also been used to examine trauma and posttraumatic stress (Sermpezis & Winter,

2009). The repertory grid has been described as a flexible tool that is useful in investigations with participants who are likely to fake or hide their feelings, such as people with psychopathic tendencies (Widom, 1976). However, in terms of the current programme of research, one major weakness of the method is the bipolar nature of the constructs (e.g. sad-happy, peaceful-noisy, calm-angry etc.) that participants are required to identify for the purposes of completing the grid (Tindall, 2011). As argued by Tindall, this procedure may result in a failure to give participants an opportunity to have their voices heard; moreover, the variation and richness of individual experience would not be revealed. Hence, the method was deemed unsuitable for the purposes of a qualitative investigation in the current programme of research.

3.6.2 Vignettes

Vignettes consist of short descriptions of events, people or situations that require a judgemental or attitudinal response from participants (Alexander & Becker, 1978). Respondents are encouraged to offer contextual factors that would influence their judgements, attitudes or actions in the given situation (Barter & Renold, 2000). More importantly, vignettes allow participants to talk about their own life experiences (Hughes, 1998), which may be an advantage in situations where the research involves sensitive subjects (Barter & Renold, 2000; Schoenberg & Ravdal, 2000). This method has been utilised to assess the influence of gender and ACE history on judgements about child sexual abuse disclosure (Cromer & Freyd, 2009), the perpetration of violence in children's care homes (Barter & Renold, 2000) and to examine potential risk factors for the perpetration of child sexual abuse (Rodriguez, Cook & Jedrziwski, 2012). However, it has been argued that vignettes do not necessarily reflect social reality (Barter & Renold, 2000). In other words, people do not always act in the way that they believe they would act in certain situations. Moreover, vignettes are not well suited to portraying the multi-contextual and dynamic nature of emotions (Eatough & Smith, 2006). Since emotion

management was a major component of the current investigation, this method was also judged to be unsuitable.

3.6.3 Focus groups

Utilised as a way to elicit the views of a group of people about specific issues (Kitzinger, 1994), the development of 'focus interviewing' has been credited to Merton (see Merton, 1987). Unlike group interviews, which are a quick and cost-effective way to collect qualitative data from several people on one occasion (Kitzinger, 1995), the strength of focus groups lies in the interaction and communication between group members (Farnsworth & Boon, 2010; Kitzinger, 1994). The method has been described as a useful means of exploring what and how people think about their experiences and it has been utilised in research with marginalised groups (Kitzinger, 1994; 1995). However, concerns have been raised with respect to the negative effect that peer pressure or influence may have on participants' willingness to talk freely (Daley, 2013). Fears relating to anonymity (Daley, 2013), the often confrontational and antagonistic discourse between focus group members (Kidd & Parshall, 2000) and the stigma attached to ACE (Follette, La Bash, & Sewell, 2010) may also result in a reluctance to discuss sensitive issues in front of the group (Kitzinger, 1994).

In addition, the perceived advantage of focus groups (compared to individual interviews) in terms of time and cost may be misleading, particularly with regard to logistics (Kidd & Parshall, 2000). For example, Daley (2013) recommended that recruitment should take place where potential participants are likely to congregate. The target sample for the qualitative phase of the current programme of research belonged to a minority and hard to reach population; hence it was not unlikely that potential participants might reside in widely dispersed geographical areas. Should the latter situation have occurred, mutual agreement with regard to a location and time for interview could have been problematic. Focus

groups were therefore deemed to be an impractical method to use in the qualitative study.

3.6.4 Biographical and narrative approaches to research

Developed from social constructionism (Stainton Rogers, 2003), biographical research has close connections with phenomenology (Smith, Flowers & Larkin, 2009) and encompasses a broad range of approaches and strategies (Zinn, 2004). The method is used to obtain a rich, contextualised (e.g. historical, cultural, psychological and social) account of a respondent's life-world; either in part or as a whole life history (Miller, 2003). The focus of the approach is on the storyteller's interpretation of his or her experience (Riessman, 2003). Although data usually consist of written material (e.g. observations, field notes, letters, publications or diaries) or oral narratives obtained via interviews (Reissman, 2003; Zinn, 2004) other research has utilised 'creative narratives' such as poems, artwork and pictures (Goodley, 2011). According to Miller (2003) written material and semi-structured interviews are generally used to augment data that has been collected previously by means of an in-depth unstructured interview. Nonetheless, written material has been utilised as the sole source of data in some instances. For example, Maguire and Ó'Cinnéide (2005) utilised government reports, newspaper articles, letters, circulars, and personal accounts (among other types of written material) in order to examine the socio-political context of the punishment and physical abuse that was reportedly experienced by Irish children in the twentieth century.

Narrative interviews usually start with a question that is designed to elicit a lengthy account; while probing questions designed to draw out explanations of interesting issues and to encourage new narratives are not asked until the interviewee has clearly reached the end of his or her story (Zinn, 2005). According to Riessman (2003) there are several ways that narrative data can be analysed: - *thematic analysis* searches for common

themes across several cases; *structural analysis* places the emphasis on the language used in accounts; *interactional analysis* focuses on the dialogue between the interviewer and the interviewee; and *performative analysis*, which involves an in-depth analysis of both language and gestures utilised by the participant to engage the audience (researcher). Narrative analysis has been utilised to explore how attachment and ACE impacts on behaviour and emotional difficulties in a sample of youth (Sanderson & McKeough, 2005), the impact of childhood abuse on women who have been caught up in the criminal justice system in the USA (Hall, 2000) and in Israel (Geiger & Fischer, 2003); and more recently, to investigate the effect of exploitation (e.g. abuse, assault and starvation) on foreign domestic workers in Hong Kong (Ladegaard, 2013). Whilst collecting written material was clearly not a viable option for the current study given the sensitive nature of the topics under examination, a narrative approach appeared to be a suitable option. Relatedly, the next section discusses the use of interviews in qualitative research.

3.6.5 Interviews – structured and unstructured

Interviews have traditionally been categorised in three ways: structured, unstructured and semi-structured (DiCicco-Bloom & Crabtree, 2006). Structured interviews have been utilised to examine relationships between childhood abuse and psychological distress (Cogle, Timpano, Sachs-Ericsson, Keough, & Riccardi, 2010; Griffing, Lewis, Chu, Sage, Madry, & Primm, 2006) and have also been combined with standard questionnaires to examine the roles played by family background and psychological distress in youth crime (Cassidy, 2011). Nevertheless, structured interviews were not considered for the qualitative aspect of the current investigation since they are generally analysed quantitatively (Runswick-Cole, 2011). Unstructured interviews tend to be participant led; one interview question is asked at the commencement of the interview and the majority of the interview process is then controlled by the participant (Smith et al., 2009). This has led to an observation that interviews are

never entirely unstructured because the interview question encapsulates the researcher's chosen topic, rather than that of the participant (Runswick-Cole, 2011). Nevertheless, the method has been described as a useful tool for eliciting unforeseen and interesting results (Smith et al., 2009) although there is a danger that the findings may not be relevant to the topic, particularly when the researcher is not an experienced interviewer (Kubinger, Wiesflecker, & Steindl, 2008). In fact, researchers with experience of the technique have urged the less experienced individual to consider utilising semi-structured interviews as an alternative (Smith et al., 2009). The latter point was relevant to the current investigation given that the author had little experience of conducting unstructured interviews. Consequently, this method was not considered to be a suitable mechanism for the qualitative phase of the current programme of research. As a result of this decision, a narrative approach was also rejected as a means to collect data, since such a method involves the use of unstructured interviews.

3.6.6 Semi-structured interviews

The semi-structured interview is traditionally based on a set of open-ended questions (e.g. an interview schedule) which is utilised flexibly depending on the flow of the interview (DiCicco-Bloom & Crabtree, 2006). For example, questions may be asked in a different order to that in the schedule and some may even be excluded; while a response from the participant may prompt the inclusion of a new question (Runswick-Cole, 2011). Practical issues include the cost, interviewer/interviewee effects and the logistics associated with the medium through which interviews are conducted (e.g. face-to-face, telephone or e-mail). It has been argued that e-mail and telephone interviews are more cost-effective than face-to-face interviews (e.g. in terms of travel costs), and that these methods can reduce the likelihood of participant/researcher effects (e.g. perceived status inequalities) or self-consciousness on the part of the interviewee (Ryan, Coughlan, & Cronin, 2009). Moreover, e-mail interviews have the

added benefit of requiring little effort in terms of transcription (Meho, 2006). On the other hand, e-mails preclude the option to discern verbal cues such as tone of voice (unlike telephone interviews) and also rely on participants having access to a computer (Meho, 2006). In addition, a major disadvantage to these two methods (compared to face-to-face interviews) is the lack of opportunity to observe non-verbal and visual cues (e.g. body language and facial expressions) which may enhance the richness of the data and increase understanding of the participants' sense-making of the phenomena under investigation (Ryan et al., 2009). This is particularly relevant to the present research, given that the aim of the qualitative phase was to gain a more in-depth understanding of participants' sense-making of their experiences.

In conclusion, the findings discussed above suggest that face-to-face semi-structured interviews may be the most suitable method for research that focuses on issues of childhood trauma. Specifically, the repertory grid technique may not offer participants the opportunity to tell their stories (Tindall, 2011); it has been argued that vignettes are not an appropriate method to examine emotions (Eatough & Smith, 2006); the issues of anonymity, stigma attached to ACE, peer pressure, and argumentative discourse often associated with focus groups may hinder the discussion of sensitive issues (Daley, 2013; Follette et al, 2010; Kidd & Parshall, 2000; Kitzinger, 1994); the sensitive nature of the topics under examination precluded the use of a biographical approach in the form of written material; and finally, a narrative approach was considered to be inappropriate given that the author had little experience of conducting unstructured interviews. Moreover, an important advantage of face-to-face semi-structured interviews (compared to e-mail and telephone interviews) is that they enable the researcher to observe body language and tone of voice, thus enhancing the richness of the data (Ryan et al., 2009).

As mentioned previously in this chapter, the qualitative phase of the current programme of research utilised an interpretative phenomenological (IPA) design. The following sections present an overview of IPA and the rationale for its use in the current investigation.

3.6.7 Interpretative phenomenological analysis (IPA)

Conceived by Smith (1996) as a qualitative research method grounded in psychology, interpretative phenomenological analysis is a 'bottom up' approach that aims to gain an understanding of how participants make sense of their experiences and of the world (Reid, Flowers & Larkin, 2005). Phenomenology (the study of experience), hermeneutics (interpretation) and idiography (a focus on the particular) form the core philosophical and theoretical underpinnings of IPA (Smith, 2011). Even though phenomenology encompasses several disparate philosophical stances relating to the research approach (e.g. Husserl's descriptive/transcendental stance and Heidegger's interpretative/existential standpoint) a uniting factor for its proponents is the desire to examine lived experience in detail (Smith, 2011). The participant is considered to be the expert who tells his or her unique story about what the phenomenon of interest (e.g. lived experience, event or situation) was, or is, like for him or her personally (Finlay, 2012). IPA researchers aim to give a detailed and organised account of individuals meaning-making of their 'lifeworld' that is plausible and transparent (Reid et al., 2005). Since this depth of analysis can generate a large amount of data, sample sizes in IPA studies tend to be small; indeed, Smith et al. (2009) advocate a sample size of between three and six participants.

An interpretative phenomenological epistemology is based on several principles: first, that the researcher is interested in phenomena; second, that access to the phenomena of interest involves the researcher's interpretation (or meaning-making) of an individuals' interpretation of their experiences (the hermeneutic and double-hermeneutic circles described

by Smith et al., 2009); and third, the knowledge produced from such interpretations is partial and bounded by the participant's ability to articulate his or her experience(s) and the researcher's skill in reflection and analysis (Brocki & Wearden, 2006). While some have questioned the appropriateness of using IPA within a pre-existing theoretical framework, it has also been acknowledged that complete ignorance regarding the issues and extant literature vis-à-vis the phenomena of interest is highly unlikely (Brocki & Wearden, 2006). In fact, some IPA studies have utilised a theoretical framework (e.g. Green, Payne & Barnitt, 2004) as well as findings from prior research (Turner & Coyle, 2000) to inform the construction of semi-structured interview schedules. In this regard, Smith et al., (2009) have recommended that the interviewer immerse him-, or herself as far as possible in the content of the interview during the analysis and interpretation of the data in an iterative process prior to revisiting pre-existing ideas, theories and concepts. Subsequently the researcher may put the findings in context with his or her pre-conceptions. Best practice in IPA research necessitates the inclusion of an appropriate reflexive account of the role played by the researcher, with respect to the research itself and also to the written account of such research (Brocki & Wearden, 2006). The reflective account of the current programme of research can be found in chapter 6 (p.279-80).

3.6.8 Rationale underpinning the use of an IPA design

It has been argued that health psychological enquiry would benefit from a convergence of phenomenological and quantitative studies, since much of the subject matter of such research crosses both psychological and sociological boundaries (Smith, 1996). Given that emotions are a fundamental aspect of our understanding of experience (Smith et al., 2009), this line of reasoning was considered to apply equally well to the present programme of research since it focuses on the role that emotion management might play in the ACE and psychological distress to offending pathway.

Although Smith's (2011) review of published IPA articles suggests that health psychology is the most dominant field of enquiry and that the primary subject area has tended to be the experience of physical illness; this is closely followed by the experience of psychological distress, which was a key factor in the current programme of research. Presumably, there were few published IPA studies that had examined ACE or offending at the time of the review, since the key terms that Smith identified in the corpus of published studies did not include any that might be connected to either of these two constructs. Notwithstanding, IPA has been used to investigate a range of relevant issues such as women's anger and aggression (Eatough, Smith, & Shaw, 2008), the coping strategies used by adults with a history of child sexual abuse (Phanichrat & Townshend, 2010), Asian women's resilience and healing after child sexual abuse (Singh, Hays, Chung, & Watson, 2010), the stigma of prostitution (Tomura, 2009), substance abuse and prostitution (Sallmann, 2010), how young people attending a Youth Offending Team perceive support-seeking (King, Brown, Petch, & Wright, 2012) and the experience of ACE among young offenders (Paton, Crouch, & Camic, 2009). Notably, the authors of the latter study contend that a failure to incorporate individuals' accounts and sense-making of traumatic experiences and offending is a barrier to a more complete understanding of these phenomena. In addition, Smith (2011) has argued for an integration of IPA with more traditional approaches to psychological enquiry (via mixed methods research) on the basis of the overlap between the two methodologies in terms of theory and constructs.

Practical considerations also informed the selection of IPA for the qualitative study. As mentioned previously, potential participants (i.e. females who have a history of ACE, offending or both) for the qualitative study belong to a minority population that is hard to reach. Compared to a community population, the likelihood of recruiting a large sample among this group was deemed to be low. Limited resources were available in

terms of time (interview transcription is a lengthy process) and cost (participants may reside in widely dispersed geographical locations). Moreover, Johnson and Onwuegbuzie (2004) alluded to the cost of learning several (qualitative and quantitative) methods in order to conduct mixed methods research. In this regard, there was a not inconsiderable advantage to using IPA, given that the researcher had received some training in the method.

The next section presents the methods utilised in the present programme of research and details how the ethical issues concomitant with sensitive research were dealt with.

3.7 Quantitative phase of the programme of research

Together with validity and reliability, several considerations guided the selection of measures for the two surveys (Studies 1 and 2) that were conducted in the current investigation. One consideration concerned prior use with similar samples; for example, the instruments that assessed EI and empathy (in both studies) and the anger measure (Study 2) had been utilised previously in research with delinquent or offending populations (e.g. Kroner & Reddon, 1992; Malterer, Glass & Newman, 2008; Robinson et al., 2007). On occasion, multiple (equally valid and reliable) appropriate questionnaires were identified (e.g. for resilience and emotional coping); in such instances selection was based on brevity due to the potential negative impact on response rates that has been associated with lengthy surveys (Yammarino et al., 1991). The latter concern also influenced the decision to select some measures (Study 1) based on their alignment with theory (i.e. attachment representations, see pp. 40-41 for discussion).

3.7.1 Study 1 - pilot

A small pilot study was conducted among colleagues within the psychology field. Six participants were invited to complete the survey and

give feedback and comments in relation to the measures selected and the content of the information sheet. These individuals were either postgraduates or lecturers who have knowledge and experience of aspects of the variables under investigation and were thus considered to be qualified to make reasoned judgements in this regard. Clearly, a disadvantage of the pilot study was the small sample size, which could not provide representative results or inform accurate predictions. However, the object of the exercise was to obtain assessments of the suitability of the measures selected and the content of the information sheets, rather than to utilise the results in the programme of research. Several minor adjustments to the survey were suggested, although these were confined to the wording utilised in the information sheet and the instructions to respondents rather than to the instruments that had been selected. Adjustments were made in line with the feedback and comments received and recruitment for participants for the first study commenced.

3.7.2 Method – study 1

In order to select key variables and work towards the development of models that could be tested in subsequent studies, the first study was exploratory and utilised a cross-sectional, correlational design. As mentioned earlier, data were obtained via an internet-based survey. This method was selected due to its advantages in terms of anonymity and confidentiality, which were deemed to be of paramount concern when the issues that are being examined are of a sensitive nature.

Ethics

This study was conducted in accordance with the latest BPS guidelines on ethical requirements for online research (BPS, 2013) and was reviewed and granted ethical approval by the Institute of Applied Social Research and the Psychology Division Ethics Committees at the University of Bedfordshire.

The software utilised for the construction of the survey was Survey Monkey, which uses secure server online technology. All potential participants were briefed by means of an information section at the start of the online survey as to the research aims and content and were given the opportunity to decide whether or not to participate. The aims of the study were stated clearly and transparently on the information sheet. Although this negated the need to include a debriefing sheet at the end of the survey, participants were encouraged to contact the researcher or her supervisor in the event of any questions or concerns. Participants were also advised that information given would be confidential and remain anonymous, with the caveat that the anonymous aggregate data may be used for publication. Participants were further informed that they could withdraw from the study at any time before, but not after, submission of the survey since participant anonymity would prevent identification of individual survey responses. In view of the fact that the study involved questions that might have caused distress, details of information websites and contact details of trauma help-lines were provided both at the beginning and at the end of the survey.

Respondents were also informed that completing the questionnaire in full would entitle them to enter a prize draw (£100 worth of Amazon vouchers) and that contact details should be entered on a webpage (completely separate from the survey) that would appear at the end of the survey. As mentioned above, contact details of the researcher and her director of studies were also included to enable participants to obtain further information or to raise concerns about the study.

Procedure

An announcement, together with the link to the online questionnaire, was placed on core psychology modules on the University of Bedfordshire's online e-learning site (BREQ). Approximately three weeks later, an e-mail reminder was sent to all the students registered on the three psychology

modules. An electronic snowball sampling method utilising social network sites (e.g. Facebook, Psychology and Psychological Research websites) was also used to widen the possible pool of participants.

A group called 'Negative childhood experience and antisocial behaviour study' was created on the Facebook social networking site. The webpage for the group contained information about the study and a link to the online survey. A request for participants, together with a link to the group, was entered onto the discussion page of three other groups found on Facebook (Psychology, Psychology Lovers! and Psychology UK). A call for participants was also entered onto the author's Facebook page, which invited contacts to take part and to further disseminate the link among their contacts. The link was also put onto PsyPAG's forum page on Facebook. A short presentation outlining the study was also given to the new intake of first year psychology students at the beginning of one of their lectures. This was followed up by e-mail, which contained the link to the survey and a request to forward the link to between five and ten of their friends.

As mentioned above, the findings from this study informed the selection of variables for the second study and also the structure of a semi-structured interview that was conducted concurrently with the second study. The full report of the first study (with the method, including sample and measures) can be found in chapter 4 (p. 74). Copies of the information sheet and the questionnaires that were utilised in the first survey (including full scoring details of the measures) are included in appendix 1.

3.7.3 Study 2 – pilot

A small pilot study was conducted to obtain feedback and comments in relation to the measures selected and the content of the information and debrief sheets. Three individuals who were aware of the aims of the research and who had experience of ACE, offending or both offered to participate. The limitations associated with the small sample size utilised in

the first pilot study also applied to the second. However, similar to the first pilot study, the objective was to obtain assessments of the suitability of the measures selected and the content of the information and debrief sheets, rather than to utilise the results in the programme of research. One comment related to the two-part measure that assessed attachment styles. The first part was a forced-choice section, which required participants to choose an attachment pattern that best fits their usual attachment style. The second part consisted of a Likert rating scale; respondents were requested to rate the degree to which each style characterised her attachment. It was suggested that respondents may feel that the second part of the scale duplicated the first and that one part of the scale should therefore be excluded. Given that the scale instructions advise users to adopt the continuous scoring approach, the forced-choice section was excluded. Another respondent suggested that the scoring of the offending measure should be amended from “Not at all”=0, “Once”=1, “Twice”=2, “Three or more times”=3 to “Not at all”=0, “Sometimes”=1, “Often”=2, “Very often”=3. With these two exceptions, the adjustments that were suggested were minor and were confined to the wording utilised in the information, survey instruction or debrief sheets. The suggested changes were incorporated and recruitment for participants for the second study commenced. A copy of the information, consent, and debrief sheets for the second survey can be found in appendix 2, together with the measures (and full scoring details of such measures) that had not been used in the first study. As mentioned previously, the measures utilised in the first study appear in appendix 1.

3.7.4 Method – study 2

The second study also utilised a cross-sectional, correlational design. In this study, data were obtained via a survey that was available in paper and pencil, as well as in an online format. As discussed above, there are several advantages to using the internet when examining sensitive issues. However, restriction of the survey to an online format in this instance

would have excluded potential participants who did not have access to a computer (the latter was considered to be more likely in a female ex-offending population than in a community sample). As mentioned above, there are issues of confidentiality associated with paper and pencil surveys; these issues are addressed below in the section that details the procedure.

Ethics

Ethical approval was obtained from the Research Centre for Applied Psychology Ethics Committee at the University of Bedfordshire and the study complied with ethical requirements for conducting research online (BPS, 2013).

The survey was constructed utilising Qualtrics software, which uses secure server online technology. As with the first study, information regarding the study aims and content was provided at the start of the survey (both online and paper and pencil formats). Online participants gave consent by clicking on a 'yes' button, while the paper and pencil surveys included a consent form. The aims of the study were briefly stated on the information sheet and a debriefing section was included at the end of the survey. Respondents were informed that the survey was anonymous and that information collected would be confidential. In addition, participants were notified that publications or presentations arising from the research would report only anonymous, aggregate data.

Qualtrics software (unlike the version of Survey Monkey that was utilised in the first study) can be programmed to allocate a unique code to each participant, thereby protecting individuals' anonymity, but enabling the researcher to withdraw data after submission of the survey should a respondent request such an action. The survey utilised this feature and participants were informed that they could withdraw at any time before closure of the survey, provided they notify the researcher of their unique

code. Respondents were also informed that completing the questionnaire in full would entitle them to enter a prize draw (four prizes of a £25 voucher from a high street store) and that contact details should be entered on a webpage (completely separate from the survey) that would appear at the end of the survey. As with the first survey in the current programme of research, the nature of the study involved questions that might have caused distress, therefore contact details of trauma help-lines and details of information websites were provided both at the beginning and at the end of the survey. The information sheet also included contact details for the researcher and her director of studies to enable participants to obtain further information or to raise any concerns about the study.

Procedure

A mix of purposive (i.e. in line with criteria that was relevant to the research question) and snowball techniques were utilised to recruit participants for this study. Gatekeepers of ex-offender charities and social networking sites were approached in order to elicit assistance with recruitment among their female service users. As mentioned above, a potential problem with paper and pencil surveys is the difficulty of maintaining participants' anonymity. The solution utilised was to ask that gatekeepers describe the research and what would be required of participants to their service users; distribute the surveys to individuals who expressed an interest in taking part in the research; collect completed surveys and return them to the researcher. This procedure was considered a suitable means of circumventing the possibility of participant identification by the researcher.

Gatekeepers were contacted by e-mail (in order to obtain an audit trail) or by telephone in situations where no e-mail address could be found. The template for the e-mail (which was adjusted to suit the recipient organisation) together with a list of the institutions who were contacted can be found in appendix 3. Requests for help to recruit participants were also

sent to administrators of female ex-offender groups via 'LinkedIn'. A Facebook page (Female offending and emotion management) was also created, which contained information about the study and a link to the online survey. Visitors to the Facebook page were also advised how to obtain paper and pencil surveys. The page was entered onto the author's Facebook site with a request for contacts that fit the profile to take part and to disseminate the link among their contacts. Potential gatekeepers were also contacted via 'Twitter'. In this instance, a link to the online survey and also to the Facebook page was included in the 'tweet', together with a request to 'retweet' the link. A summary of the research was also sent to NAPAC (National Association for People Abused in Childhood); a charity for individuals who have experienced maltreatment in childhood with a request for permission to recruit among their female service users. Permission was duly granted to place the link to the survey on their social networking site.

Gatekeepers of the ex-offender charities who requested further information were sent a summary of the research, the information sheet and consent form, the survey, and the debriefing sheet. A link to the online version of the survey was also included in the e-mail. The majority of the organisations contacted did not respond and a second e-mail was sent. Several organisations made contact and were duly sent the information and consent form, survey, link to the online survey, and the debrief sheet. Of these organisations, one gatekeeper obtained data in paper and pencil format and returned several fully completed surveys. Although the surveys were identical in both formats, some minor differences in the wording on the information and debrief sheets were necessary to reflect the fact that paper and pencil surveys were administered via gatekeepers. A copy of the consent form for the paper and pencil questionnaire, and the information and debrief sheets are included in appendix 2. The questionnaires (including full scoring details) can be found in appendices 1

and 2. The full details of this study and the method utilised (including sample and measures) are reported in chapter 5 (p. 130).

3.8 Qualitative phase of the programme of research

3.8.1 The semi-structured interview

A semi-structured interview based (loosely) on the attachment framework and the results of the first study was constructed. The interview schedule, information sheet, consent form and debrief sheets were assessed by two colleagues and two supervisors to determine fitness for purpose. These individuals were either postgraduates or lecturers who have knowledge and experience of IPA and aspects of the variables under investigation and were thus considered to be qualified to make reasoned judgements in this regard. Several minor changes were suggested and implemented. Details of how the interview schedule was constructed are included in the report of the study (see chapter 6, p.178). Copies of the information sheet, interview schedule and the consent form can be found in appendix 4.

3.8.2 Method – study 3

As mentioned earlier, an IPA approach was utilised for this study and data was collected via semi-structured interviews. Following Green et al. (2004) the interview schedule in the current investigation was based on a theoretical framework (attachment theory). Participants were recruited using a purposive sampling strategy. Hence, gatekeepers of ex-offender charities and social networking sites were again approached (via e-mail or telephone) and sent a summary of the research with a request for assistance with recruitment among their female service users (an example of the e-mail and the summary can be found in appendix 5). In addition, an advertisement targeted towards women who had a history of ACE and offending was placed on notice boards in the university (see appendix 5).

Ethics

As with the second study, ethical approval for this study was obtained from the Research Centre for Applied Psychology Ethics Committee at the University of Bedfordshire. The study complied with the latest BPS (2010) guidelines on ethical requirements for research. Women who made contact to request information relating to the research were sent an information sheet, a consent form and an interview schedule. The information sheet outlined the aims of the research, the subjects that would be discussed in the interview, and what would be involved in terms of time. Potential participants were advised that interviews would be arranged at a time and location convenient to them; that information given would remain anonymous; and that they could withdraw at any time (without giving a reason) before, during or after the interview, but not once the writing up of the research had commenced. Moreover, participants were advised that a report of the study may be published, but that they would not be identifiable from such a publication. The sensitive nature of the subjects covered by the questions in the interview schedule might have caused distress; thus, as with the quantitative studies in this programme of research, the information sheet provided details of trauma help-lines and information websites. In order to enable interviewees to raise any concerns or to obtain further information about the study, the information sheet also included contact details for the researcher, her supervisor and her director of studies.

Potential participants were further advised that the interviews would be recorded; that the recordings would be stored on an encrypted USB memory stick and a security protected computer; that the recordings would be transcribed and analysed by the researcher and that the analyses would be validated by an independent researcher who would not have access to participants' names or personal details. An item on the consent form asked for participants consent to use anonymous quotes from the interviews. The full details of this study are reported in chapter 6 (p. 166).

The next chapter presents the findings from the first quantitative study and discusses how the findings build upon previous research.

Chapter 4 Study 1

This chapter presents the findings of the first quantitative study in this programme of research. Initially, the chapter presents the rationale and the aims of the study. The next two sections detail the rationale for the type of sample and data collection method utilised. Subsequent sections focus on the methodology (participants, ethics, measures and procedure) and the analytic strategy. This is followed by the results of the investigation and a discussion of how the findings build upon previous research. The chapter concludes with a summary of how the results informed the next stage of the research.

4.1 Rationale and aims of study 1

The first chapter in this programme of research identified a framework based on attachment theory as a potentially suitable mechanism for the examination of gender-specific pathways from multiple adverse childhood experiences to negative outcomes. The review of the literature that is presented in chapter 2 suggests that few studies have examined the negative behavioural and psychological sequelae of such experiences, particularly from an attachment perspective. In addition, although some studies have investigated the involvement of various factors in such trajectories, it would appear that previous research has not investigated the relative impact of these variables simultaneously.

As mentioned previously, the problems associated with lengthy surveys (Yammarino et al., 1991) necessitated some constraint in terms of the number of variables that should be included in the present study. Since the theoretical framework utilised in the current investigation was based on attachment theory, attachment was operationalised in terms of attachment

representations. In other words, attitudes about the self, others and the world (dysfunctional attitudes, mastery and just world beliefs) were assessed with the predictor variable (multi-type ACE), the outcome variables (psychological distress and antisocial or offending behaviour) and the potential mediator or moderator variables (anger, emotion regulation, empathy and EI). The factors that were identified and how they relate to an attachment framework are shown below (see figure 4).

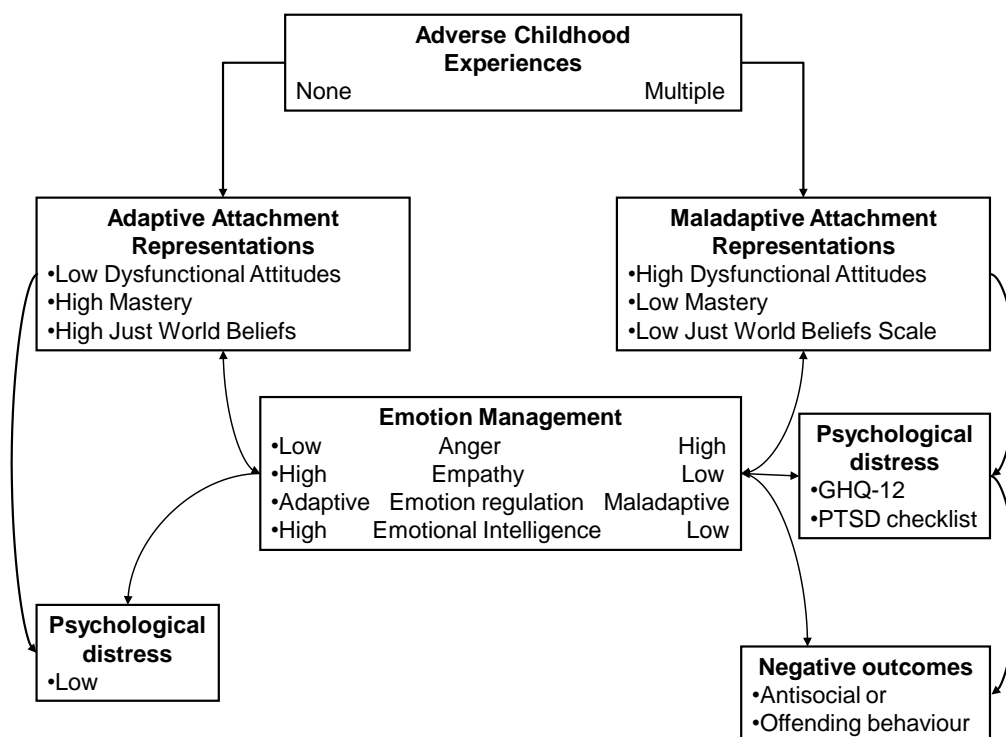


Figure 4 Model of attachment illustrating study 1 variables

The present study had two aims: The first aim was to test the utility of the framework as an explanatory mechanism for gender-specific pathways from multiple ACEs to psychological distress and antisocial or offending behaviour (AS/OB). The second aim was to examine how the factors identified within the framework might predict antisocial behaviour. Particular focus was placed on examining the factors that might mediate or

moderate these relationships with a view to identifying factors for examination in a sample of women with a history of ACE, offending or both (reported in chapter 5, p. 130). Potential mediators and moderators of the relationships between multi-type ACEs and negative outcomes are illustrated in figure 5.

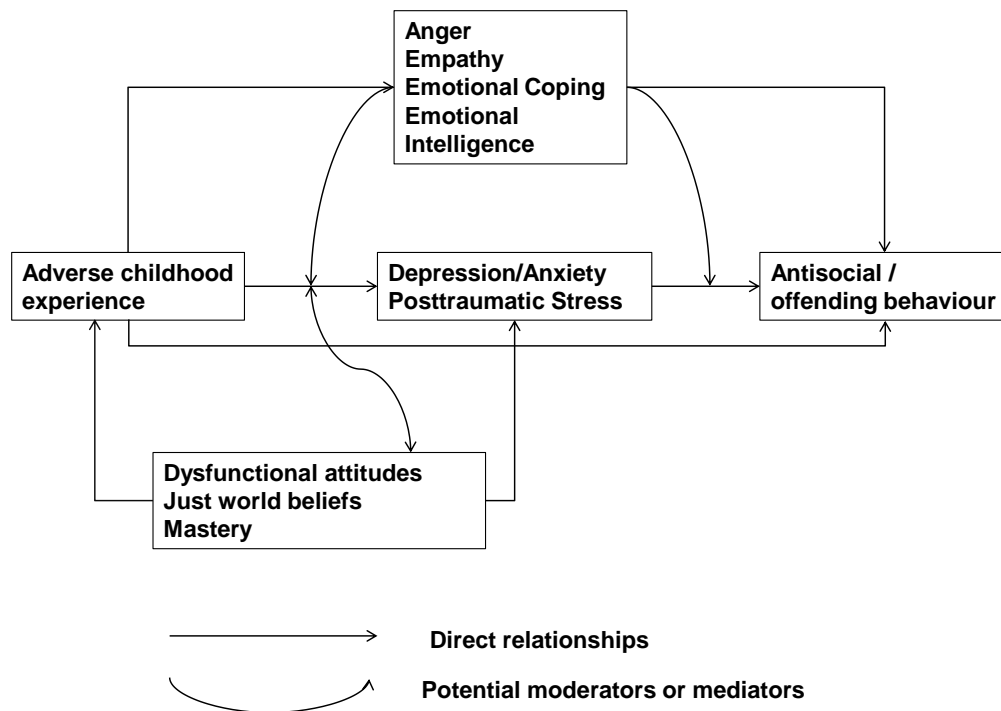


Figure 5 Potential moderator and mediator variables – study 1

4.1.1 Sample

Participants in the current study were recruited from within a student population and a cross-section of the community. Findings from previous studies suggest that both the general population and students are appropriate samples for research investigating ACE, psychological well-being and AS/OB. For example, 34% of the student respondents in a study conducted by McGavock and Spratt (2012) reported two or more adverse childhood experiences. Posttraumatic stress symptoms (i.e. participants met criteria for PTSD diagnosis) were reported by 24% of the

students surveyed in one study (Avant, Swopes, Davis, & Elhai, 2011); while in other research, 29% of student participants reported depression or anxiety (Bewick, Gill, & Mulhern, 2008). In addition, according to MIND (2013) levels of poor mental health (i.e. PTSD, depression and anxiety) in the general population in England are reported to be between 3% and 10% in the latest (2009) mental health survey (the next survey is due in 2016).

With respect to antisocial behaviour, 30% of people involved in the Crime Survey for England and Wales (2011-12) reported that they had either witnessed or experienced such behaviour in the previous 12 months (ONS, 2013). In a study by Selwyn (2008a), 58% ($N=1,215$) of student participants reported being involved in antisocial behaviour or minor criminal acts (e.g. shoplifting, behaving aggressively or violently, and so forth) or both. Other types of illegal (e.g. downloading music from the internet; Piquero, 2005) or unethical behaviour (e.g. plagiarism) have also been reported to be prevalent in these groups (McCabe, Butterfield, & Trevino, 2006).

4.2 Method

In order to select key variables, the first study was exploratory and utilised a cross-sectional, correlational design. An online survey examined multiple ACEs, attachment representations (dysfunctional attitudes, mastery, just world beliefs) psychological distress, anger, emotional coping, empathy, EI and AS/OB. The rationale underpinning the use of self-report measures for the current study can be found in the methodology chapter (chapter 3, pp. 51-52, 53).

4.2.1 Ethics

Specific details of ethical issues and how they were managed appear in the methodology chapter (chapter 3, pp. 50-51, 52; 64-65).

4.2.2 Participants

A sample of 153 (121 female, 32 male) participants completed an online survey. The male group was aged between 18 and 50 years ($M=28.53$, $SD=9.96$) and the age range of the female group was from 18 to 54 years ($M=26.21$, $SD=9.27$). One hundred and ten participants (96 females) were students, 22 (19 females) of whom were also working. The remainder were a cross-section of the population that was accessed via snowballing, 29 (9 males) were employed, 5 (1 male) were unemployed, 4 (3 males) were self-employed, 4 (1 male) reported themselves to be in the 'other' category and 1 (female) described herself as both unemployed and other. Socio-economic (SES) background categories were based on those used in the labour force survey (Office for National Statistics, 2010), except that an unemployed category was added and the elementary occupations category was replaced by one called 'other'. Participants indicated the occupation of the main income earner in the household when they were teenagers. More than half of the participants identified either manager/senior official (19%, 21 females), professional (18.9%, 23 females) or skilled trade (14.4%, 18 females) as the main earner's occupation, while the remainder were classified as associate professional/technical (5.9%, 8 females), administrative (clerical) or secretarial (9.1%, 12 females), personal or protective occupation (2%, 2 females), sales or customer service (6.5%, 8 females), machine, plant or process operative (7.2%, 9 females), unemployed (6.5%, 7 females) and other (10.5%, 13 females). As mentioned above, SES was based on the categories used in the labour force survey, and was quantified by utilising a numerical scale, which ranged from 1 (unemployed) to 10 (managers and senior officials). Socioeconomic status was collected so that it could be controlled for in regression analyses if necessary.

4.2.3 Measures

The reliability statistics for the measures are shown in Table 1 (full scoring details are provided in appendix 1).

Adverse childhood experiences were assessed by the *Adverse Childhood Experience Questionnaire* (adapted from Anda et al., 2009 and Dube, Felitti, Dong, Chapman, Giles, & Anda, 2003). Pertaining to the first 18 years of life, it consists of 12 questions and 10 statements assessing 10 adverse childhood experiences (e.g. “How often did a parent or other adult in the household hit you so hard that you had marks or were injured?”) Responses for abuse (emotional/physical/sexual), neglect (emotional/physical) and witnessing violence are scored on a 5-point Likert scale, ranging from “never” to “very often”. Scores for these categories were dichotomized. For example, emotional abuse was not considered to be present (score=0) unless “often” or “very often” (score=1) was the response to questions 1 and 2. Questions relating to parental separation or divorce, and a household member’s alcohol or drug abuse, incarceration or mental ill-health were answered by either “yes”=1 or “no”=0. Scores range from 0 to 10 and higher scores indicate experience of a greater number of categories (or type) of ACEs.

Dysfunctional attitudes and beliefs were assessed by 3 scales:

The *Dysfunctional Attitude Scale (form A) Revised* (de Graaf et al., 2009) is a 17-item scale measuring the intensity of dysfunctional attitudes (e.g. “If others dislike you, you cannot be happy”). Scored on a 5-point Likert scale, responses range from “Strongly disagree”=1 to “Strongly agree”=5. The scale has good reliability and convergent construct validity (de Graaf et al., 2009). Higher scores denote greater dysfunctional beliefs.

The *Just World Beliefs Scale* (Dalbert, 1999) has 13 items and examines personal and general beliefs about a just world (e.g. “I believe that I usually get what I deserve”). The scale has 2 subfactors: *General Just*

World Beliefs and *Personal Just World Beliefs* and is scored on a 6-point Likert scale. Responses range from “Strongly disagree”=1 to “Strongly agree”=6 and higher scores on both subscales indicate more belief in a just world. The scale has been shown to be valid and reliable (Dalbert, 1999).

The *Pearlin Mastery Scale* (Pearlin & Schooler, 1978) consists of 7 items and assesses coping in terms of perceptions about one’s personal control over life events (e.g. “I often feel helpless in dealing with the problems of life”). Scored on a 4-point Likert scale, responses range from “Strongly disagree”=1 to “Strongly agree”=4, and higher scores denote lower mastery. This instrument has demonstrated satisfactory validity and reliability (Marshall & Lang, 1990; Pearlin, Lieberman, Menaghan, & Mullan, 1981).

Psychological well-being/distress was measured by 2 scales.

The *General Health Questionnaire* (GHQ-12, Goldberg & Williams, 1988) consists of 12 items that measure common mental health disorders (e.g. “Have you recently felt constantly under strain?”) The scale can be scored in several ways, but since the aim of this study was to assess severity rather than to identify caseness, the Likert scoring method was utilised. Response items are on a 4-point Likert scale ranging from “Not at all”=0 to “Much more than usual”=3. Higher scores indicate higher psychological ill-health. This measure has good reliability and validity (Furukawa & Goldberg, 1999).

The *PTSD Checklist – Civilian version* (PCL-C, Weathers, Litz, Herman, Huska, & Keane, 1993) is a 17-item, self-report questionnaire designed to measure trauma-related thoughts and problems in the general population, rather than clinical samples. The instructions were worded to relate to the adverse childhood experience(s) reported earlier in the survey (see appendix 1). Respondents were asked to indicate on a 5-point Likert scale

how much they have been bothered by each item (e.g. “feeling jumpy or easily startled?”). Responses range from “Not at all”=1 to “Extremely”=5. Scored as a continuous measure, higher scores reflect greater pathological cognitions. The scale compares favourably with other measures (e.g. Clinician-Administered PTSD Scale) for predicting PTSD and has very good internal consistency (Keen, Kutter, Niles, & Krinsley, 2008).

Empathy was assessed by the *Interpersonal Reactivity Index* (IRI, Davis, 1980), which consists of 28 statements measuring 4 aspects of empathy: perspective-taking, fantasy, empathic concern and personal distress (e.g. “Other people’s misfortunes do not usually disturb me a great deal”). Scored on a 5-point Likert scale with responses ranging from “Does not describe me well”=1 to “Describes me very well”=5, higher scores indicate a greater tendency to the aspect of empathy being assessed. The scale can also be used as a uni-dimensional measure and has been reported to have satisfactory internal and test-retest reliabilities for both the uni-dimensional and multi-dimensional conceptualisations (Davis, 1980). However, given that previous researchers have highlighted potential problems with the fantasy and personal distress subscales in terms of offending research (Lauterbach & Hosser, 2007), the multidimensional conceptualisation was utilised in the present study.

Emotional intelligence was measured by *The Trait Meta-Mood Scale* (TMMS, Salovey, Mayer, Goldman, Turvey, & Palfai, 1995), which contains 30 statements (e.g. “I can’t make sense out of my feelings”) measuring 3 dimensions of emotional intelligence: - attention, clarity and repair. The scale is reliable (Salovey et al., 1995) and has good convergent and discriminant validity (Coffey, Berenbaum, & Kerns, 2003). Scored on a 5-point Likert scale, responses range from “Strongly Agree”=1 to “Strongly Disagree”=5. Higher scores indicate a higher level of each dimension.

Anger was assessed by 11 items from the *Multidimensional Anger Inventory* (MAI, Siegel, 1986). Anger-in was assessed by 6 items and anger-out by 5 items (e.g. “I try to get even when I’m angry with someone”). Respondents indicate how true they believe each item to be of themselves on a 5-point Likert scale, which ranges from “Completely Untrue”=1 to “Completely True”=5. The scale has good validity and reliability (Siegel, 1986). Higher scores indicate a higher level of anger-in and anger-out.

Emotion regulation was measured by the *Cognitive Emotion Regulation Questionnaire – Short Form* (CERQ, Garnefski & Kraaij, 2006), which has 18 items measuring cognitive strategies for handling emotionally arousing information (e.g. “I feel that basically the cause lies with others”). There are 9 subscales assessing Self-Blame, Acceptance, Ruminating, Positive Refocus, Refocus on Planning, Catastrophising, Positive Reappraisal, Perspective Taking and Blaming Others. The scale has exhibited good reliability and validity (Garnefski & Kraaij, 2006). It is scored on a 5-point Likert scale ranging from “Strongly Disagree”=1 to “Strongly Agree”=5 and higher scores indicate greater use of each particular strategy.

Antisocial behaviour was assessed by 17 questions derived from Home Office research examining young people and crime (e.g. minor property damage, substance abuse, shoplifting, assault; Budd, Sharp, Weir, Wilson, & Owen, 2005), Reflecting the study population, two items related to plagiarism from a questionnaire used by Selwyn (2008b) and one item about intellectual property theft. Respondents were asked to indicate how often in the last 2 years they had engaged in the acts described. Responses are scored on a 4-point Likert scale and are: “Not at all”=0, “Once”=1, “Twice”=2, “Three or more times”=3. Higher scores indicate more involvement in antisocial/offending behaviour.

4.2.4 Procedure

Participants were recruited through a combination of a classroom announcement and online snowballing recruitment using the University of Bedfordshire intranet and various social network sites (e.g. Facebook), which incorporated the link to the study. A full description of the procedure is detailed in the methodology chapter (chapter 3 pp. 65-66).

4.2.5 Analytic Strategy

The psychometric properties of each scale and subscale were examined in each sub-sample (males and females). Means and standard deviations were calculated and correlations between study variables were analysed in order to identify main effects between the emotion-type variables and ACE, psychological distress and antisocial/offending behaviour. T-tests were used to test for differences between genders. The moderating effects of emotion-type variables on the ACE and psychological distress to offending pathway were also examined using hierarchical regression analysis. Moderators are variables that change the strength or direction of the effect of an independent variable on a dependent variable (Wu & Zumbo, 2008).

Utilising the procedure recommended by Baron and Kenny (1986), the predictor variable and the potential moderator were entered simultaneously in Step 1 of each regression equation, and the interaction term (the product of these two variables) was entered in Step 2. If the interaction term introduced in Step 2 accounts for a significant proportion of the variance in the outcome variable, a moderation effect has been observed. Conversely, no significant variance in the outcome variable suggests that a significant relationship is a main effect (i.e. it is the effect of a predictor variable on the outcome variable, ignoring the effects of all other predictor variables). Although predictor variables are usually transformed by mean-centring prior to running regression analyses,

Grayson (2004) has cautioned that transformation can have the effect of changing the construct that is being measured. On the other hand, Field (2009, p. 741) has pointed out the utility of transformation when a value of zero for the predictor variable is not meaningful; hence the decision as to whether or not to mean-centre the predictor variables in the present study was predicated on whether or not a zero score was meaningful. For example, a score of zero on the ACE measure would have indicated an absence of negative events in childhood; since this was not only meaningful, but expected, the ACE scores were not transformed.

Mediation (or indirect) effects on the ACEs, psychological distress and antisocial/offending behaviour pathway were also examined. A long-established method of testing for mediation (or indirect) effects within the applied social science field has been to utilise the causal steps approach espoused by Baron and Kenny (1986). According to this approach, the predictor variable (e.g. ACEs) should be antecedent to the mediating variable, which should be antecedent to the outcome variable (e.g. psychological distress or AS/OB) and all three variables should be significantly correlated.

More recently it has been argued that following this procedure can impede theory development (Zhao, Lynch Jr., & Chen, 2010). Moreover, the causal procedure can preclude the identification of a variable that increases or decreases the strength of a relationship between a predictor and an outcome variable (Rucker, Preacher, Tormala & Petty, 2011). For example, a significant positive relationship between a predictor and an outcome variable might be reduced to insignificance by the effect of a variable (suppressor) that has a negative indirect effect on the relationship (Rucker et al., 2011). Given that further analysis of relationships that fail to reach significance would not be undertaken in this instance, there would be a failure to identify the intervening variable. Moreover, opposing indirect effects might cancel each other out and also disguise a total direct effect

(Hayes, 2009). Indeed previous research has provided evidence to support the view that significant total or direct effects are not a prerequisite for the existence of significant indirect effects (Rucker et al., 2011). Ferguson (2009) has asserted that it is as important to report effect size as it is to report significance because effect sizes are not usually affected by the size of a sample and may therefore reflect a more accurate picture. This may be particularly pertinent in situations where the sample size is small. Hence, the selection of potential mediators in this study was guided by theory and the results of previous research rather than by the causal steps procedure outlined by Baron and Kenny (1986).

The potential mediating, or indirect, effects were tested utilising the SPSS “Indirect” macro for multiple mediation (Preacher & Hayes, 2008), which incorporates bootstrapping. Utilising the Preacher and Hayes (2008) macro allows one to test multiple mediators simultaneously (the macro also accounts for collinearity between mediators) accounting for their unique effects on an outcome variable and also controlling for potential covariates. Experts in the field of statistics have identified bootstrapping as a robust and valid method for the examination of indirect effects (Hayes, 2009; MacKinnon, Lockwood, & Williams, 2004). Bootstrapping is a non-parametric approach (Preacher & Hayes, 2004) that uses random re-sampling with replacement within the original sample and is particularly useful when samples are small to moderate (for a more in-depth explanation, see Hayes & Preacher, 2010). A not inconsiderable advantage of the method is that violations of normality in sample distributions are not an issue (Hayes & Preacher, 2010). Indeed there is evidence to suggest that bootstrapping is often superior to parametric methods of analysis in relation to Type 1 errors and statistical power in situations where the sample size is small (MacKinnon et al. 2004). Bootstrapping results are reported in terms of a confidence interval (CI), which is the probability that a value will fall between an upper and a lower bound of a probability distribution. The default confidence level is usually

95%, although this can be altered to whatever level is required. A significant effect has been found if a lower and upper confidence interval (CI) reported in the output does not contain a zero (e.g. 0.0332 to 0.1430). Interpretation of the results in the current study used this criterion.

4.3 Results

4.3.1 Psychometric properties of scales and subscales

Given that the purpose of this study was to examine how various emotion-type factors may be involved in gender-specific pathways from multiple ACEs and mental health to antisocial and offending behaviour (AS/OB), analyses were conducted separately on the data for males and females. Cronbach's alphas of all scales and subscales were calculated, with the exception of the adverse childhood experience and antisocial and offending behaviour scales. Given the diverse nature of the items that comprised the scales (e.g. ACE items include physical abuse, neglect, incarceration of a family member etc.; AS/OB items include burglary, assault, using illegal drugs, shoplifting etc.) internal consistency was unlikely. Weaker alphas may indicate that the items in the scale are poorly correlated and thus are not measuring the same construct (Tavakol & Dennick, 2011). It has been argued that a Cronbach's alpha of .8 and above is good to excellent, alphas that are between .7 and .8 are acceptable, while those less than .7 may be questionable (Gliem & Gliem, 2003).

Analysis of the data from the male subsample identified several measures that had an unsatisfactory alpha of $\alpha < .70$ (the empathic concern and perspective-taking subscales of empathy, $\alpha = .65$ and $\alpha = .55$ respectively; the acceptance, rumination and positive reappraisal subscales of emotion regulation, $\alpha = .47$, $\alpha = .18$ and $\alpha = .57$ respectively; and the anger-in, $\alpha = .65$ and anger-out, $\alpha = -.01$ subscales). Item-total statistics indicated that item removal would not result in substantial improvements to any of the scales

or subscales (item total statistics can be seen in appendix 6). Furthermore the negative value of the anger-out subscale might suggest that some, if not all, of the items needed to be reverse-scored. Factor analyses (principal components, unrotated solutions, then direct oblimin rotated solutions for comparison) were conducted on all of the anger items and on each of the two empathy subscales (empathic concern and perspective-taking). Analysis of the anger items resulted in a 4-factor solution, the majority of items loading onto 1 factor. In the interests of parsimony, the 1-factor solution was utilised and items that had loaded poorly onto this factor were deleted (items 2–5 and 9), resulting in a scale of 6 items. The recalculation of Cronbach's alpha resulted in a more respectable $\alpha=.77$.

Factor analysis of each of the two empathy subscales resulted in 3-factor solutions for both. Given that the empathy scale has been reported to have satisfactory internal and test-retest reliabilities for both the uni-dimensional and multi-dimensional conceptualisations (Davis, 1980) a factor analysis of the total scale was deemed to be the next logical step. However, this analysis resulted in a highly unsatisfactory 9 factors, thus the two empathy subscales (perspective-taking and empathic concern) were excluded from further analysis. Factor analysis of the emotion regulation subscales (acceptance, rumination and positive reappraisal) was not feasible, since they each consist of just two items, so these subscales were also excluded from further analysis.

In the female subsample, most of the measures had a satisfactory or good Cronbach's alpha with the exception of 4 subscales (anger-in, $\alpha=.62$; anger-out, $\alpha=.32$; general just world beliefs, $\alpha=.58$ and the rumination subscale of emotion regulation, $\alpha=.69$). Again the item-total statistics indicated that item removal would not result in substantial improvements to any of the subscales. Factor analysis (principal components, unrotated, then direct oblimin rotated solutions for comparison) of all the anger items resulted in a 4-factor solution, the majority of items loading onto 1 factor.

Hence, the 1-factor solution was utilised and items that had loaded poorly onto this factor were deleted (items 3–5 and 9), resulting in a scale of seven items ($\alpha=.75$). The General Just World Belief subscale was also subjected to factor analysis. Since the resulting 1-factor solution indicated that the scale could not be adequately improved upon, it was excluded from further analysis. Factor analysis was not feasible for the rumination subscale, since it consisted of just two items, so this subscale was also excluded from further analysis. Reliability statistics for all scales and subscales (male and female) are shown together with the descriptive data in Table 1.

Table 1 Descriptive data and reliability statistics

| Males <i>n</i> = 32 | Range | | Means | | Standard Deviations | | Cronbach's α | |
|------------------------------------|---------|---------|-------|---------|---------------------|---------|---------------------|---------|
| | Males | Females | Males | Females | Males | Females | Males | Females |
| Females <i>n</i> = 121 | | | | | | | | |
| Adverse childhood experience | 0 - 9 | 0 - 9 | 2.34 | 2.84 | 2.12 | 2.31 | | |
| Dysfunctional attitude | 19 - 60 | 21 - 82 | 41.72 | 42.84 | 11.04 | 13.24 | .85 | .90 |
| General Just World Beliefs | 7 - 29 | - | 17.13 | - | 5.38 | - | .73 | .58 |
| Personal Just World Beliefs | 15 - 37 | 12 - 40 | 27.41 | 26.61 | 6.24 | 5.75 | .83 | .82 |
| Mastery | 7 - 23 | 7 - 25 | 14.09 | 14.32 | 3.95 | 3.49 | .85 | .76 |
| GHQ-12 | 0 - 32 | 2 - 36 | 13.06 | 13.52 | 8.47 | 7.57 | .93 | .92 |
| Posttraumatic Stress | 17 - 69 | 18 - 81 | 37.84 | 36.15 | 13.70 | 15.47 | .91 | .94 |
| Empathy - Fantasy | 12 - 35 | 11 - 35 | 24.22 | 24.42 | 5.00 | 5.72 | .73 | .79 |
| Empathy - Empathic Concern | - | 11 - 35 | - | 28.11 | - | 4.82 | .65 | .80 |
| Empathy - Perspective-taking | - | 14 - 35 | - | 25.88 | - | 4.66 | .55 | .76 |
| Empathy - Personal Distress | 7 - 30 | 7 - 32 | 17.06 | 19.36 | 5.70 | 5.19 | .82 | .78 |
| EI - Attention | 35 - 61 | 17 - 65 | 50.13 | 49.62 | 6.59 | 8.49 | .76 | .87 |
| EI - Clarity | 16 - 51 | 12 - 54 | 37.56 | 37.02 | 8.22 | 9.02 | .86 | .90 |
| EI - Repair | 9 - 28 | 6 - 30 | 20.00 | 20.82 | 5.81 | 5.13 | .86 | .81 |
| Anger | 8 - 27 | 8 - 32 | 19.12 | 21.69 | 4.70 | 4.96 | .77 | .75 |
| Emotion Reg - Self Blame | 2 - 10 | 2 - 10 | 5.28 | 5.37 | 2.49 | 2.53 | .93 | .92 |
| Emotion Reg - Acceptance | - | 4 - 10 | - | 8.32 | - | 1.72 | .47 | .85 |
| Emotion Reg - Rumination | - | - | - | - | - | - | .18 | .69 |
| Emotion Reg - Positive Refocus | 3 - 10 | 2 - 10 | 6.50 | 6.79 | 2.11 | 1.90 | .86 | .74 |
| Emotion Reg - Planning | 3 - 10 | 2 - 10 | 7.97 | 7.06 | 1.89 | 1.99 | .87 | .72 |
| Emotion Reg - Positive Reappraisal | - | 2 - 10 | - | 8.09 | - | 2.01 | .57 | .76 |
| Emotion Reg - Perspective | 3 - 10 | 2 - 10 | 7.28 | 7.41 | 1.78 | 2.19 | .81 | .74 |
| Emotion Reg - Catastrophising | 2 - 10 | 2 - 10 | 4.97 | 5.02 | 2.04 | 2.47 | .73 | .90 |
| Emotion Reg - Other Blame | 2 - 10 | 2 - 10 | 5.69 | 6.09 | 2.58 | 2.35 | .88 | .90 |
| Antisocial/Offending Behaviour | 0 - 19 | 0 - 25 | 6.47 | 5.32 | 4.52 | 4.89 | | |

- excluded from analysis due to low Cronbach's α

With the exception of the scales and subscales that were excluded from further analysis, inspection of the average scores suggested that they were similar for males and females. Most study variables exhibited a relatively high magnitude of standard deviations, indicating large variations among the sample. Means for ACE (males, $M=2.34$, $SD=2.12$; females, $M=2.84$, $SD=2.31$) and AS/OB (males, $M=6.47$, $SD=4.52$; females, $M=5.32$, $SD=4.89$) were extremely low, which might suggest that participants were generally law-abiding individuals without a history of negative childhood events, or that social desirability informed their responses. PTSD means were lower than the recommended cut-off point for diagnosis (males, $M=37.84$, $SD=13.70$; females, $M=36.15$, $SD=15.47$); while scores for the GHQ-12 were slightly higher (males, $M=13.06$, $SD=8.47$; females, $M=13.52$, $SD=7.57$). Specifically, the recommended cut-off score for the PCL-C is 44 (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996), while the suggested threshold for the GHQ-12 is 11 to 12 (Goldberg et al., 1997). In addition, the sampling distributions for these last four variables were positively skewed. In this type of situation, data is usually transformed; however, as mentioned earlier, Grayson (2004) has cautioned that transformation can have the effect of changing the construct being measured. Moreover, it has been argued that the sampling distribution in larger samples ($N>30$) tends to be normal (Field, 2009) indicating that the current study (males, $n=32$; females, $n=121$) may be sufficiently large to dispense with the need for transformation.

4.3.2 Gender differences

In order to test for significant gender differences, the mean scores for the variables that were included in the analyses for both groups were compared. With the exception of two variables (empathy-personal distress and emotion regulation-planning) there were no significant differences between males and females. On average, females reported significantly higher levels of personal distress ($M=19.36$, $SE=0.471$) than the male participants ($M=17.06$, $SE=1.007$) $t(151) = 2.179$, $p<.05$; however

according to the widely utilised criteria suggested by Cohen (1988; cited in Field, 2009) the effect was fairly small, $r=.17$. Cohen has suggested that $r=.10$ constitutes a small effect, $r=.30$ a medium effect and $r=.50$ a large effect. Additionally, female participants were significantly less likely to utilise a planning strategy to regulate their emotions ($M=7.06$, $SE=0.181$) than the males ($M=7.97$, $SE=0.334$) $t(151) = -2.323$, $p<.05$, although again this was not a large effect, $r=.19$.

4.3.3 Relationships between variables

One aim of the current study was to examine gender-specific pathways (direct and indirect) from multi-type ACE (hereafter termed ACEs) and psychological distress to AS/OB within an attachment framework. Thus, variables that had been excluded from analysis due to unsatisfactory reliability in one dataset were not necessarily excluded from analysis in the other dataset. Notwithstanding the excluded variables, many similarities were found between genders, particularly in terms of significant associations between emotion-type factors and psychological distress. Conversely, there were also some significant relationships between variables that were gender-specific, particularly in terms of the female data; however, these findings may have been an artefact of the difference in sample size (males, $n=32$; females $n=121$). Nonetheless, examination of the significant findings unique to the male group enabled some tentative conclusions to be drawn in this regard. The correlation matrices are shown separately and can be seen in Table 2 (males) and Table 3 (females).

Table 2 Correlations - male participants

| <i>n</i> = 32 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|--------------------------|--------|--------|-------|--------|-------|--------|----------|--------|--------|-------|---------|------|--------|--------|-------|-------|------|------|-----|-----|-----|---|
| 1. Age | 1 | | | | | | | | | | | | | | | | | | | | | |
| 2. SES | -.02 | 1 | | | | | | | | | | | | | | | | | | | | |
| 3. ACE | .12 | -.55** | 1 | | | | | | | | | | | | | | | | | | | |
| 4. Dys att | -.21 | -.05 | -.15 | 1 | | | | | | | | | | | | | | | | | | |
| 5. GJWB | -.03 | -.11 | -.21 | -.02 | 1 | | | | | | | | | | | | | | | | | |
| 6. PJWB | -.22 | .24 | -.20 | .22 | .38* | 1 | | | | | | | | | | | | | | | | |
| 7. Mastery | -.18 | -.07 | -.13 | .38* | -.17 | -.35* | 1 | | | | | | | | | | | | | | | |
| 8. GHQ-12 | -.02 | -.21 | .06 | .22 | -.29 | -.44** | .59*** | 1 | | | | | | | | | | | | | | |
| 9. PTSD | -.14 | -.11 | .06 | .29 | -.40* | -.29 | .53** | .83*** | 1 | | | | | | | | | | | | | |
| 10. Empathy Fantasy | -.44** | .24 | -.15 | .27 | -.18 | .07 | .42** | .10 | .17 | 1 | | | | | | | | | | | | |
| 11. Empathy Pers Dist | -.29 | .13 | -.17 | .43** | -.16 | -.09 | .57*** | .31* | .38* | .50** | 1 | | | | | | | | | | | |
| 12. EI Attention | .27 | -.02 | .02 | -.12 | -.36* | -.27 | .04 | .07 | .18 | .20 | -.03 | 1 | | | | | | | | | | |
| 13. EI Clarity | .31* | .02 | .10 | -.41* | .21 | .37* | -.072*** | -.41** | -.38* | -.36* | -.66*** | .14 | 1 | | | | | | | | | |
| 14. EI Repair | .24 | .18 | -.03 | -.54** | .20 | .27 | -.66*** | -.55** | -.46** | -.17 | -.62*** | .21 | .66*** | 1 | | | | | | | | |
| 15. Self Blame | .00 | .07 | -.15 | .07 | -.02 | .16 | .04 | .05 | .07 | .06 | -.09 | .13 | .16 | -.13 | 1 | | | | | | | |
| 16. Positive Refocus | -.09 | -.08 | -.16 | .05 | .40* | .20 | -.13 | -.38* | -.40* | .17 | -.09 | -.25 | -.04 | .18 | -.27 | 1 | | | | | | |
| 17. Planning | .13 | .32* | -.13 | -.28 | -.06 | .26 | -.34* | -.34* | -.16 | .07 | -.33* | .31* | .41* | .46** | .11 | -.09 | 1 | | | | | |
| 18. Perspective | .20 | .31* | -.06 | -.23 | .07 | .06 | -.11 | -.08 | .08 | .04 | .24 | .02 | .23 | .13 | -.14 | .16 | .16 | 1 | | | | |
| 19. Catastrophising | -.05 | .18 | -.36* | .04 | -.22 | -.23 | .43** | .54** | .46** | .14 | .41* | -.05 | -.52** | -.38* | .08 | -.33* | -.19 | -.03 | 1 | | | |
| 20. Other Blame | .13 | .05 | .08 | -.02 | -.28 | -.16 | -.15 | -.04 | .09 | -.13 | .03 | .18 | .07 | -.02 | -.35* | -.01 | -.01 | .26 | .13 | 1 | | |
| 21. Anger | -.09 | -.19 | .20 | .52** | -.26 | -.04 | .22 | .09 | .27 | .11 | .29 | -.07 | -.34* | -.54** | -.08 | -.22 | .08 | -.04 | .03 | .27 | 1 | |
| 22. Antisocial/offending | -.31* | -.12 | .11 | -.05 | -.07 | -.23 | .14 | .20 | .14 | -.02 | .18 | -.03 | -.28 | -.19 | -.21 | -.15 | -.24 | -.10 | .13 | .16 | .16 | 1 |

p* < .05, *p* < .01, ****p* < .001

Table 3 Correlations - female participants

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
|-------------------------|---------|---------|--------|---------|--------|---------|---------|---------|---------|--------|--------|--------|--------|---------|---------|---------|-------|-------|------|--------|---------|--------|-------|--------|---|
| <i>n</i> = 121 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Age | 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. SES | .04 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 3. ACE | .28** | -.33*** | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 4. Dys att | .05 | .01 | .28** | 1 | | | | | | | | | | | | | | | | | | | | | |
| 5. PJWB | -.03 | .35*** | -.28** | -.04 | 1 | | | | | | | | | | | | | | | | | | | | |
| 6. Mastery | -.08 | -.24** | .16* | .54*** | -.24** | 1 | | | | | | | | | | | | | | | | | | | |
| 7. GHQ-12 | -.04 | -.16* | .09 | .51*** | -.12 | .57*** | 1 | | | | | | | | | | | | | | | | | | |
| 8. PTSD | -.09 | -.18* | .33*** | .63*** | -.18* | .55*** | .59*** | 1 | | | | | | | | | | | | | | | | | |
| 9. Emp Persp Tak | .25** | .07 | -.01 | -.15 | .03 | -.18* | -.11 | -.10 | 1 | | | | | | | | | | | | | | | | |
| 10. Emp Fantasy | -.29** | .17 | -.17* | .01 | .05 | .04 | -.01 | .01 | -.07 | 1 | | | | | | | | | | | | | | | |
| 11. Emp Emp Conc | .11 | .07 | -.05 | .00 | .10 | .13 | .10 | .05 | .38*** | .36*** | 1 | | | | | | | | | | | | | | |
| 12. Emp Pers Dist | -.13 | .02 | -.08 | .32*** | .14 | .21* | .15 | .19* | -.04 | .10 | .10 | 1 | | | | | | | | | | | | | |
| 13. EI Attention | -.05 | .24** | -.20* | .24** | -.20* | .11 | -.19* | .08 | .50*** | .55*** | .01 | 1 | | | | | | | | | | | | | |
| 14. EI Clarity | .18* | .18* | -.22** | -.47*** | .19* | -.44*** | -.40*** | -.46*** | .29** | .10 | .16* | -.23** | .34*** | 1 | | | | | | | | | | | |
| 15. EI Repair | .05 | .08 | -.13 | -.42*** | .18* | -.42*** | -.49*** | -.40*** | .35*** | .10 | .16* | -.19* | .20* | .51*** | 1 | | | | | | | | | | |
| 16. Self Blame | -.14 | -.16* | .06 | .43*** | -.08 | .39*** | .37*** | .43*** | -.18* | -.05 | -.06 | .19* | -.23** | -.40*** | -.36*** | 1 | | | | | | | | | |
| 17. Acceptance | .07 | .02 | .11 | .06 | .09 | .03 | .04 | .08 | .07 | .24** | .14 | -.03 | .07 | -.08 | -.03 | -.06 | 1 | | | | | | | | |
| 18. Pos'v'e Refocus | -.08 | -.01 | .01 | -.17* | .01 | -.21** | -.34*** | -.21* | .01 | .15* | -.05 | .08 | -.04 | .24** | .54*** | -.15* | -.09 | 1 | | | | | | | |
| 19. Planning | .03 | -.12 | .11 | -.15 | -.01 | -.17* | .01 | -.04 | .01 | .00 | .04 | -.03 | .18* | .15 | .08 | .17* | -.06 | .00 | 1 | | | | | | |
| 20. Pos'v'e Reappraisal | .10 | -.07 | .02 | -.15* | -.09 | -.25** | -.19* | -.16* | .09 | .05 | -.06 | -.15* | .04 | .09 | .11 | -.06 | .22** | .04 | .19* | 1 | | | | | |
| 21. Perspective | .06 | .06 | -.05 | -.13 | .13 | -.28** | -.09 | -.21* | .14 | .15 | -.09 | -.19* | .06 | .12 | .13 | -.04 | .11 | .04 | .13 | .35*** | 1 | | | | |
| 22. Catastrophising | .15 | -.19* | .10 | .44*** | -.10 | .46*** | .40*** | .47*** | -.16* | -.08 | .11 | .36*** | -.14 | -.41*** | -.35*** | .24** | -.08 | -.20* | -.04 | -.25** | -.48*** | 1 | | | |
| 23. Other Blame | .10 | -.08 | .14 | -.02 | -.16* | .03 | .03 | -.01 | .12 | .17* | .17* | .09 | .19* | .04 | .16* | -.41*** | .00 | .17* | -.12 | -.08 | -.05 | .05 | 1 | | |
| 24. Anger | -.14 | -.08 | .11 | .43*** | -.11 | .32*** | .28** | .35*** | -.34*** | .04 | -.22** | .15* | -.07 | -.43*** | -.42*** | .35*** | -.08 | -.14 | -.03 | -.06 | -.08 | .36*** | .09 | 1 | |
| 25. Antisoc/offending | -.32*** | .03 | .10 | .19* | -.02 | .08 | .10 | .21* | -.23** | -.05 | -.18* | -.05 | .01 | -.22** | -.20* | .25** | -.08 | -.13 | .05 | .04 | -.02 | -.01 | -.19* | .36*** | 1 |

p* < .05, *p* < .01, ****p* < .001

4.3.3.1 ACEs, psychological distress and AS/OB

Examination of the key predictor and outcome variables (ACEs, psychological distress and AS/OB) revealed no significant relationships between ACEs and AS/OB or psychological distress and AS/OB for the male participants. Indeed, there were few significant findings in terms of ACEs and AS/OB for the male group, possibly due to the small size of the sample. However, females who reported more categories of ACEs also reported significantly higher levels of psychological distress in the form of PTSD symptoms ($r=.33$, $p<.001$); moreover, higher levels of PTSD were significantly associated with higher levels of AS/OB in this group ($r=.21$, $p<.05$). Although lower socio-economic status (SES) in childhood was significantly correlated with the experience of a higher number of categories of ACEs for both groups (males, $r=-.55$, $p<.01$; females, $r=-.33$, $p<.001$), the relationship between a lower SES and a higher level of psychological distress only reached significance in the female group (PTSD, $r=-.18$, $p<.05$; GHQ-12, $r=-.16$, $p<.05$). Conversely, AS/OB was less likely to be perpetrated by the more mature participants of both genders (males, $r=-.31$, $p<.05$; females, $r=-.32$, $p<.001$).

Male (but not female) participants who reported having experienced a higher number of categories of negative events in childhood (multi-type) were significantly less likely to catastrophise (emotion regulation) the events ($r=-.36$, $p<.05$). This was the only significant finding in terms of ACEs for the male participants. Conversely, several variables were significantly associated with ACEs in the female sample. Specifically, women who reported a history of more categories of ACEs tended to be older ($r=.28$, $p<.01$), less likely to believe in a personal just world (PJWB, $r=-.28$, $p<.01$) and also reported more dysfunctional attitudes ($r=.28$, $p<.01$), lower personal control over life events (mastery, $r=.16$, $p<.05$) and (as mentioned above) higher levels of PTSD symptoms ($r=.33$, $p<.001$), although relationships with the anxiety/depression measure (GHQ-12) failed to reach significance ($r=.09$, $p=.16$). These participants also tended

to pay less attention to, or clearly understand, their emotions ($r=-.20$, $p<.05$ and $r=-.22$, $p<.01$ respectively) and were less likely to report an ability to identify with fictional characters ($r=-.17$, $p<.05$) than women who reported a lower number of ACEs categories. These results suggest that, in this particular sample at least, maladaptive attachment representations (i.e. negative assumptions about the world and concomitant dysfunctional beliefs regarding one's ability to cope with adverse experience), together with low emotion management skills, might play a role in the route between negative events in childhood and psychological distress, particularly in the form of PTSD symptoms. These findings further highlight the potential importance of the role played by emotion management in the route from ACEs to female psychological distress and offer some limited support for the pathway that is proposed in the attachment framework (as shown in figure 4, p. 75).

Women who reported more dysfunctional attitudes ($r=.19$, $p<.05$), higher levels of anger ($r=.36$, $p<.001$) and (as mentioned above) posttraumatic stress symptoms ($r=.21$, $p<.05$) also reported the perpetration of more AS/OB. Similarly, females with deficits in an ability to clearly understand or repair emotions (EI-clarity, $r=-.22$, $p<.01$ and EI-repair, $r=-.20$, $p<.05$ respectively) and who were more likely to blame themselves ($r=.25$, $p<.01$) and less likely to blame others ($r=-.19$, $p<.05$) for events were also more likely to report higher levels of AS/OB. Hence, female participants who reported more AS/OB included individuals who reported more maladaptive attitudes and a greater degree of psychological distress (in the form of PTSD symptoms), higher levels of anger and deficits in aspects of empathy and emotion management.

4.3.3.2 Relationships with psychological distress

Perhaps unsurprisingly, given the reported levels of comorbidity between posttraumatic stress and other mental health disorders (Freeman, 2006), the two psychological distress factors (GHQ-12 and PTSD) were

significantly and positively correlated (males, $r=.83$, $p<.001$; females, $r=.59$, $p<.001$). Moreover, despite some gender-specific relationships, both factors were positively associated with several variables that assessed dysfunctional attitudes and the more maladaptive sub-factors of the empathy, emotion regulation and emotion management constructs in both the male and female samples. In addition, these psychological distress factors were negatively associated with several of the more adaptive aspects of emotion regulation and management. Specifically, positive relationships were found with the personal distress sub-factor of empathy, which assesses one's anxiety and uneasiness when confronted by others' negative experiences (GHQ males only, $r=.31$, $p<.05$; PTSD males, $r=.38$, $p<.05$ and PTSD females, $r=.19$, $p<.05$) and catastrophising (males GHQ, $r=.54$, $p<.01$ and PTSD, $r=.46$, $p<.01$; females GHQ, $r=.40$, $p<.001$ and PTSD, $r=.47$, $p<.001$), while negative relationships were found with EI clarity (males GHQ, $r=-.41$, $p<.01$ and PTSD, $r=-.38$, $p<.05$; females GHQ, $r=-.40$, $p<.001$ and PTSD, $r=-.46$, $p<.001$) and EI repair (males GHQ, $r=-.55$, $p<.01$ and PTSD, $r=-.46$, $p<.01$; females GHQ, $r=-.49$, $p<.001$ and PTSD, $r=-.40$, $p<.001$) and also with the emotion regulation sub-factor, positive refocus (males GHQ, $r=-.38$, $p<.05$ and PTSD, $r=-.40$, $p<.05$; females GHQ, $r=-.34$, $p<.001$ and PTSD, $r=-.21$, $p<.05$).

There were several findings that were gender-specific in terms of the psychological distress measures, although these should be considered in light of the small male sample. For the males, the GHQ-12 was negatively correlated with the planning element of emotion regulation ($r=-.34$, $p<.05$) and with personal beliefs in a just world ($r=-.44$, $p<.01$). Unique to the female participants were findings that both psychological distress factors were positively associated with the self-blame sub-factor of the emotion regulation scale (GHQ, $r=.37$, $p<.001$; PTSD, $r=.43$, $p<.001$) as well as with dysfunctional attitudes (GHQ, $r=.51$, $p<.001$; PTSD, $r=.63$, $p<.001$) and anger (GHQ, $r=.28$, $p<.01$; PTSD, $r=.35$, $p<.001$). In addition, women who paid less attention to their emotions and who were less likely to take

perspective also reported a higher level of PTSD ($r=-.19, p<.05$ and $r=-.21, p<.05$ respectively). Significant positive relationships were also found between psychological distress and the mastery measure, which assessed coping in terms of perceptions about one's lack of personal control over life events (males GHQ, $r=.59, p<.001$ and PTSD, $r=.53, p<.01$; females GHQ, $r=.57, p<.001$; PTSD, $r=.55, p<.001$).

4.3.3.3 Relationships with attachment representations

Participants who reported lower personal control were more likely to score higher on the dysfunctional attitude scale (males, $r=.38, p<.05$; females, $r=.54, p<.001$), the catastrophising subscale of emotion regulation (males, $r=.43, p<.01$; females, $r=.46, p<.001$) and the personal distress subscale of empathy (males, $r=.57, p<.001$; females, $r=.21, p<.05$). These individuals were also more likely to report lower levels of personal belief in a just world (males, $r=-.35, p<.05$; females, $r=-.24, p<.01$), a lower likelihood of emotion regulation in terms of making plans (males, $r=-.34, p<.05$; females, $r=-.17, p<.05$) and lower levels of EI clarity and repair (males, $r=-.72, p<.001$ and $r=-.66, p<.001$ respectively; females, $r=-.44, p<.001$ and $r=-.42, p<.001$ respectively). The clarity aspect of EI was also positively associated with personal just world beliefs (males, $r=.37, p<.05$; females, $r=.19, p<.05$). Thus, participants who reported a better understanding of their feelings were more likely to report a belief that they usually 'get what they deserve'. Participants who reported lower levels of EI also reported a greater level of anger (males clarity, $r=-.34, p<.05$ and repair, $r=-.54, p<.01$; females clarity, $r=-.43, p<.001$; repair, $r=-.42, p<.001$) and more dysfunctional attitudes (males clarity, $r=-.41, p<.05$ and repair, $r=-.54, p<.01$; females clarity, $r=-.47, p<.001$ and repair, $r=-.42, p<.001$ respectively). Dysfunctional attitudes were also positively correlated with anger (males, $r=.52, p<.01$; females, $r=.43, p<.001$) and personal distress (males, $r=.43, p<.01$; females, $r=.32, p<.001$). Hence, participants who reported more maladaptive attitudes also reported a higher level of personal distress; while those who reported a greater ability to understand

and modify negative feelings reported less anger and fewer maladaptive attitudes.

Unique gender differences were found in the relationships between emotion-type factors and the measures that assessed dysfunctional attitudes and beliefs, and personal control. Specifically, males who perceived a lower personal control over events (mastery) were more likely to endorse an ability to identify with a fictional character ($r=.42, p<.01$). Conversely, this relationship failed to reach significance in the female sample ($r=.03, p=.33$). However, female participants (but not males) who reported more dysfunctional attitudes and a lower perception of control over life events were more likely to blame themselves ($r=.43, p<.001$ and $r=.39, p<.001$ respectively) and less likely to pay attention to their feelings ($r=-.20, p<.05$ and $r=-.20, p<.05$ respectively) or to utilise a positive refocus emotion regulation strategy ($r=-.17, p<.05$ and $r=.21, p<.01$ respectively). Furthermore, women who perceived that they had less control over life events reported feeling more angry ($r=.32, p<.001$) and were also less likely to utilise the adaptive emotion regulation skill of perspective-taking ($r=-.28, p<.01$), while those higher on the dysfunctional attitude scale were more likely to catastrophise events ($r=.44, p<.001$). Additionally, for the female participants, more belief in a personal just world was linked to a lower likelihood of blaming others for events ($r=-.16, p<.05$) and to a greater ability to pay attention to, and to repair one's own feelings ($r=.24, p<.01$ and $r=.18, p<.05$ respectively). Conversely, women who reported more posttraumatic stress symptoms were less likely to believe that the world is a just place for them personally ($r=-.18, p<.05$). Women who reported higher levels of anger were also more likely to catastrophise ($r=.36, p<.001$) and blame themselves ($r=.35, p<.001$) for events, as well as having a tendency to report higher levels of personal distress ($r=.15, p<.05$). However, as mentioned earlier, these results may be due to the small size of the male sample.

4.3.3.4 Excluded variables

As mentioned earlier, variables that were excluded from analysis in one dataset due to low internal reliability were not excluded from both datasets. Clearly gender comparisons were not feasible for the excluded scales; nonetheless there were some noteworthy findings in terms of relationships between the excluded scales and psychological distress and offending. Specifically, males who reported higher levels of PTSD were less likely to believe in a generally just world ($r=-.40$, $p<.05$), which had been excluded from analysis in the female subsample. Unique to the female participants were significant negative relationships between psychological distress and the positive reappraisal sub-factor of emotion regulation (GHQ, $r=-.19$, $p<.05$; PTSD, $r=-.16$, $p<.05$), which had been excluded from the analysis for the males. Moreover, the two empathy subscales that had been excluded from the male analysis were significantly negatively associated with higher reported levels of female offending (empathic concern, $r=-.18$, $p<.05$ and empathic perspective, $r=-.23$, $p<.01$) and anger (empathic concern, $r=-.22$, $p<.01$ and empathic perspective, $r=-.34$, $p<.001$) by the female subsample.

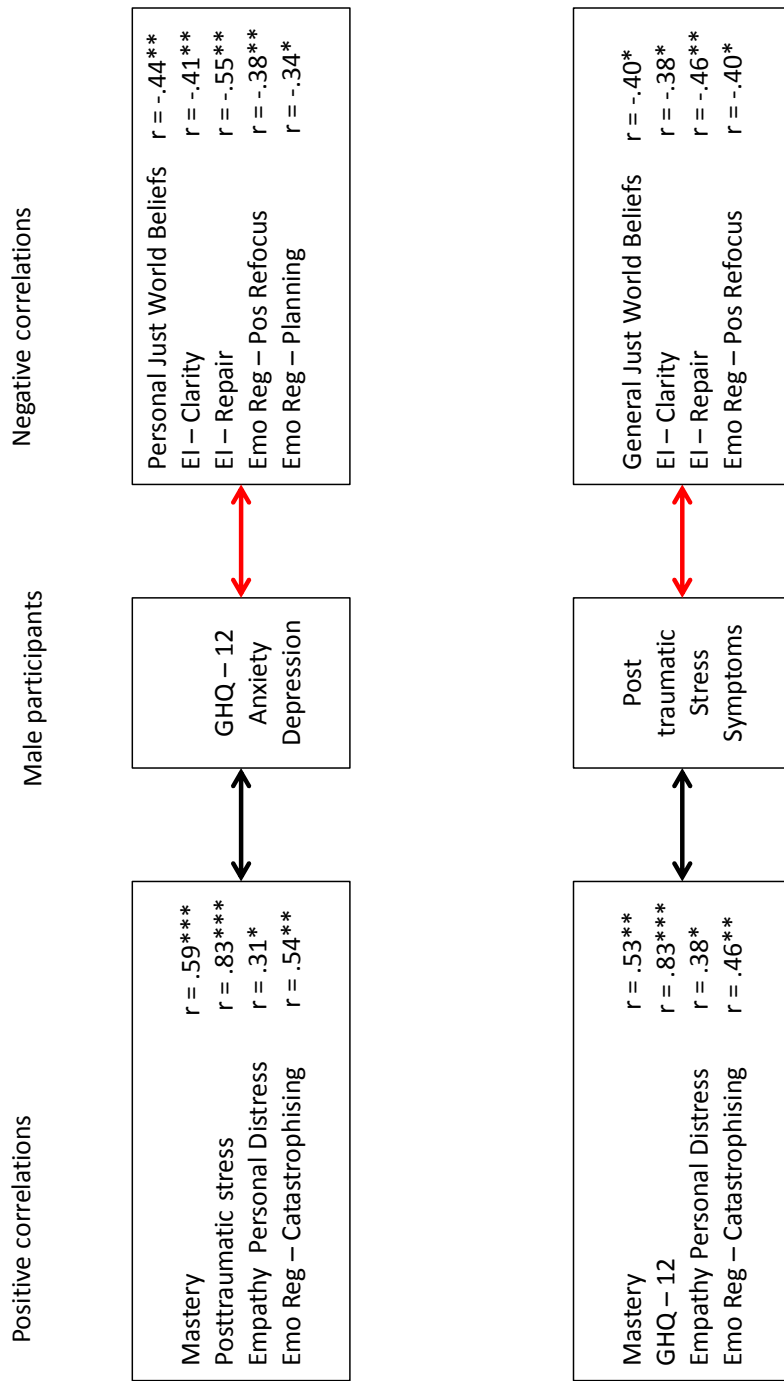
4.3.3.5 Emotion-type and demographic variables

Older participants were more likely to report an ability to clearly understand their feelings (males, $r=.31$, $p<.05$; females, $r=.18$, $p<.05$) and less likely to report an ability to identify with fictional characters (the fantasy subscale of empathy: males, $r=-.44$, $p<.01$; females, $r=-.29$, $p<.01$ respectively). As might be expected, for both the male and the female data, relationships between variables that had measured analogous components of emotion (i.e. adaptive with adaptive and maladaptive with maladaptive) tended to be positive, while relationships between factors that had assessed divergent components of emotion (i.e. adaptive with maladaptive) tended to be negative. However, given that the focus of the study was to examine the role that emotion-type factors may play in the

ACEs to psychological distress and offending pathway, relationships between emotion variables have not been elucidated upon further.

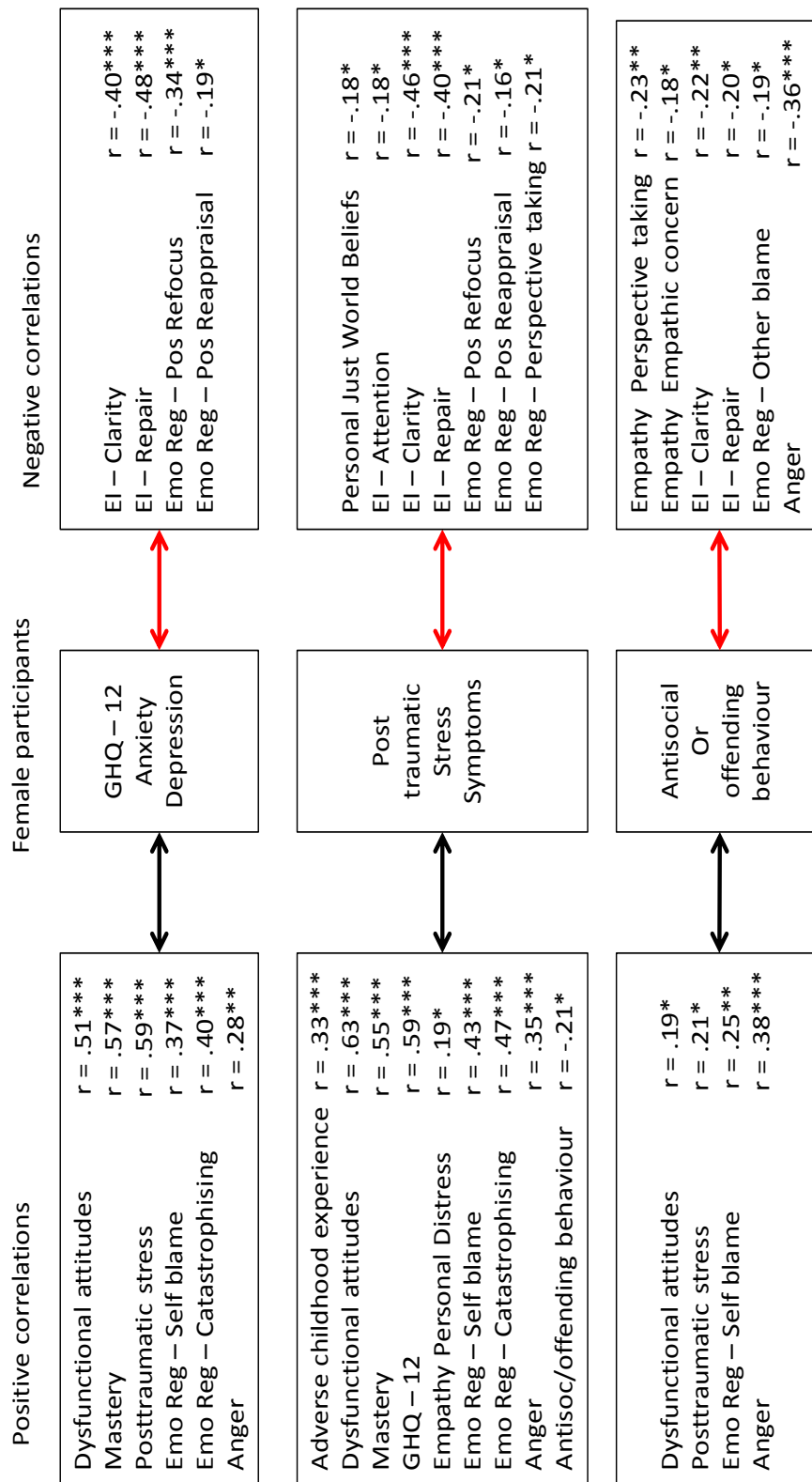
4.3.3.6 Summary of gender-specific correlations

As mentioned earlier, small to medium effect sizes are less likely to be detected in smaller samples (Whisman & McClelland, 2005), thus the size of the male subsample (relative to the female group) imposed some constraints upon the evaluation of gender-specific relationships between variables. However, examination of the significant findings unique to the male group enabled some tentative conclusions to be drawn in this regard. Males who had reported experiencing a greater number of categories of ACEs were significantly less likely to catastrophise the events; while a lower personal control over events (mastery) was significantly associated with the fantasy subscale of the empathy measure. Moreover, more anxious or depressed males (as assessed by the GHQ-12) reported higher levels of personal distress, less belief in a personal just world and a lower likelihood of utilising a planning strategy to cope with emotions. These findings suggest that there may be some direct relationships between variables within the attachment framework that are gender-specific. Relationships with outcome variables for males and females are illustrated in figures 6 and 7 respectively.



$p < .05^*$; $p < .01^{**}$; $p < .001^{***}$

Figure 6 Relationships with outcome variables - males



$p < .05^*$; $p < .01^{**}$; $p < .001^{***}$

Figure 7 Relationships with outcome variables - females

4.3.4 Moderation analyses for male and female samples

This study was exploratory and investigated gender-specific pathways in the route from ACEs to psychological distress and offending. Consequently, notwithstanding the risk that multiple moderation analyses might result in Type 1 errors, the potential moderating roles of several emotion-type and dysfunctional attitudes and belief variables on gender-specific pathways from ACEs to psychological distress (GHQ and PTSD) and to AS/OB were tested. Theory and previous research findings guided the selection of variables.

Given the contention that individuals with higher emotion management skills should be able to deal more effectively with ACEs (Hunt & Evans, 2004), the moderating effects of the EI sub-factors (attention, clarity and repair) on psychological distress (GHQ-12 and PTSD) and on the AS/OB measure were tested. In addition, low levels of EI have been associated with mental health problems in offending samples (Hayes & O'Reilly, 2013), thus the three factors of EI were also tested as moderators between psychological distress and AS/OB. Empathy was also included in moderation analyses since previous findings suggest that it moderates the relationship between ACEs and offending (Hunter et al., 2007). Moreover, high levels of empathy have been associated with lower levels of engagement in AS/OB (de Kemp et al., 2007; Jolliffe & Farrington, 2007); while low levels of empathy have predicted delinquency (Robinson et al., 2007). Although this rationale guided the selection of variables for moderation analysis, two of the empathy subscales (empathic concern and empathic perspective-taking) could not be tested on the male data as a consequence of low internal reliability. Potential models for the male subsample can be seen in figures 8 and 9; models for the female subsample are shown in figures 10 and 11.

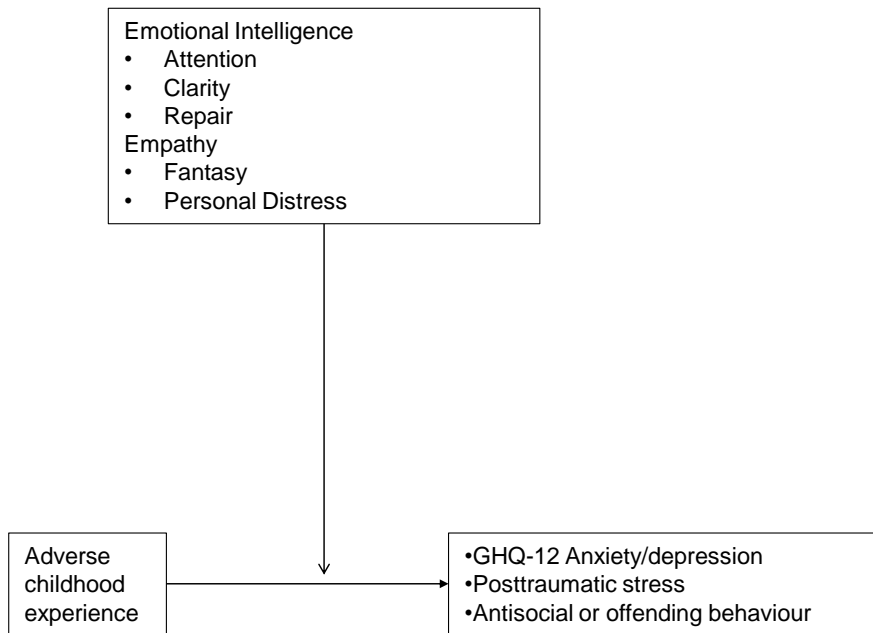


Figure 8 Potential moderators ACEs to negative outcomes - males

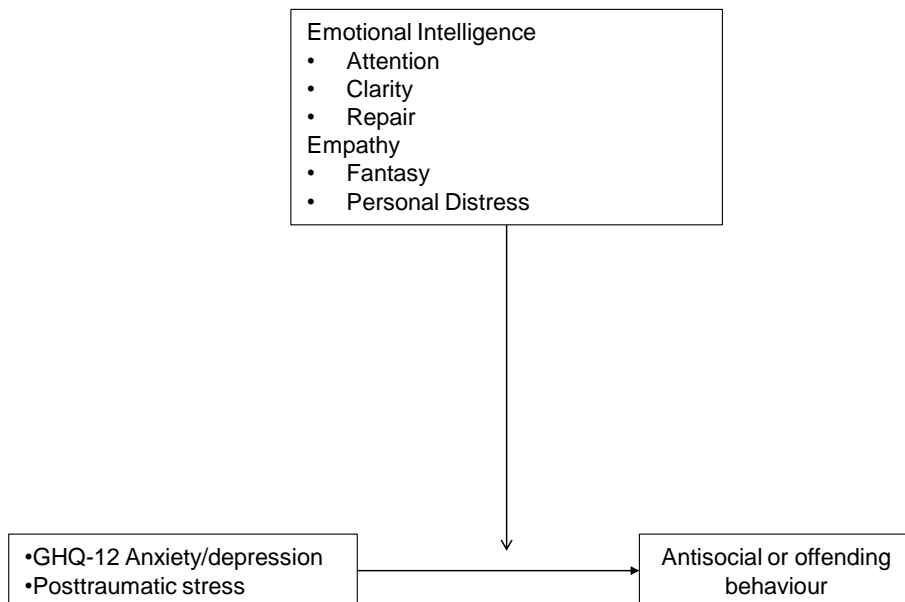


Figure 9 Potential moderators psychological distress to AS/OB - males

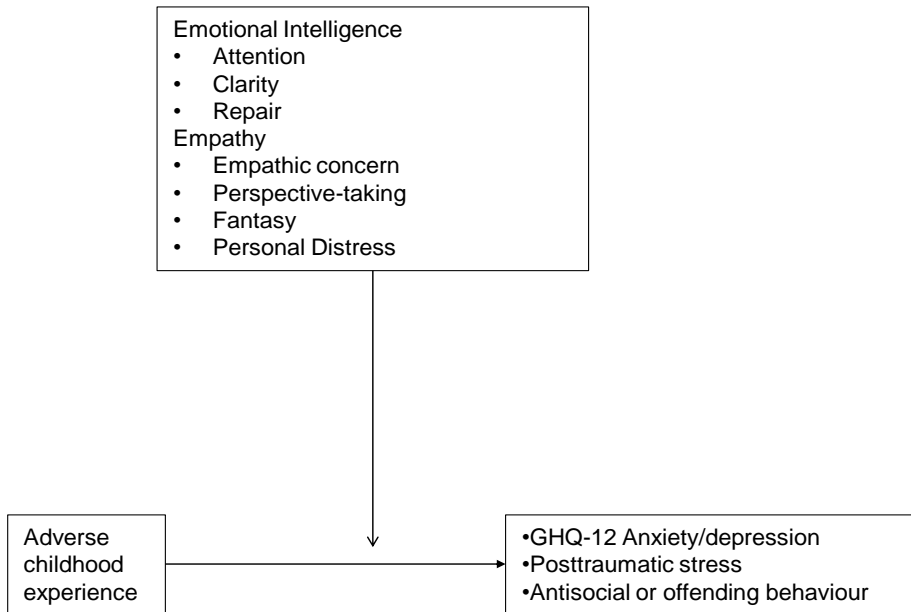


Figure 10 Potential moderators ACEs to negative outcomes - females

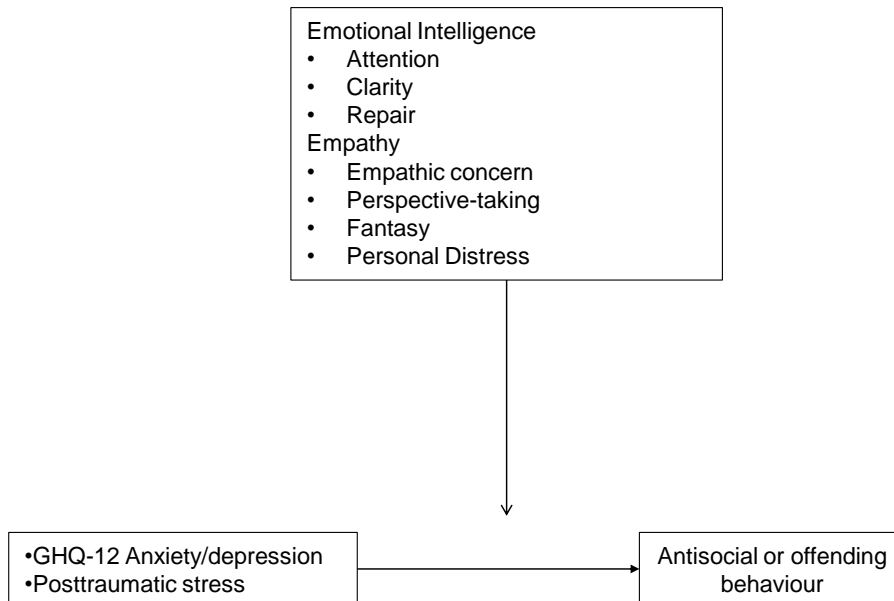


Figure 11 Potential moderators psychological distress to AS/OB - females

Perhaps as a consequence of the small sample size, no moderation effects were found for the male data. As mentioned earlier, it is unlikely that anything less than a large effect size would be detected in interaction analyses of data from small sample sizes (Whisman & McClelland, 2005).

Interestingly, although the main effect of the relationship between psychological distress (GHQ-12) and female offending was not significant, the situation changed with the addition of the moderator in step 2 of the equation. Specifically, together with the GHQ-12, EI-repair accounted for 4% of the variance in AS/OB, which was not significant, but the interaction term accounted for a significant 6% ($p < .01$). This finding may suggest that females who are better able to repair their moods had weaker relationships between distress and offending. The details of the moderation effect can be seen in Table 4.

Table 4 Moderated regression (GHQ-12 to AS/OB) – females

| Antisocial or offending behaviour | | |
|-----------------------------------|--------|----------------|
| Predictor | Beta | R^2 (change) |
| Step 1 | | |
| A. GHQ-12 | .00 | |
| B. EI-Repair | -.19 | (.04) |
| Step 2 | | |
| A X B | -.03** | (.06) |

* $p < .05$, ** $p < .01$

With this one exception, the significant relationships that were found were main, rather than indirect, effects in this particular sample.

4.3.5 Mediation analyses for male and female participants

The potential mediating, or indirect, effects of several variables on the pathway from ACEs to psychological distress, from ACEs to AS/OB and from psychological distress to AS/OB were tested utilising the SPSS

“Indirect” macro for multiple mediation (Preacher & Hayes, 2008), which incorporates bootstrapping (discussed in detail in the analytic strategy section, pp. 85-86).

A total of ten mediation models were tested (five each for males and females); ACEs to depression or anxiety (assessed by the GHQ-12), GHQ-12 to AS/OB, ACEs to PTSD, PTSD to AS/OB, and ACEs to AS/OB. Confidence was set at the default level of 95% and, as recommended by Preacher and Hayes (2008), 5,000 bootstrap samples were generated. The selection of variables for inclusion in the mediation analysis was guided by previous research and the attachment framework. As mentioned previously, one aim of this study was to explore gender-specific models rather than to compare identical models between genders; hence variables that had been excluded from analysis due to unsatisfactory reliability in one dataset were not necessarily excluded from analyses in both datasets if theory and previous research indicated that inclusion was warranted. For example, previous findings have indicated that empathy may play an important role in offending behaviour (e.g. Jolliffe & Farrington, 2007; Robinson et al., 2007). Consequently, the two empathy subscales (empathic concern and perspective-taking) that had been excluded from analyses for the male dataset were included in the analyses for the female subsample. Inclusion of these two subscales was deemed prudent in light of recommendations for their use in empathy research with offending populations (Lauterbach & Hosser, 2007). Similarly, the General Just World Scale was included in analysis of the male data where relevant.

Previous studies have linked ACEs with impoverished mastery and coping (McGuire & Guppy, 2003); while maladaptive attachment representations have been associated with posttraumatic stress disorder (Stovall-McClough & Cloitre, 2006). Moreover, dysfunctional attitudes (or maladaptive attachment representations) have not only been linked to

depression and anxiety, but have also been found to mediate the relationship between insecure attachment and symptoms of depression (Hankin et al., 2005). As mentioned previously, outcomes of ACEs may depend on how an individual deals with these events (Davidson et al., 2010). If higher emotion management skills can equip individuals with the resources to cope with stressful experiences such as ACEs (Hunt & Evans, 2004) then low emotion management skills may mediate the relationship between ACEs and psychological distress. Alternatively, high emotion management may suppress the effect of ACEs on psychological distress. For example, individuals with low levels of EI have been found to exhibit fewer trauma related symptoms than those with high levels of EI (Hunt & Evans, 2004).

In addition, psychological distress and anger are regularly exhibited by individuals who have experienced ACEs (e.g. Maschi et al., 2008; Swan et al., 2005). Hence, dysfunctional attitudes, just world beliefs, mastery, the emotional intelligence sub-factors, and anger were included in the analyses that examined pathways between ACEs and psychological distress. Furthermore, given the high correlation between the two psychological distress factors, GHQ was entered as a covariate in the ACEs to PTSD analysis and vice versa. In addition, it was deemed prudent to control for age and SES given the significant correlations that were found between age and ACEs, and SES and both ACEs and PTSD in the female subsample. Potential mediation models for the pathways between ACEs and psychological distress are shown in figure 12.

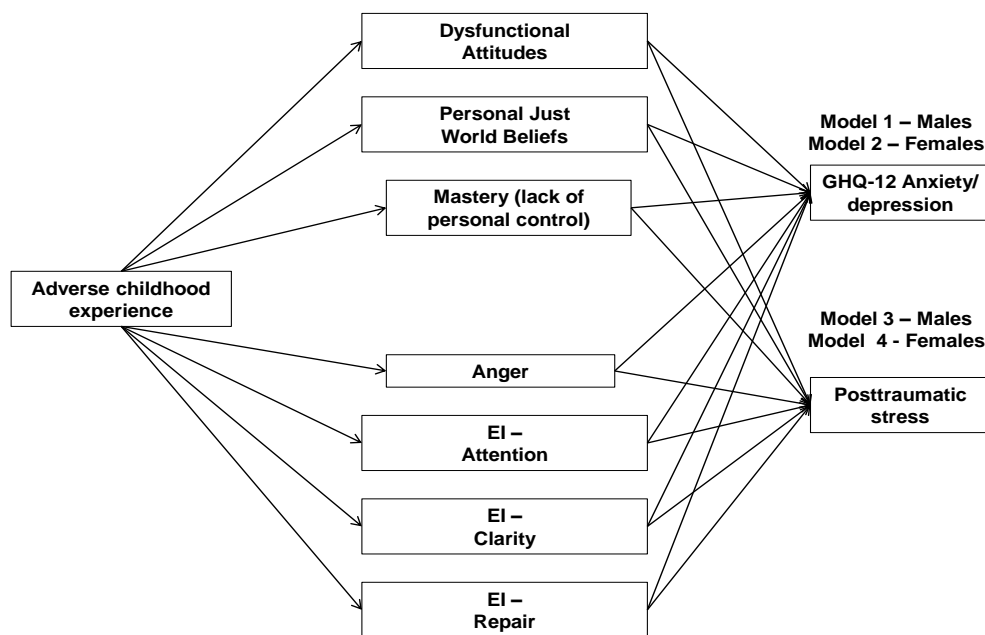


Figure 12 Potential mediators between ACEs and psychological distress

Age and SES (entered as covariates) had no effect on the dependent variable in any of the models (GHQ-12 and PTSD), so the analyses were run again excluding these factors. Controlling for PTSD, no significant indirect effects of the potential mediating variables were found on the relationship between ACEs and the GHQ-12 measure (model 1) in the male subsample. Similarly, when controlling for the GHQ-12, both the full model and indirect effects for ACEs to PTSD (model 3) failed to reach significance. Although anger (potential mediator) had a significant positive effect on GHQ (outcome) in model 1 (β -.53, SE.23, p <.05), there were no significant findings in model 3. Neither model could account for indirect pathways between ACEs and psychological distress in this particular population.

A different picture emerged from the analyses of the female data. Although no indirect effects were found in the ACEs to GHQ-12 model (model 2) there were several significant direct effects; however, unlike the male data,

the effect of anger did not reach significance. There was a significant negative effect of the independent variable (ACEs) on personal beliefs in a just world (β -.62, SE.23, p <.01); while mastery had a positive effect (β .54, SE .19, p <.01), and the repair aspect of EI had a negative effect (β -.36, SE .12 p <.01) on the outcome variable (GHQ-12). Given that the effect of anger on anxiety and depression was unique to the male sample, these findings add further support to the view that ACEs to anxiety or depression (as assessed by the GHQ-12) are gender-specific. In addition to an indirect effect, analysis of the ACEs to PTSD model (model 4) also revealed several direct effects; from ACEs (IV) to four mediators and from one mediator to PTSD (DV). Specifically, ACEs had a significant positive effect on dysfunctional attitudes (β 1.34, SE .44, p <.01), and a negative effect on personal beliefs in a just world (β -.69, SE .33, p <.05), and the attention (β -.69, SE .33, p <.05) and clarity aspects of EI (β -.72, SE .32, p <.05); while dysfunctional attitudes had a significant positive effect on PTSD (β .35, SE .10, p <.01). Indirect effects are shown in Table 5.

Table 5 Mediation of the effect of ACEs on PTSD – females

| | Bootstrapping products of coefficients | | Bootstrapping BCa 95% CI | |
|--------------------------------|--|--------------|--------------------------|---------------|
| | Point estimate | SE | Lower | Upper |
| Indirect effects | | | | |
| Dysfunctional Attitude | .4626 | .2287 | .1341 | 1.1194 |
| PersJust World Beliefs | .0524 | .1441 | -.1829 | .3766 |
| Mastery | .1171 | .1190 | -.0284 | .4295 |
| EI-Attention | .0170 | .0974 | -.1619 | .2425 |
| EI-Clarity | .0929 | .1835 | -.1130 | .4567 |
| EI-Repair | -.0159 | .0728 | -.1930 | .0837 |
| Anger | .0215 | .1177 | -.1286 | .2823 |
| Total Indirect | .7780 | .3047 | .2113 | 1.4209 |
| Contrasts | | | | |
| Dys Att vs PJWB | .4127 | .2457 | .0313 | 1.0715 |
| Dys Att vs EI-Attention | .4571 | .2638 | .0481 | 1.1512 |
| Dys Att vs EI-Repair | .4803 | .2308 | .1422 | 1.1276 |
| Dys Att vs Anger | .4397 | .2665 | .0602 | 1.2146 |

Significant effects as determined by the CIs that do not contain a zero are shown in boldface-type.

The total and direct effects of ACEs on posttraumatic stress were significant (β 1.85, SE .47, $p < .001$, and β 1.11, SE .47, $p < .05$ respectively). As can be seen in table 5, with a 95% bias corrected and accelerated bootstrap CI [.2113 to 1.4209], the difference between the total and direct effects of ACEs on PTSD was different from zero, which indicated that there was an indirect effect through the seven potential mediators. Examination of the specific indirect effects shown in the table

indicates that dysfunctional attitude is the only unique contributor to the indirect effect at a 95% CI [.1431 to 1.2737] when controlling for the other mediators. Moreover, the unique indirect effect through dysfunctional attitudes was greater than the unique indirect effects through personal just world beliefs, anger, and the attention and repair subscales of EI. Thus, ACEs exerted an effect on posttraumatic stress predominantly through dysfunctional attitudes.

Selection of variables for the ACEs to AS/OB and the psychological distress to AS/OB models was also predicated on previous research. Anger has been identified as a predictor of AS/OB and also as an outcome of ACEs via the influence of PTSD (Swan et al., 2005) while associations have been found between delinquency or offending behaviour and psychological distress (Keenan et al., 2010; Lynam et al., 2009). Moreover, low levels of empathy have predicted both delinquency (Robinson et al., 2007) and recidivism (Mulder et al., 2010). In addition, higher levels of delinquency and mental ill-health have been associated with lower levels of EI (e.g. Siu, 2009), thus the mediating effects of anger, psychological distress and the emotional intelligence and empathy sub-factors were assessed in the ACEs to AS/OB models. Anger, EI and empathy were assessed as potential mediators in the psychological distress to AS/OB models. In all these analyses age, SES, and the psychological distress variables were entered as covariates where appropriate due to the significant correlations that were found with one or more of the predictor or outcome variables (ACEs, PTSD or AS/OB).

Initial analyses revealed no significant effects of SES or either of the psychological distress factors on the dependent variables so analyses were run again controlling for age alone. The proposed mediating models for ACEs to AS/OB are illustrated in figure 13 for males (model 5) and figure 14 (model 6) for females. The psychological distress to AS/OB

models are shown in figures 15 and 16 for males (models 7 and 8) and females (models 9 and 10) respectively.

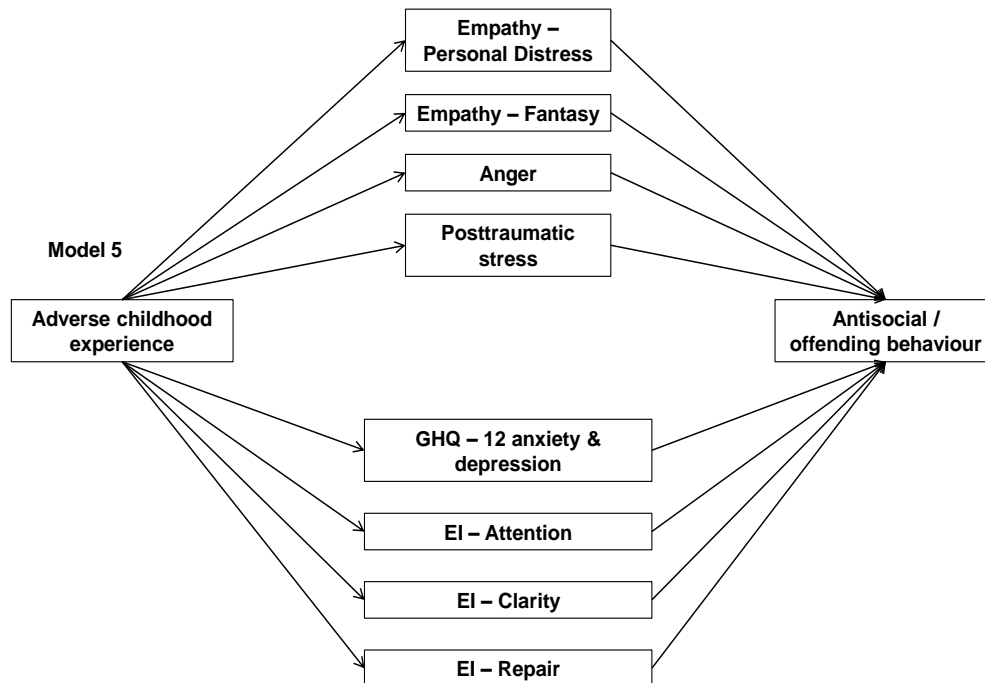


Figure 13 Potential mediators between ACEs and AS/OB - males

For the male subsample, although the fantasy aspect of empathy had a significant negative effect on AS/OB (β -.46, SE .22, p <.05), echoing previous findings with an offending population (Lauterbach & Hosser, 2007), the confidence intervals reported in the output for model 5 all contained a zero, which indicated that there were no significant indirect effects. Thus, there was no support for the mediating role of any of the selected variables for the male participants in the ACEs to AS/OB model. It should also be noted that Lauterbach and Hosser (2007) suggested that the fantasy and personal distress subscales of the IRI (Davis, 1980) require further investigation in offending samples and have urged caution in terms of interpretation of results.

The ACEs to AS/OB model for the female participants is shown in figure 14.

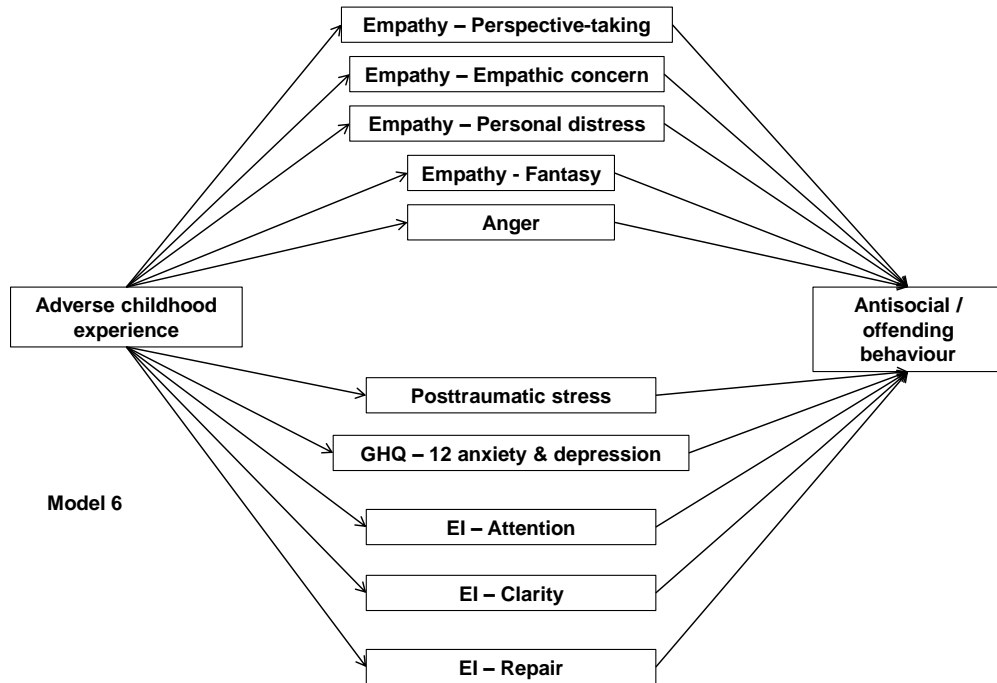


Figure 14 Potential mediators between ACEs and AS/OB - females

Unlike the results of the ACEs to AS/OB model for the male subsample, a significant indirect effect was found in model 6, as well as several significant direct effects. Specifically, there were significant negative effects of ACEs on the attention (β -.72, SE .35, $p < .05$) and clarity (β - 1.15, SE .35, $p < .01$) aspects of EI, and a positive effect of ACEs on PTSD (β 2.56, SE .60, $p < .001$); while anger had a positive effect on AS/OB (β .22, SE .10, $p < .05$). In addition, the significant total effect of ACEs on AS/OB (β .45, SE .19, $p < .05$) became insignificant once the mediating variables were taken into account (β .28, SE .20, $p = .17$). The results for indirect effects in this model can be seen in Table 6.

Table 6 Mediation of the effect of ACEs on AS/OB – females

| | Bootstrapping products of coefficients | | Bootstrapping BCa 95% CI | |
|------------------------------|--|--------------|--------------------------|---------------|
| | Point estimate | SE | Lower | Upper |
| Indirect effects | | | | |
| Empathy – Perspective-taking | -.0052 | .0361 | -.1336 | .0390 |
| Empathy – Fantasy | -.0193 | .0351 | -.1341 | .0213 |
| Empathy – Empathic concern | .0319 | .0628 | -.0144 | .2939 |
| Empathy – Personal distress | .0126 | .0373 | -.0465 | .1165 |
| EI-Attention | -.0556 | .0568 | -.2285 | .0150 |
| EI-Clarity | .0223 | .0913 | -.1670 | .2098 |
| EI-Repair | .0282 | .0635 | -.0737 | .1936 |
| Anger | .0791 | .0640 | .0016 | .2893 |
| Anxiety/depression (GHQ-12) | -.0097 | .0396 | -.1667 | .0369 |
| Posttraumatic stress | .0807 | .1065 | -.1034 | .3379 |
| Total Indirect | .1651 | .1425 | -.0825 | .4886 |
| Contrasts | | | | |
| Fantasy vs Anger | -.0985 | .0722 | -.3114 | -.0031 |
| EI-Attention vs Anger | -.1347 | .0846 | -.3684 | -.0196 |

Significant effects as determined by the CIs that do not contain a zero are shown in boldface-type.

As can be seen in table 6, with a 95% bias corrected and accelerated bootstrap CI [-.0825 to .4886], the difference between the total and direct effects of ACEs on AS/OB was not significant. Nonetheless, examination of the specific indirect effects shown in the table indicates that anger was a unique contributor to an indirect effect at a 95% CI [.0016 to .2893] when controlling for the other mediators; none of the other variables contribute

to the effect above and beyond anger. Moreover, the unique indirect effect through anger was greater than the unique indirect effects through the fantasy subscale of empathy and the attention subscale of EI. Thus, ACEs exerted an effect on AS/OB predominantly through anger. Given that these results do not include an effect of ACEs on the fantasy aspect of empathy, which was found in the analysis of the male data, these results also add support to the view that pathways from ACEs to offending may be gender-specific.

Models 7 and 8 examined the mediating role of the empathy, EI and anger measures on the pathway between the GHQ-12 and PTSD factors on male AS/OB. These models can be seen in figure 15.

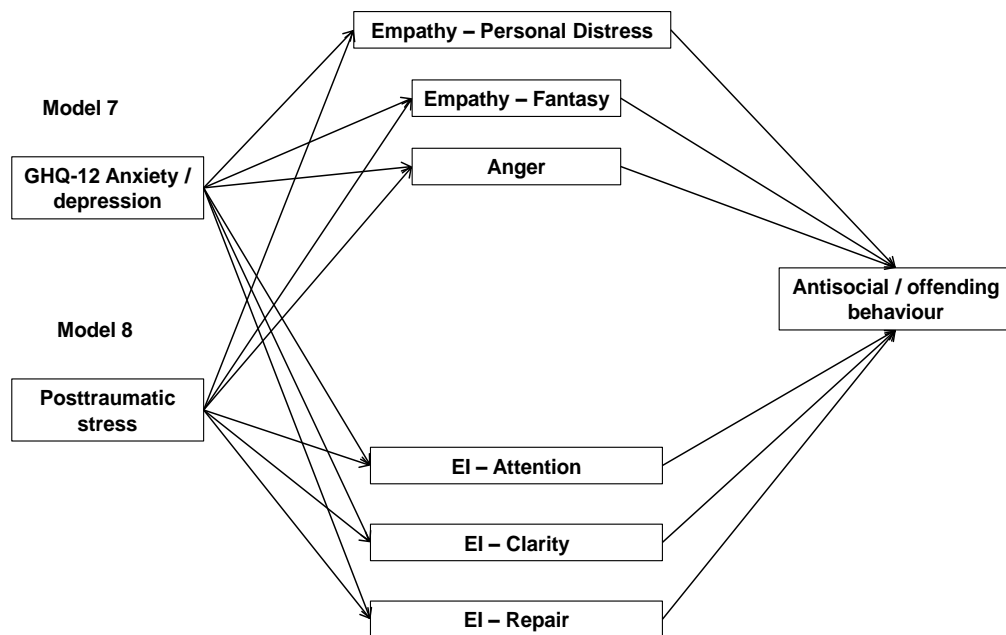


Figure 15 Potential mediators between psychological distress and AS/OB – males

The psychological distress variables (entered as covariates) had no effect on the dependent variable (AS/OB) in either model, so the analyses were run again including age as the only covariate. No significant indirect

effects were found in models 7 or 8, which examined the pathways between psychological distress (as assessed by the GHQ-12 and PTSD measures respectively) and male AS/OB. However, there were some significant direct effects. In model 7, depression/anxiety had a negative effect on the clarity (β -.40, SE .15, $p < .05$) and repair aspects of EI (β -.38, SE .10, $p < .001$). Similarly, in model 8, PTSD had a negative effect on the two aspects of EI (clarity, β -.21, SE .10, $p < .05$ and repair, β -.18, SE .07, $p < .05$). Thus psychological distress was clearly associated with lower levels of EI in this group. There was also a significant positive effect of PTSD on the personal distress aspect of empathy (β .14, SE .07, $p < .05$).

Potential mediating models (models 9 and 10) for pathways from psychological distress (GHQ-12 and PTSD) to female AS/OB can be seen in figure 16. Again, the psychological distress variables had no effect as covariates on the outcome variable, so they were excluded from the analyses.

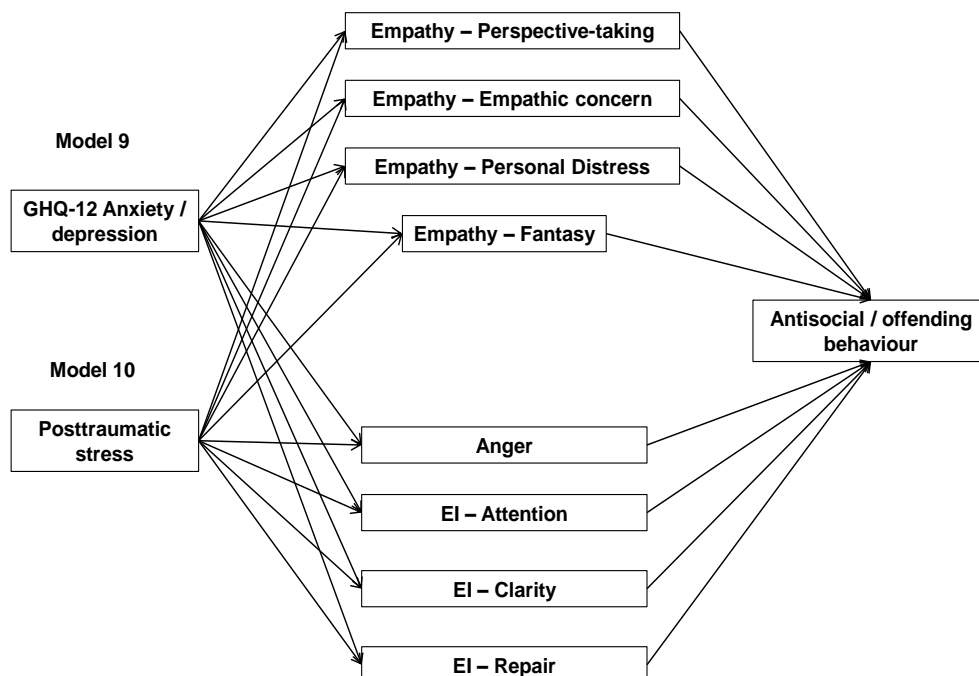


Figure 16 Potential mediators between psychological distress and AS/OB - females

The findings from the bootstrapping analysis for model 9, which tested for the mediation effects of empathy, EI, and anger on the relationship between anxiety and depression (GHQ-12) and AS/OB, resulted in several significant findings. Anxiety and depression had a negative effect on the clarity (β $-.47$, SE $.10$, $p < .001$) and repair (β $-.33$, SE $.05$, $p < .001$) aspects of EI, and a positive effect on anger (β $.18$, SE $.06$, $p < .01$); while anger had a positive effect on AS/OB (β $.25$, SE $.10$, $p < .05$). The total and direct effects of the GHQ-12 on AS/OB failed to reach significance, but there were significant indirect effects and these are shown in Table 7.

Table 7 Mediation of the effect of GHQ-12 on AS/OB – females

| | Bootstrapping products of coefficients | | Bootstrapping BCa 95% CI | |
|------------------------------------|--|--------------|--------------------------|---------------|
| | Point estimate | SE | Lower | Upper |
| Indirect effects | | | | |
| Empathy – Persp-taking | -.0018 | .0122 | -.0420 | .0140 |
| Empathy – Fantasy | -.0015 | .0086 | -.0294 | .0113 |
| Empathy – Empathic concern | -.0109 | .0176 | -.0856 | .0061 |
| Empathy – Personal distress | -.0143 | .0138 | -.0561 | .0024 |
| EI-Attention | -.0069 | .0103 | -.0396 | .0060 |
| EI-Clarity | .0215 | .0348 | -.0402 | .0991 |
| EI-Repair | .0279 | .0501 | -.0848 | .1175 |
| Anger | .0439 | .0259 | .0089 | .1278 |
| Total Indirect | .0578 | .0649 | -.0672 | .1879 |
| Contrasts | | | | |
| Perspective-taking vs Anger | -.0457 | .0316 | -.1496 | -.0056 |
| Fantasy vs Anger | -.0454 | .0262 | -.1262 | -.0091 |
| Empathic concern vs Anger | -.0548 | .0333 | -.1648 | -.0109 |
| Personal distress vs Anger | -.0581 | .0286 | -.1388 | -.0162 |
| EI-Attention vs Anger | -.0508 | .0272 | -.1362 | -.0133 |

Significant effects as determined by the CIs that do not contain a zero are shown in boldface-type.

As mentioned, the total and direct effects of anxiety and depression on AS/OB failed to reach significance, but examination of the specific indirect effects shown in the table indicates that anger was a unique contributor to

an indirect effect at a 95% bias corrected and accelerated CI of [.0089 to .1278] when controlling for the other mediators; none of the other variables contribute to the effect above and beyond anger. Moreover, the unique indirect effect through anger was greater than the unique indirect effects through all the empathy subscales (perspective-taking, fantasy, empathic concern and personal distress) and the attention subscale of EI. Thus, anxiety and depression exerted an effect on AS/OB predominantly through anger.

There were also several significant effects, both direct and indirect, in the findings for model 10. This model examined the mediation effects of emotion-type variables on the relationship between PTSD and female AS/OB. Posttraumatic stress had a significant positive effect on the personal distress sub-factor of empathy (β .06, SE .03, $p < .05$) and anger (β .11, SE .03, $p < .001$), and a significant negative effect on the three EI subscales: attention (β -.11, SE .05, $p < .05$), clarity (β -.26, SE .05, $p < .001$) and repair (β -.13, SE .03, $p < .001$). Anger had a significant positive effect on AS/OB (β .22, SE .10, $p < .05$). Moreover, the total effect of PTSD on AS/OB was significant (β .06, SE .03, $p < .05$); however, this became insignificant once the mediators were taken into account (β .04, SE .03, $p = .21$). Thus, anger was a significant mediator between PTSD and female offending. The results are shown in Table 8.

Table 8 Mediation of the effect of PTSD on AS/OB – females

| | Bootstrapping products of coefficients | | Bootstrapping BCa 95% CI | |
|------------------------------------|--|--------------|--------------------------|---------------|
| | Point estimate | SE | Lower | Upper |
| Indirect effects | | | | |
| Empathy – Persp-taking | -.0006 | .0051 | -.0194 | .0058 |
| Empathy – Fantasy | -.0005 | .0043 | -.0143 | .0049 |
| Empathy – Empathic concern | -.0035 | .0067 | -.0267 | .0039 |
| Empathy – Personal distress | -.0091 | .0075 | -.0318 | .0002 |
| EI-Attention | -.0079 | .0078 | -.0325 | .0020 |
| EI-Clarity | .0076 | .0205 | -.0304 | .0529 |
| EI-Repair | .0078 | .0189 | -.0341 | .0420 |
| Anger | .0239 | .0153 | .0026 | .0657 |
| Total Indirect | .0178 | .0272 | -.0350 | .0702 |
| Contrasts | | | | |
| Perspective-taking vs Anger | -.0244 | .0171 | -.0750 | -.0014 |
| Fantasy vs Anger | -.0244 | .0160 | -.0669 | -.0009 |
| Empathic concern vs Anger | -.0274 | .0166 | -.0754 | -.0038 |
| Personal distress vs Anger | -.0329 | .0169 | -.0788 | -.0089 |
| EI-Attention vs Anger | -.0317 | .0169 | -.0786 | -.0082 |

Significant effects as determined by the CIs that do not contain a zero are shown in boldface-type.

Examination of the specific indirect effects shown in the table indicates that anger has a unique indirect effect on the relationship between PTSD and female offending at a 95% bias corrected and accelerated CI of [.0026 to .0657]. Moreover, the unique indirect effect through anger was greater

than the unique indirect effects through the subscales of empathy and EI. Thus, PTSD exerted an effect on AS/OB in the female group predominantly through anger.

4.4 Discussion

Uniquely, this study examined inter-relationships between multi-type ACEs, EI, empathy, emotion regulation, dysfunctional attitudes and beliefs, psychological distress, anger and AS/OB from within an attachment framework. It has provided initial insight into the nature of the link between multiple ACEs, psychological distress, and delinquency, and the factors that may be involved. The results of the study have built on previous research and made a contribution to knowledge regarding gender-specific routes from multi-type ACEs to psychological distress and antisocial or offending behaviour. In addition, the research has provided preliminary findings with regard to the utility of an attachment framework as a mechanism for investigations into pathways from ACEs to psychological distress and female antisocial or offending behaviour.

Despite the many similarities between genders in terms of relationships between the variables that were examined, there were also findings that were unique to the male subsample. Specifically, males who reported a higher number of ACEs also reported lower levels of catastrophising. Moreover, in the results of the mediation analyses; the direct positive effect of (male) anger on the GHQ-12 in model 1, and the negative effect of empathy-fantasy on male AS/OB in model 5 were not replicated in the female models (2 and 6). These results are consistent with the feminist pathways approach, which emphasises unique gendered trajectories to crime (Belknap & Holsinger, 2006). On the other hand, it must be acknowledged that the findings in this study do not provide evidence for the overarching feminist theoretical perspective regarding female trajectories into offending. As mentioned in the introduction, in contrast to the gender-neutral pathways espoused in traditional criminological

theories, female perpetrated crime is purported by feminist pathway theorists to be a product of sociological factors (e.g. economic marginalization) that contribute to women's oppression as a means of social control within male-dominated societies (Chesney-Lind & Morash, 2013). Nonetheless, the study has provided some further (albeit limited) evidence to support the view that the route from ACEs to psychological distress and AS/OB is gender-specific (Belknap & Holsinger, 2006). However, these results should be treated with caution given the small (male) sample size and the low levels of ACEs, psychological distress and AS/OB that were reported.

With respect to the female data, the findings have lent some support to the view that exposure to ACEs may lead to an increased risk for negative outcomes such as poor mental health (Afifi et al., 2008; Arata et al., 2007; Moore et al., 2013). Such an outcome has tended to be examined either in terms of the effects of abuse (physical, sexual, or both) or ACE has been measured as a dichotomous variable (e.g. Nickerson et al., 2013; Scott et al., 2012; Young et al., 2007). Moreover, the results support and extend previous findings that link maladaptive attachment representations (Lee & Hankin, 2009; Stovall-McClough & Cloitre, 2006) and EI (Connor & Slear, 2009; Fernández-Berrocal et al., 2006; Ghazali, 2004) with psychological distress. Specifically, the findings suggest that psychological distress (PTS) associated with ACEs is likely to be accompanied by maladaptive attachment representations such as dysfunctional attitudes (de Graaf et al., 2009) and impoverished beliefs in a personally just world (Janoff-Bulman, 1989; Dalbert, 1999), as well as a deficient ability to pay attention to, or clearly understand emotions. Furthermore, mediation analyses indicated that dysfunctional attitudes are a unique mediator of the effect of ACEs on female PTS, which extends similar findings in previous research (e.g. Stovall-McClough & Cloitre, 2006) that has focused on the effects of abuse (as opposed to multiple ACEs) on such an outcome. Given these findings, the current study also lends further support for the view that an

attachment framework may be a suitable mechanism for the examination of female pathways from ACEs to negative outcomes.

This study has also provided a link between two strands of previous research that have identified anger (Swan et al., 2005) and EI (Hunt & Evans, 2004; Kwako et al., 2011) as significant correlates of poor mental health. Indeed, the current findings are consistent with the view that an inability to pay attention to one's feelings, or to clearly understand or repair (aspects of EI) negative emotions such as anger may be a vulnerability factor in the development of maladaptive attachment representations and psychological distress in females. Moreover, the results of the correlational and mediation analyses suggest that EI may be an important factor in the successful processing of distressing memories (Salovey et al., 1995). Thus to a limited degree, the current findings have extended research that has examined EI with psychological distress (Connor & Slear, 2009; Fernández-Berrocal et al., 2006; Lanciano et al., 2010; Ramos et al., 2007).

Cloitre et al. (2009) found a link between cumulative exposure to ACE and self-regulation problems. However, although the emotion regulation questionnaire was targeted to participants' ACEs, relationships between emotion regulation strategies and ACEs found in the present study failed to reach significance. Conversely, for the female group, previous research linking ACE with mastery (McGuire & Guppy, 2003) was supported by the results of this study. Moreover, mastery and two of the maladaptive emotion regulation factors (catastrophising and self-blame) were significantly and positively related to psychological distress and anger in this group, echoing previous research findings (Martin & Dahlen, 2005). The implication of these results may be that, for the female participants, emotion regulation techniques relate more to general life stress rather than to the more intense events characterised by ACEs. On the other hand, previous research that has identified emotion regulation as a predictor of

psychological distress in a female population utilised a measure that assessed emotion-focused, rather than cognitive, coping (Stevens et al., 2013); thus a measure that targets emotional (rather than cognitive) coping may be a more suitable instrument for use in research that examines the effects of ACEs on negative outcomes in such populations.

Although empathy has previously been identified as a moderator in the relationship between ACE and non-sexual delinquency in a (male) population of sex-offenders (Hunter et al., 2007), such findings were not replicated in the current study. However, empathy was assessed with the empathic concern subscale of the IRI (Davis, 1980) and the assessment of ACE was limited to a history of abuse (sexual or physical) and exposure to male perpetrated violence towards women. These authors suggested that exposure to such specific types of ACE might result in callous-unemotional traits, which were reflected in low scores on the empathic concern measure. In fact, much of the research that examines empathy in relation to ACEs and offending appears to focus on sexual offending (e.g. Graham et al., 2012) or to assess callous-unemotional traits, rather than levels of affective or cognitive empathy per se (e.g. Kimonis et al., 2013). Nevertheless, consistent with other research, the perspective-taking and empathic concern aspects of the empathy measure were significantly negatively correlated with female AS/OB (de Kemp et al., 2007; Jolliffe & Farrington, 2007; Robinson et al., 2007). Although this finding may indicate a lack of consideration of the impact of such behaviour on others, it might alternatively suggest that a deficiency of empathic understanding may have an adverse effect on the self-control that limits female delinquent behaviour (Bowlby et al., 1972).

The present study also failed to replicate findings that have linked depression and anxiety with ACEs (Afifi et al., 2008; Wanklyn et al., 2012) despite the significant correlations that were found between the GHQ-12 and the majority of the same factors (and in the same direction) as PTSD.

Although this finding might indicate that PTSD is more likely to follow multiple ACEs than depression and anxiety, an alternative explanation for these results might be that, unlike the PTSD scale, the GHQ-12 (assessing psychological distress symptoms experienced over the short term) was not explicitly targeted to respondents' experience of ACEs. Moreover, the GHQ-12 is a global assessment of fairly minor psychological distress and social dysfunction.

On the other hand, the present findings are not only compatible with, but have expanded upon, past research investigating ACE, psychological distress and anger (Maschi et al., 2008; Swan et al., 2005) and EI and offending (e.g. Siu, 2009). Specifically, the female respondents in the current study who reported greater involvement in delinquent behaviour tended also to report low levels of EI (Siu, 2009; Hayes & O'Reilly, 2013), impoverished aspects of empathy (Jolliffe & Farrington, 2007; Robinson et al., 2007), more anger (Swan et al., 2005), more dysfunctional attitudes, and higher scores on the PTSD scale (Cernkovich et al., 2008; Douglas-Siegel & Ryan, 2013), which was explicitly targeted to multiple ACEs. Mediation analyses not only linked psychological distress (both the GHQ-12 and PTSD) with a deficit in EI, but also identified anger as a mediator of the relationship between the psychological distress variables and AS/OB. In addition, ACEs were also associated with impoverished EI, while anger mediated the ACEs to AS/OB relationship to the extent that the total effect was reduced to insignificance. These results might be taken to imply that females without the wherewithal to manage or regulate the maladaptive attitudes and negative affect associated with PTSD following ACEs or to empathically understand another person's feelings may tend to perpetrate a higher level of antisocial behaviour. Evidence has thus been provided that supports, connects and extends research examining the roles of dysfunctional attitudes, PTSD, anger and emotion management in female delinquency.

Hence, the results of the correlational analyses, together with the mediation analyses, appear to suggest that an attachment framework might be a suitable mechanism for the examination of the factors that might be involved in the ACEs, psychological distress and female offending pathway.

4.5 Conclusion

To the author's knowledge, this study is the first to examine EI and related concepts as mediators or moderators of gender-specific pathways between multi-type adverse childhood experiences, psychological distress and AS/OB. Moreover, the current study appears to be unique in terms of assessing such pathways from within an attachment framework. The findings have provided some further insight into the nature of the roles played by emotion management and maladaptive attachment representations (e.g. dysfunctional attitudes) in the relationships between ACEs, psychological distress and female delinquency. Moreover, the findings suggest that an attachment framework is an appropriate mechanism for the examination of the pathway from ACEs and poor mental health to female offending.

Although the results of moderation and mediation analyses were not significant in the male sample, these findings might be explained by the small sample size and the low levels of ACEs, psychological distress and AS/OB (which, on the whole, is not criminal activity) reported by study participants. Moreover, moderation and mediation effects may be more likely to be observed in samples with more history of offending behaviour, particularly since ACEs and psychological distress are reported to be more common among both incarcerated (Taylor, 2010) and community offenders (Brooker et al., 2009; Kenny et al., 2007) than the general population.

Despite these caveats, the results were useful as a guide to the selection of variables for the follow-up study. With regard to the three measures that assessed maladaptive attachment representations (dysfunctional attitudes, mastery and just world beliefs) the findings indicated that dysfunctional attitudes was the most important factor and should therefore be included in the follow-up study. Empathy was also selected; however, in the interests of parsimony and in view of the recommendation by Lauterbach and Hosser (2007), it was deemed prudent to utilise the empathic concern and perspective taking subscales and to exclude the fantasy and personal distress subscales. Also predicated on the results of the correlations and mediation analyses in the present study, EI and anger were identified as important factors to be investigated further. However, given that the factor structure of the anger scale that was utilised in the present study was problematic, the follow-up study utilised the anger-in and anger-out scales of The State-Trait Anger EXpression Inventory (STAXI-2; Spielberger, 1999). Previous research findings report satisfactory reliability for the STAXI-2 in community (Knight, Chisholm, Paulin, & Waal-Manning, 1988) and incarcerated (Kroner & Reddon, 1992) populations. Additionally, the use of an alternative questionnaire for the assessment of offending behaviour in the second study was prompted by the fact that the measure utilised in the current study was comprised of questions that related to the perpetration of antisocial acts, which on the whole, is not criminal activity. Finally, given that relationships between emotion regulation strategies and ACEs failed to reach significance; and that previous research with females who have a history of ACEs has utilised a measure that assessed emotion-focused, rather than cognitive, coping (Stevens et al., 2013), a measure that specifically targets emotional coping was deemed to be a more suitable instrument for an examination into the ACEs to psychological distress and female offending pathway.

The next chapter presents a study that examined the pathway from ACEs to negative outcomes in a sample of women with a history of ACE, offending or both. A survey was conducted that included the variables identified in the present study, together with measures of attachment and resilience.

Chapter 5 Study 2

This chapter presents the findings of a study that tested the utility of an attachment framework to explicate pathways from multi-type ACEs to psychological distress and female offending behaviour. The aim was to examine how the factors identified within the framework might predict antisocial or offending behaviour within a sample of women who had experienced negative events in childhood, the majority of whom had committed or been convicted of a criminal offence in the past (ex-offenders) or more recently (in the previous 12 months). The first section provides the background, rationale and aims of the study. This is followed by details of the method utilised and the results of the investigation. The chapter concludes with a discussion of how the findings build both upon previous research and the findings from the first study in this programme of research.

5.1 Background, rationale and aims of the second study

As outlined in chapter 1, attachment theory was identified as a suitable explanatory framework within which to examine gender-specific pathways from multi-type ACE to psychological distress and criminal behaviour. The literature review in chapter 2 resulted in the identification of variables (concomitant with the theoretical framework) that warranted further investigation. These variables were examined in a community sample in the first study in this programme of research (see chapter 4), the results of which informed the selection of variables for inclusion in the current study. As outlined in chapter 4, with the two variables that were preselected (attachment and resilience) and the predictor and outcome variables (multi-type ACEs, psychological distress and offending) the variables that were identified were as follows: dysfunctional attitudes, empathy

(empathic concern and perspective-taking), trait emotional intelligence (attention, clarity and repair), anger (anger-in and anger-out), emotional coping (emotion processing and emotional expression) and resilience.

As discussed in the literature review (chapter 2), research investigating the potential mediators and moderators of the relationships between multiple ACEs, psychological distress and offending is rare. This is particularly problematic for women who have been caught up in the Criminal Justice System. The biennial report issued by the Ministry of Justice (2012b) reported that proven female re-offending rates in 2011 were 24% (juveniles) and 17.6% (adults). Moreover, according to the Prison Reform Trust (2013), re-conviction rates within the first year of leaving prison are as high as 45% in this population. Many of these women are vulnerable and psychologically, emotionally and behaviourally disturbed as a result of experiencing dysfunctional or traumatic childhoods (Corston, 2007). It has been argued that mental health problems and psychological distress resulting from ACEs are greater in female offenders than in male offenders and the general population (e.g. Cauffman et al., 2007; Taylor, 2010). Nevertheless, the mental health needs of female offenders have tended to be overlooked in research to date (House of Commons Justice Committee, 2013).

As discussed in chapter 2, ACE and psychological distress are reported to be more common among offenders in the community than in the general population (Brooker et al., 2009). Moreover, findings from prior research suggest that mental health needs are high among young offenders regardless of whether they are in custody or in the community (Chitsabesan et al., 2006). In spite of reports that a substantial minority (39%) of community offenders have mental health problems, it is widely maintained that provision of mental health care falls short of requirements (e.g. McArt, 2013). These findings are of particular concern in relation to female offenders in the community given that the severity of ACEs (Kenny

et al., 2007) and levels of depression, posttraumatic stress and self-harm (Chitsabesan et al., 2006) are significantly higher in this population than among male community offenders.

Although access to mental health care has been identified as a priority for women released from prison (Bergseth, Jens, Bergeron-Vigesaa, & McDonald, 2011) gaining access to the most beneficial interventions can be problematic for these individuals because probation officers are not always able to determine the most appropriate treatment (Brooker et al., 2009). Moreover, even though therapeutic interventions aimed at reducing offending or recidivism are offered (e.g. solution-focused therapy, functional family therapy, multi-systemic therapy; Khan & Wilson, 2010), these are typically based on evidence derived from research on male offenders (NACRO, 2008). In fact, concern has been raised previously regarding the lack of evidence-based studies that have examined the efficacy of interventions for recidivism among British female offending populations (Lart, Pantazis, Pemberton, Turner, & Almeida, 2008). Initiatives such as the 'one stop shops' (Women's Community Services), which were set up in the wake of the Corston (2007) report, may not survive if they are unable to provide evidence of a reduction in female offending rates (Radcliffe, Hunter, & Vass, 2013). There is thus a need to identify the factors that may exacerbate or suppress the effect of ACEs on negative outcomes for this population in order to inform effective, evidence-based interventions.

As discussed in chapter 2, ACEs may have a deleterious effect on a child's ability to develop resilience to negative outcomes (Jaffee et al., 2007). Extant research has tended to overlook the impact that multi-type ACEs may have on levels of resilience to psychological distress and female offending, even though female offenders have reported significantly less attachment security, more trauma symptoms and higher levels of antisocial behaviour than non-offenders (Goldenson et al., 2007).

Moreover, research that has utilised an attachment framework and examined mediators or moderators of the relationships between multi-type ACE to psychological distress and female offending, particularly in ex-offending populations, appears to be non-existent. Thus these oversights were rectified in the present study, which examined multi-type ACEs, resilience, psychological distress and offending behaviour from within an attachment framework in a sample of women who had a history of ACE, offending, or both.

Current interventions do not appear to target the maladaptive emotional coping, or impoverished emotion management (e.g. see Khan & Wilson, 2010) that often accompanies psychological distress (Badour & Feldner, 2013), thus a reduction in recidivism among women offenders with a history of multi-type ACEs may be unlikely. A barrier to progress in this regard may be the lack of research that has examined how emotional coping and emotion management may impact on the pathway between multi-type ACE, psychological distress and female offending. In spite of findings that identify emotion dysregulation as a mediator between trauma and female-perpetrated criminal behaviour (Golder, 2005) previous research has not tended to examine the role that might be played by emotional coping and emotion management constructs such as EI.

Interventions that foster emotion management and emotion coping skills in these girls and women may enhance their ability to cope with the poor mental health associated with adverse childhood experience (in particular multi-type ACEs) thus reducing the likelihood of offending behaviour or recidivism. However, as mentioned above, research that has investigated the roles that emotional coping and emotion management might play in female populations with a history of multi-type ACEs is rare. Hence, the current study investigated the role that emotion management and emotional coping may play in the multiple ACEs to psychological distress and female offending pathway in order to help inform interventions.

The findings from the first study (see Chapter 4) identified variables within an attachment framework that played a role in the multi-type ACE to psychological distress and offending pathway in a community sample. The current study aimed to build on the results of the first study utilising a sample of women with a history of ACEs, the majority of whom had committed or been convicted of at least one criminal offence in the past (ex-offenders) or more recently (within the previous 12 months).

Given that this programme of research was primarily exploratory in nature, the current study explored relationships between variables of interest. Nevertheless, it was also possible to make some specific predictions based on the results of the first study reported in this thesis (and a thorough review of the relevant literature). Thus several hypotheses were tested in the current study. Specific predictions were as follows:

- 1) There will be differences between offender-type groups (recent, ex- and non-offenders) in terms of posttraumatic stress levels.
- 2) Psychological distress and dysfunctional attitudes will be significantly higher in the high ACEs group than the low ACEs group.
- 3) The low ACEs group will score significantly higher on the EI measure than the high ACEs group.
- 4) Secure attachment will be negatively related to dysfunctional attitudes and levels of psychological distress, and positively related to the emotional approach to coping scales.
- 5) ACEs will be positively related to dysfunctional attitudes and levels of psychological distress, and negatively associated with aspects of EI.
- 6) Posttraumatic stress will be negatively related to aspects of EI and positively related to anger and rates of offending.
- 7) Dysfunctional attitudes will act as a mediator between ACEs and PTSD.

- 8) Anger will play a mediating role between ACEs and levels of offending.
- 9) Anger will act as a mediator between PTSD and offending.

5.1.1 Rationale for type of sample

The intention of the present study in this programme of research was to examine how factors identified within an attachment framework might predict female offending behaviour. Thus a sample of women were recruited who had experienced ACEs, the majority of whom had committed or been convicted of a criminal offence. As mentioned earlier, this population has been neglected in research to date despite reports of high rates of female recidivism (Ministry of Justice, 2012b).

5.1.2 Rationale for data collection method utilised

This study obtained data via a survey that was available on paper, as well as in an online format. As discussed in chapter 3, the advantages to using the internet when examining sensitive issues such as those explored in the current programme of study include the protection of participants' confidentiality and securely held password protected data (Nosek et al., 2002). However, restricting the survey to an online format would have excluded potential participants who did not have access to a computer. Participants who completed paper questionnaires were recruited via gatekeepers, who gave the surveys to potential participants, collected them once they had been completed and then returned them to the researcher. This procedure was utilised in order to overcome the possibility of identification of participants by the researcher. The content of the paper questionnaires was identical to that in the internet-based survey.

5.2 Method

The present study utilised a cross-sectional survey design to examine group differences, relationships between variables and potential mediating factors in the pathway between the predictor variable (ACEs) and negative outcomes (psychological distress and offending). The survey examined attachment styles, resilience, multi-type ACEs, dysfunctional attitudes, psychological distress, anger, emotional coping, empathy, EI and offending. As mentioned in chapter 3, self-report measures are useful in situations where the objective is to capture personal emotional states. Moreover, they are more likely to capture data relating to offences that fall outside the criminal justice system (Farrington et al., 2006).

5.2.1 Ethics

A discussion of ethical issues and how they were dealt with is presented in the methodology chapter (chapter 3, pp. 68-69).

5.2.2 Participants

A sample of 43 participants completed the survey (38 online and 5 utilising the paper and pencil version). The participants were aged between 18 and 63 years, one did not state her age ($M=37.56$, $SD=11.96$). Twelve participants were employed, thirteen were unemployed, three were self-employed and one indicated the 'other' category. The remainder were students, three of whom were also working. The majority were either married with children ($n=8$), living with a partner ($n=7$), divorced ($n=8$), separated ($n=2$) or widowed ($n=1$), while the remainder were single ($n=17$). Most of the participants were white ($n=37$), two were African, one Asian, one Caribbean, one Indian and one mixed race. With the exception of one participant, all the women had completed secondary school ($n=13$) or higher (NVQ, $n=6$; BSc, $n=16$; Masters degree, $n=5$; Professional degree, $n=2$). As with the first study in this programme of research socio-

economic status (SES) background categories were based on those used in the labour force survey (Office for National Statistics, 2010), except that an unemployed category was added and the elementary occupations category was replaced by one called 'other'. Participants reported the occupation of the main income earner in the household when they were teenagers. Nearly half of the participants identified either care/foster home ($n=10$), unemployed ($n=4$) or other ($n=5$) as the main earner's occupation, while the remainder were classified as manager/senior official ($n=1$), professional ($n=6$), associate professional/technical ($n=2$), administrative (clerical) or secretarial ($n=4$), sales or customer service ($n=8$) and machine, plant or process operative ($n=3$).

5.2.3 Measures

The reliability statistics for the measures are shown in Table 9 (full scoring details of the questionnaires are provided in appendices 1 and 2). Although the measures that were utilised in the first study are identified below, full details are not repeated here as they can be found in chapter 4 (pp. 79-81)

Attachment style was assessed by the *Relationship Questionnaire – Clinical Version* (RQ-CV, Holmes & Lyons-Ruth, 2006). The measure was based on the 4-item Relationship Questionnaire (RQ, Bartholomew & Horowitz, 1991), but also includes a profoundly-distrustful attachment style. Thus the questionnaire consists of 5 items and is designed to assess current attachment style. Respondents were asked to rate on a 7-point Likert scale ("Not at all like me"=1 through to "Very much like me"=7) the extent to which they believe each description corresponds to their general relationship style (e.g. "I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient and I prefer not to depend on others or have others depend on me"). The original instrument is reported to be reliable (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010) and to have strong discriminant

validity (Griffin & Bartholomew, 1994; Ravitz et al., 2010) and the RQ-CV version has demonstrated predictive validity in a sample of women at risk of perpetrating maltreatment (Holmes & Lyons-Ruth, 2006). The scale was designed to examine the dimensionality of attachment style in order to provide a profile of the respondent (Holmes & Lyons-Ruth, 2006). This measure can also be utilised to categorise participants; specifically, the attachment style that is endorsed with the highest rating is utilised to classify each respondent (Bartholomew & Horowitz, 1991).

Adverse childhood experiences were assessed by the *Adverse Childhood Experience Questionnaire* (adapted from Anda et al., 2009 and Dube et al., 2003). This scale was also utilised in the first study (see chapter 4) and assessed 11 categories of adverse childhood experiences: physical abuse, psychological abuse, sexual abuse, emotional neglect, physical neglect, incarceration of a family member, parental divorce/separation, death of a close family member or friend, witnessing violence between family members, mental illness within the family, and substance abuse within the family. Scores ranged from 1 to 11; higher scores denoted the experience of a greater number of types of ACE. In the current study, participants were also categorised as having experienced either a low or a high number of ACE's (the process used is detailed later in this chapter) in order to compare differences between the two groups.

Dysfunctional attitudes and beliefs were assessed by The *Dysfunctional Attitude Scale (form A) Revised* (de Graaf et al., 2009) (see chapter 4, p. 79).

Psychological well-being/distress was measured by two scales (see chapter 4, pp. 80-81)

The *General Health Questionnaire* (GHQ-12, Goldberg & Williams, 1988).

The *PTSD Checklist – Civilian version* (PCL-C, Weathers, Litz, Herman, Huska, & Keane, 1993).

Empathy was assessed by 2 subscales of the *Interpersonal Reactivity Index* (IRI, Davis, 1980). Consisting of 14 statements, 2 aspects of empathy were measured: perspective-taking (e.g. “Before criticising somebody, I try to imagine how I would feel if I were in their place”) and empathic concern (e.g. “Other people’s misfortunes do not usually disturb me a great deal”). Scored on a 5-point Likert scale with responses ranging from “Does not describe me well”=1 to “Describes me very well”=5, higher scores indicate a greater tendency towards perspective-taking and empathic concern. The scale has been used uni-dimensionally and multi-dimensionally, and is reported to have satisfactory internal and test-retest reliabilities for both conceptualisations (Davis, 1980). The scale was treated as a multi-dimensional measure in the current study.

Emotional intelligence was measured by *The Trait Meta-Mood Scale* (TMMS, Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). (See chapter 4, p. 81).

Anger was assessed by 2 subscales from the *State-Trait Anger Expression Inventory* (STAXI-2, Spielberger, 1999) which consists of 16 items (8 items each) assessing Anger-in (e.g. “I keep things in”) and Anger-out (e.g. “I lose my temper”). Respondents indicate on a 4-point Likert scale, ranging from “Almost never”=1 to “Almost always”=4, how often they generally react in a certain way when they are feeling angry. Satisfactory reliability has been reported in community (Knight, Chisholm, Paulin, & Waal-Manning, 1988) and incarcerated (Kroner & Reddon, 1992) populations. The current study utilised the scale as a multi-dimensional measure. Higher scores indicate a higher level of anger-in and anger-out.

Emotional coping was measured by the *Emotional Approach Coping Scale* (Stanton, Kirk, Cameron, & Danoff-Burg, 2000). The scale has 2 subscales which assess emotional coping and consist of 4 items each: emotional processing (e.g. “I take time to figure out what I am really

feeling”) and emotional expression (e.g. “I let my feelings come out freely”). Scored on a 4-point Likert scale, which ranges from “I usually don’t do this at all”=1 to “I usually do this a lot”=4, participants indicate the extent to which they agree with each statement. Reported to have high internal consistency, reliability and convergent and discriminant validity (Stanton, Danoff-Berg, Cameron et al., 2000) the scale has also been found to have predictive validity in terms of stressful events, particularly for women (Stanton, Danoff-Berg, Cameron et al., 2000). The scale was utilised as a multidimensional measure in the current study. Higher scores denote participants’ greater use of each emotional coping strategy.

Resilience was assessed by the *14-item Resilience Scale* (RS-14, Wagnild & Young, 1993) which measures overall resilience (e.g. “I can get through difficult times because I’ve experienced difficulty before”). Respondents are asked to rate how much they believe each statement describes their feelings. The instrument is scored on a 7-point Likert scale ranging from “Strongly Disagree”=1 to “Strongly Agree”=7 and higher scores indicate a higher level of resilience. The scale has been reported to be reliable and to demonstrate construct validity across various populations (Wagnild, 2009).

Offending was measured by 29 questions derived from Home Office research (e.g. selling and use of drugs, property damage, fraud, theft, assault; Flood-Page et al., 2000) and an item that asked about “Other acts that could (or have) resulted in criminal charges”. A free text box was included to enable participants to describe the relevant “other acts”. Respondents were asked to indicate how often in the last year and how often in their entire life they had engaged in the acts described. Responses were scored on a 4-point Likert scale (for the last year) and a 3-point Likert scale (for entire life items) and were: “Not at all”=0 (last year only), “Sometimes”=1, “Often”=2, “Very often”=3. Higher scores indicate more involvement in offending behaviour. Following Farrington’s (2001)

recommendations to collect information that relates to desistance and duration, there were also two columns for each question in which participants were asked to indicate in years “For about how many years did you do this?” and “About how old were you when you last did this?” In the same manner as Home Office reports on crime (i.e. Flood-Page et al., 2000) and for ease of analysis, items that asked about similar types of offending were grouped together; this resulted in five distinct categories (drugs-related, property, violence, fraud and criminal damage). Given that some respondents admitted to offending without specifying the type of crime committed, a further category (‘other’) was created.

5.2.4 Procedure

Participants were recruited for this study using a mix of purposive and snowball techniques. Requests for help with recruitment were sent to gatekeepers of ex-offender social networking sites and charities. Together with a summary of the research, a request for permission to recruit among female service users was also sent to a charity for people who have a history of ACEs. A full description of the procedure can be found in the methodology chapter (chapter 3, pp. 69-71)

5.2.5 Analytic Strategy

The psychometric properties of each scale and subscale were examined. Means and standard deviations were calculated and correlations between study variables were analysed in order to identify relationships between the emotion-type variables and ACE, psychological distress and offending behaviour. Analysis of variance (ANOVA) was used to test for differences between recent offenders, ex-offenders and non-offenders. Participants who had committed offences in the previous 12 months were allocated to a group designated recent offenders ($n=23$), a non-offender group ($n=7$) consisted of participants who had never committed an offence, while the remainder ($n=13$) were identified as ex-offenders.

ANOVAs were also utilised to test for differences related to levels of multi-type ACE's. Reflecting the protocol utilised in previous research by Felitti et al. (1998) and also in a more recent study that examined the effect of multi-type ACEs on offending (Reavis, Looman, Franco & Rojas, 2013) participants were split into two groups to reflect levels of multi-type ACE. Specifically, respondents who reported a history of three or less types of ACE (e.g. bereavement, physical abuse and neglect) were allocated to a low ACE group ($n=12$) and the remainder (ACEs of 4 or more) were categorised as a high ACE group ($n=31$).

The small sample sizes imposed some constraints on the type of analysis that could be conducted. For instance, one of the aims of the current programme of research was to utilise structural equation modelling (SEM) in order to test the fit of path models between the predictor and outcome variables; however this was precluded by the low number of participants. Similarly, inadequate participant numbers impacted on the viability of utilising the Baron and Kenny (1986) procedure for moderation analyses. Nevertheless, as discussed in chapter 4, analysis utilising the bootstrapping approach is particularly useful in situations where samples are small. Thus, the indirect effects of emotion-type variables on the ACE to psychological distress and offending pathway were examined using the SPSS "Indirect" macro for multiple mediation (Preacher & Hayes, 2008), which incorporates bootstrapping (further details relating to the merits of bootstrapping can be found in chapter 4, pp. 84-86)

5.3 Results

5.3.1 Psychometric properties of scales and subscales

Cronbach's alphas for the majority of measures utilised in this study ranged from acceptable to excellent (Gliem & Gliem, 2003). An exception was the empathic concern subscale of the IRI ($\alpha=.66$), which could have been improved by the removal of item 2. However, the inter-item

correlation tables indicated that some relationships were weak and several were negative. It is possible that some questions caused confusion among participants, particularly since evidence from previous research suggests that offenders may have difficulty with the negatively worded items in the IRI (Lauterbach & Hosser, 2007). Given that the recommendation for the use of the empathic concern and perspective-taking subscales of the IRI (Davis, 1980) in offending samples was predicated on research with male (rather than female) offenders (Lauterbach & Hosser, 2007) an examination of the perspective-taking subscale was deemed to be prudent. Although Cronbach's alpha appeared to be acceptable ($\alpha=.77$), the inter-item correlation table for this subscale also indicated weak relationships between several items. A factor analysis (principal components, unrotated solutions then direct oblimin rotated solutions for comparison) was conducted, which resulted in four factors; each of which contained items from both subscales. In addition, some items loaded on more than one factor (see appendix 6 for item-total statistics and factor analysis tables). It has been argued that the scale should not be used as a unidimensional measure, particularly in offending samples, since the subscales assess distinct dimensions of empathy (D'Orazio, 2004, also see Davis, 1980). It was thus deemed prudent to exclude both subscales from further analyses.

There was also an issue with the attachment measure. As described in the measures section, the attachment style that is endorsed with the highest rating is utilised to classify each respondent. However, in a situation where a respondent rates two or more styles equally high, Bartholomew and Horowitz (1991) have advised that the only option is to delete that particular participants data. In the present study, numerous participants (fourteen) endorsed more than one attachment style equally high. Given the small sample size, deletion of such data would have resulted in an unacceptably large amount of missing data. However, previous research has found that female offenders are less securely attached than non-

offenders (e.g. Goldensen et al., 2007) and that lower levels of secure attachment are associated with posttraumatic stress (Sandberg, 2010). Thus a feasible alternative was to utilise the scores from the secure attachment item; particularly since most of the duplicate scores were concentrated among the insecure attachment styles. Thus, the secure attachment item was treated as a continuous variable. Reliability statistics for the scales and subscales are shown together with the descriptive data in Table 9.

Table 9 Descriptive data and reliability statistics for study 2

| <i>N</i> = 43 | Range | Mean | Standard deviations | Cronbach's α |
|-------------------------------------|-------|-------|---------------------|---------------------|
| Age | 18-63 | 37.56 | 11.96 | - |
| Adverse Childhood Experience | 1-11 | 5.67 | 2.76 | - |
| PTSD | 17-81 | 51.91 | 17.82 | .95 |
| Dysfunctional Attitude | 17-72 | 42.56 | 14.05 | .90 |
| GHQ-12 | 0-34 | 15.88 | 8.95 | .94 |
| Empathy – Empathic Concern | - | - | - | .66 |
| Empathy – Perspective-taking | - | - | - | .77 |
| EI – Attention | 21-63 | 46.91 | 7.98 | .79 |
| EI – Clarity | 14-48 | 32.79 | 9.31 | .86 |
| EI – Repair | 10-29 | 20.00 | 4.97 | .76 |
| Anger In | 8-29 | 17.84 | 4.93 | .73 |
| Anger Out | 8-25 | 14.63 | 4.38 | .79 |
| Emotion Processing | 4-16 | 10.19 | 3.58 | .91 |
| Emotional Expression | 4-15 | 8.28 | 3.14 | .91 |
| Resilience | 14-96 | 67.79 | 20.98 | .95 |
| Lifetime offences – drugs | 0-12 | 2.40 | 2.99 | - |
| Lifetime offences – property | 0-12 | 2.05 | 3.21 | - |
| Lifetime offences – violence | 0-6 | 0.42 | 1.10 | - |
| Lifetime offences – criminal damage | 0-3 | 0.37 | 0.69 | - |
| Lifetime offences – fraud | 0-4 | 0.40 | 0.88 | - |
| Lifetime offences – other | 0-3 | 0.47 | 0.94 | - |
| Total lifetime offences | 0-28 | 6.09 | 6.91 | - |
| Recent offences – drugs | 0-5 | 0.65 | 1.34 | - |
| Recent offences – property | 0-7 | 0.44 | 1.20 | - |
| Recent offences – violence | 0-2 | 0.14 | 0.41 | - |
| Recent offences – criminal damage | 0-2 | 0.16 | 0.43 | - |
| Recent offences – fraud | 0-3 | 0.16 | 0.57 | - |
| Recent offences – other | 0-2 | 0.12 | 0.39 | - |
| Total recent offences | 0-12 | 1.67 | 2.59 | - |

Descriptive statistics for the attachment scale were excluded due to the large amount of missing data.

Inspection of the scores indicated that all participants had experienced at least one ACE and that the average number of types of ACE reported was between 5 and 6 ($M=5.67$, $SD=2.76$). As can be seen, the range of scores for each category of offence was very low; thus analysis utilising this data was not feasible. Moreover, since several respondents failed to complete the “For about how many years did you do this?” and “About how old were you when you last did this?” questions in the section of the questionnaire that related to offending, analysis of this data was also deemed to be impractical. Reflecting previous findings (e.g. Forsythe & Adams, 2009) the most prevalent types of lifetime offence committed were drug ($M=2.40$, $SD=2.99$) or property ($M=2.05$, $SD=3.21$) related; while the average scores for lifetime and recent offences were 6.09 ($SD=6.91$) and 1.67 ($SD=2.59$) respectively. In order to test for differences between ex-offenders and recent offenders, the recent offences variable was utilised to identify women who had offended in the previous twelve months; while lifetime offending scores were utilised in correlational and mediation analyses.

On average, scores for psychological distress (posttraumatic stress, $M=51.91$, $SD=17.82$; GHQ-12 $M=15.88$, $SD=8.95$) were higher than the recommended cut-off scores for diagnosis. Specifically, the recommended cut-off score for the PCL-C is 44 (Blanchard, Jones-Alexander, Buckley, & Forneris, 1996); while the suggested threshold for the GHQ-12 is 11 to 12 (Goldberg et al., 1997). As mentioned in chapter 4, the GHQ-12 scale can be scored in several ways, but since the aim of the current study was to assess severity rather than to identify caseness, the Likert scoring method was utilised. Although the mean score for the anger-in subscale was higher than normal general population levels for females ($M=17.84$, compared to $M=15.69$) the average anger-out score ($M=14.63$ compared to $M=14.79$) reflected the norm (see Spielberger, 1999). According to Wagnild & Young’s scoring scheme (1993) the mean level of resilience that was reported by participants in the current study fell into the

moderately low range. Mean scores for secure attachment were also low ($M=2.98$, $SD=1.67$). On the other hand, average scores for the Dysfunctional Attitude Scale reflected normal (general population) levels (De Graaf et al., 2009). Most study variables exhibited a relatively high magnitude of standard deviations, indicating large variations among the sample.

5.3.2 ANOVA's for between group differences

Although some specific predictions were made based on the results of the first study and a review of the literature, this programme of research was primarily exploratory in nature, thus differences between groups were tested for all variables. In order to test for differences between recent, ex-, and non-offender groups, mean scores were compared using the ANOVA function in SPSS. As recommended by Field (2009), Welch's F and Brown-Forsythe's F were selected as alternative versions of the F ratio. These statistics are considered to be robust in the event that Levene's test is significant (i.e. the assumption of homogeneity of variance is broken). Follow-up contrasts consisted of comparisons between non-offending and offending (ex- and recent) groups and then between the two offender groups. In the event, there were no significant results in terms of Levene's test.

No significant differences between the groups were found for the majority of the variables tested. Nonetheless, there were significant findings relating to group membership with regard to levels of PTSD (hypothesis 1). Specifically, recent offenders tended to report significantly lower levels of PTSD symptoms than ex-offenders $t(40) = -2.59$, $p < .05$, which represents a medium-sized effect $r = .38$ (Cohen, 1988; cited in Field, 2009). Somewhat surprisingly, differences between the offending (ex- and recent) and non-offending groups did not reach significance. However, this apparent anomaly might be explained by the small sample sizes and the relatively high levels of multi-type ACEs reported by the ex- and non-

offender groups, as well as the high levels of psychological distress reported by the non-offending group (as illustrated in table 10, p. 149). A further finding involved the emotional processing approach to coping. Although there were no significant differences between the recent and ex-offender samples in terms of this factor, the offending groups tended to be more likely than non-offenders to utilise an emotional processing approach to coping $t(40) = 2.41, p < .05$, which also represented a medium-sized effect $r = .36$. This result is consistent with evidence from previous research with community samples, which suggests that an excessive use of this particular approach to coping (in the absence of emotional expression) may be maladaptive (Stanton, Danoff-Berg, Cameron et al., 2000).

Differences were also tested between a high ACE and a low ACE group. These two groups differed significantly on two variables; in both instances Levene's test of homogeneity of variance was not significant, thus the ANOVA statistic was utilised. As predicted, there were significant effects of multi-type ACEs on levels of PTSD $F(1, 41) = 4.80, p < .05$ and on dysfunctional attitudes $F(1, 41) = 4.55, p < .05$ (hypothesis 2). Women who had experienced a greater number of categories of ACE tended to report higher levels of PTSD (10.47% of the variance was explained by group membership) and dysfunctional attitudes (10% variance explained); thus the second hypothesis was supported. Conversely, there were no significant differences between the two groups in terms of the three aspects of EI, thus no support was found for hypothesis 3. Means and standard deviations for the group categories (ex-, recent and non-offenders and high and low ACEs) are shown in Table 10.

Table 10 Means and standard deviations across groups - ACEs (high and low) and offending (ex-, recent and non-offenders)

| <i>N</i> = 43 | Non-offenders | Ex-offenders | Recent offenders | High ACEs | Low ACEs |
|------------------------|---------------|---------------|------------------|---------------|---------------|
| | <i>n</i> = 7 | <i>n</i> = 13 | <i>n</i> = 23 | <i>n</i> = 31 | <i>n</i> = 12 |
| | Mean (Sd) | Mean (Sd) | Mean (Sd) | Mean (Sd) | Mean (Sd) |
| ACE | 5.86 (3.49) | 6.62 (3.02) | 5.09 (2.31) | | |
| Secure Attachment | 2.00 (1.16) | 2.92 (1.85) | 3.30 (1.64) | 2.90 (1.83) | 3.17 (1.19) |
| PTSD | 54.57 (17.60) | 61.08 (12.61) | 45.91 (18.58) | 55.45 (16.70) | 42.75 (18.00) |
| Dysfunctional Attitude | 37.86 (15.55) | 44.15 (11.20) | 43.09 (15.29) | 45.29 (13.95) | 35.50 (12.16) |
| GHQ-12 | 17.57 (10.03) | 17.46 (8.85) | 14.48 (8.85) | 16.58 (9.64) | 14.08 (6.90) |
| EI Attention | 44.14 (5.87) | 48.31 (5.84) | 46.96 (9.49) | 46.29 (8.84) | 48.50 (5.14) |
| EI Clarity | 29.71 (8.79) | 36.62 (8.08) | 31.57 (9.77) | 32.03 (9.27) | 34.75 (9.51) |
| EI Repair | 18.29 (4.82) | 21.00 (6.23) | 19.96 (4.26) | 19.74 (4.97) | 20.67 (5.14) |
| Anger In | 17.14 (5.61) | 18.69 (4.33) | 17.57 (5.20) | 18.26 (4.22) | 16.75 (6.52) |
| Anger Out | 14.29 (5.06) | 14.00 (4.32) | 15.09 (4.35) | 14.45 (4.76) | 15.08 (3.32) |
| Emotional Processing | 7.57 (3.31) | 11.85 (3.21) | 10.04 (3.47) | 10.03 (3.80) | 10.58 (3.06) |
| Emotional Expression | 7.00 (2.89) | 8.23 (2.80) | 8.70 (3.40) | 8.29 (3.23) | 8.25 (3.05) |
| Resilience | 57.57 (25.65) | 77.62 (15.20) | 65.35 (20.93) | 66.35 (21.03) | 71.50 (21.28) |
| Lifetime offences | | | | 7.00 (7.49) | 3.75 (4.62) |

The next section details the findings relating to hypotheses 4 and 5, which concerned relationships between ACEs, dysfunctional attitudes, psychological distress, offending and emotional intelligence. Subsequent sections discuss relationships between variables of interest in the current programme of study. Results of the correlational analysis are shown in Table 11.

Table 11 Correlations for study 2

| <i>n</i> = 43 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|----------------------------|-------|------|-------|---------|--------|--------|--------|------|---------|--------|--------|--------|--------|--------|------|--------|--------|
| 1. Age | 1 | | | | | | | | | | | | | | | | |
| 2. SES | -.17 | 1 | | | | | | | | | | | | | | | |
| 3. Education | .11 | .24 | 1 | | | | | | | | | | | | | | |
| 4. Secure attachment | .27* | -.18 | -.04 | 1 | | | | | | | | | | | | | |
| 5. ACE | .21 | -.07 | -.29* | -.23 | 1 | | | | | | | | | | | | |
| 6. PTSD | -.04 | .23 | -.06 | -.52*** | .54*** | 1 | | | | | | | | | | | |
| 7. Lifetime offences | .19 | -.20 | -.02 | .16 | -.02 | -.02 | 1 | | | | | | | | | | |
| 8. Recent offences | -.14 | -.13 | -.29* | .08 | -.07 | -.19 | .45*** | 1 | | | | | | | | | |
| 9. Dysfunctional Attitudes | -.29* | .18 | .11 | -.37** | .33* | .40** | -.11 | .15 | 1 | | | | | | | | |
| 10. GHQ-12 | .21 | .09 | .07 | -.43** | .35* | .59*** | -.08 | -.10 | .41** | 1 | | | | | | | |
| 11. EI Attention | .10 | -.21 | .05 | .40** | -.29* | -.26* | .27* | .08 | -.25 | -.32* | 1 | | | | | | |
| 12. EIClarity | .37** | .01 | .20 | .45*** | .15 | -.27* | .16 | -.21 | -.46*** | -.38** | .50** | 1 | | | | | |
| 13. EIRepair | .37** | .03 | .20 | .47*** | -.16 | -.18 | .16 | -.14 | -.28* | -.27* | .33* | .51*** | 1 | | | | |
| 14. Anger In | -.26* | .14 | -.12 | -.25 | .19 | .59*** | -.12 | -.04 | .45*** | .44** | -.06 | -.21 | -.15 | 1 | | | |
| 15. Anger Out | -.04 | -.12 | .11 | .15 | -.05 | .03 | -.09 | .01 | .16 | .02 | .35* | .30* | .35* | -.22 | 1 | | |
| 16. Emotional Processing | .25 | .04 | .20 | .39** | -.15 | -.02 | .37** | .03 | -.18 | -.18 | .63*** | .45*** | .46*** | -.04 | .20 | 1 | |
| 17. Emotional Expression | .25* | -.19 | .24 | .48*** | -.14 | -.31* | .40** | .23 | -.16 | -.31* | .60*** | .33* | .32* | -.36** | .30* | .62*** | 1 |
| 18. Resilience | .40** | .10 | .27* | .54*** | -.14 | -.12 | .19 | -.10 | -.14 | -.10 | .43** | .46*** | .66*** | .02 | .28* | .64*** | .54*** |

p* < .05, *p* < .01, ****p* < .001

5.3.3 Relationships between variables

As predicted in hypothesis 4, participants who reported higher levels of secure attachment were significantly less likely to report high levels of psychological distress (PTSD $r=-.52$, $p<.001$; GHQ-12, $r=-.43$, $p<.01$) and dysfunctional attitudes ($r=-.37$, $p<.01$) and were also significantly more likely to use an emotional approach to coping (emotional expression, $r=.39$, $p<.01$; emotion processing, $r=.48$, $p<.001$) than individuals who reported lower levels of attachment security. Additionally, more securely attached individuals reported significantly higher levels of resilience ($r=.54$, $p<.001$) and EI (attention, $r=.40$, $p<.01$; clarity, $r=.45$, $p<.001$; repair, $r=.47$, $p<.001$) than individuals who reported lower levels of attachment security.

Also as predicted (hypothesis 5) women who reported a greater number of ACEs tended to report higher levels of PTSD ($r=.54$, $p<.001$) and anxiety/depression ($r=.35$, $p<.05$) and to harbour dysfunctional attitudes and beliefs ($r=.33$, $p<.05$). However, given that the relationship between ACEs and EI was limited to the attention subscale of the EI measure ($r=-.29$, $p<.05$), this aspect of the hypothesis was rejected. Similarly, hypothesis 6 was only partially supported. Specifically, respondents who reported higher levels of posttraumatic stress symptoms were less likely to report an ability to pay attention to ($r=-.26$, $p<.05$) or understand ($r=-.27$, $p<.05$) their feelings, and to report higher levels of anger in ($r=.59$, $p<.001$); however, the relationship between posttraumatic stress and offending levels failed to reach significance.

In terms of offending, participants who reported a higher level of lifetime offending were significantly more likely to pay attention to their feelings ($r=.27$, $p<.05$) and to use an emotional approach coping style (emotional processing, $r=.37$, $p<.01$; emotional expression, $r=.40$, $p<.01$). With the exception of a (not unexpected) correlation with lifetime offending ($r=.45$, $p<.001$) and with education level ($r=-.29$, $p<.05$) there were no significant

findings regarding participants who reported recent (in the previous 12 months) criminal offences.

As mentioned in the report of the first study (see Chapter 4), given the high levels of comorbidity between posttraumatic stress and other mental health disorders that have been reported (Freeman, 2006), it was perhaps unsurprising that a significant and positive relationship was found between the two psychological distress factors (PTSD and GHQ-12, $r=.59$, $p<.001$). Higher levels of depression and anxiety (GHQ-12) were associated with an inability to pay attention to ($r=-.32$, $p<.05$), clearly identify ($r=-.38$, $p<.01$) or repair ($r=-.27$, $p<.05$) emotions and a greater likelihood of directing anger inwards (GHQ-12, $r=.44$, $p<.01$). Respondents with higher scores on both aspects of psychological distress were also significantly less likely to express their emotions (PTSD, $r=-.31$, $p<.05$; GHQ-12, $r=-.31$, $p<.05$) and to report more maladaptive attitudes and beliefs (PTSD, $r=.40$, $p<.01$; GHQ-12, $r=.41$, $p<.01$), which was also linked to an impaired proficiency in terms of clearly identifying ($r=-.46$, $p<.001$) or repairing ($r=-.28$, $p<.05$) emotions, as well as a tendency to suppress anger ($r=.45$, $p<.001$).

As might be expected, anger suppression was significantly correlated with a lower likelihood of expressing emotions ($r=-.36$, $p<.01$), while those who reported a tendency to express their anger outwardly were more likely to express their feelings ($r=.30$, $p<.05$). Furthermore, individuals who scored higher on the anger-out sub-scale reported higher levels of EI (attention, $r=.35$, $p<.05$; clarity, $r=.30$, $p<.05$; repair, $r=.35$, $p<.05$) as well as higher levels of resilience ($r=.28$, $p<.05$). Perhaps unsurprisingly, respondents who were reportedly more resilient were more likely to utilise an emotional approach to coping (emotional expression, $r=.64$, $p<.001$; emotional processing, $r=.54$, $p<.001$) and were also more proficient at managing their emotions as demonstrated by higher levels of EI (attention, $r=.43$, $p<.01$; clarity, $r=.46$, $p<.001$; repair, $r=.66$, $p<.001$). These findings might

suggest that, in terms of psychological well-being, outward expressions of anger may be an adaptive way of dealing with negative feelings for the participants in the current sample, particularly given the association that was found between anger suppression and psychological distress.

Correlations between emotion management (the three aspects of EI) and emotional approach coping (expression and processing of emotions) were significant and positive. These relationships are not elucidated upon further since the focus of the current study was to build upon the findings of the first study with respect to the role played by emotion-type variables in the route from ACEs to negative outcomes (psychological distress and offending). As mentioned above, the details of these relationships can be seen in Table 11 (p. 150).

Education level was significantly and negatively correlated with multi-type ACEs ($r=-.29, p<.05$) and, as mentioned above, recent (previous 12 months) offending behaviour ($r=-.29, p<.05$). There were no other significant correlations found between demographic variables and any of the predictor or outcome variables. However, individuals who had completed higher education levels were also reportedly more resilient ($r=.27, p<.05$). Older women reported significantly higher levels of secure attachment and resilience ($r=.27, p<.05$; $r=.40, p<.01$) and were less likely to direct their anger inwards ($r=-.26, p<.05$) or to harbour dysfunctional attitudes ($r=-.29, p<.05$). Moreover, the more mature women in the sample were not only significantly better at identifying ($r=.37, p<.01$) and repairing ($r=.37, p<.01$) their feelings, but they were also more likely to express their emotions ($r=.25, p<.05$) than the younger participants. As mentioned above, complete details of relationships between variables can be seen in Table 11 (p. 150).

5.3.4 Summary

As expected, participants who reported higher levels of secure attachment also reported lower levels of dysfunctional attitudes and psychological distress; these individuals were also more likely to use an emotional approach to coping. Also as predicted, women with a history of multi-type ACEs tended to report higher levels of PTSD and anxiety/depression, and to harbour dysfunctional attitudes and beliefs, which partially supported hypothesis 5. However, given that the relationship between ACEs and EI was limited to the attention subscale of the EI measure, this aspect of the hypothesis was rejected. Similarly, hypothesis 6 was only partially supported. Specifically, respondents who reported higher levels of psychological distress were less likely to pay attention to, or clearly understand their feelings, but the relationship between PTSD and offending levels failed to reach significance. An additional finding was that participants who recorded higher levels of psychological distress (PTSD and GHQ-12) were less likely to utilise emotional expression as an approach to coping and those with higher anxiety/distress levels were less able to repair negative feelings. Interestingly, individuals who reported higher offending levels were more likely to pay attention to, process, and express their emotions, which might explain why the relationship between psychological distress and offending failed to reach significance in this particular sample.

The next stage of the analyses utilised a bootstrapping approach to examine indirect effects. Five potential multiple mediation models were tested, which incorporated several predictions that were based on the results from the first study in the current investigation (hypotheses 7, 8 & 9).

5.3.5 Indirect analyses for multiple mediation

The potential mediating (or indirect) effects of several variables on the pathway from ACEs to psychological distress, from ACEs to offending, and from psychological distress to offending were tested utilising the SPSS “Indirect” macro for multiple mediation (Preacher & Hayes, 2008), which incorporates bootstrapping. As detailed in chapter 4, bootstrapping is useful when samples are small to moderate as was the situation in the current study. In order to test hypotheses 7, 8 and 9, and to build on the results of the first study in this programme of research, a total of five mediation models were tested: - ACEs to posttraumatic stress, ACEs to depression or anxiety (assessed by the GHQ-12), ACEs to offending, posttraumatic stress to offending, and GHQ-12 to offending. Confidence was set at the default level of 95% and, as recommended by Preacher and Hayes (2008), 5,000 bootstrap samples were generated. The selection of variables for inclusion in the mediation analyses was guided by previous research and the results of the first study in the current investigation.

5.3.5.1 ACEs to psychological distress models

The results from the first study strongly suggest that psychological distress (PTSD) associated with ACEs is likely to be accompanied by dysfunctional attitudes as well as a deficient ability to pay attention to, or clearly understand, emotions (aspects of EI). Moreover, dysfunctional attitudes were found to be a unique mediator of the effect of multiple ACEs on psychological distress in the female sample. Thus, predicated on the findings from the first study in the present programme of research, dysfunctional attitudes and the three aspects (attention, clarity and repair) of EI were selected for inclusion in mediation analyses in the current study. In addition, it was predicted that dysfunctional attitudes would act as a mediator between multi-type ACEs and posttraumatic stress (hypothesis 7).

Anger and resilience were also included in the first two models since evidence from previous research has linked the two factors with ACEs and psychological distress (Maschi et al., 2008; Wingo et al., 2010). In addition, based on the premise that higher emotion management skills can equip individuals with the resources to cope with stressful experiences such as ACE (Hunt & Evans, 2004) the two subscales of the emotional approach coping scale were also selected for inclusion in the first two models.

Given the high correlation between the two psychological distress factors, GHQ was entered as a covariate in the ACE to PTSD analysis and vice versa. Contrary to the results in the first study in this programme of research, relationships between the demographic and outcome variables did not reach significance, thus it was not necessary to control for age, SES or education levels in the analyses. Potential mediation models for the pathways between ACEs and psychological distress are shown in figure 17.

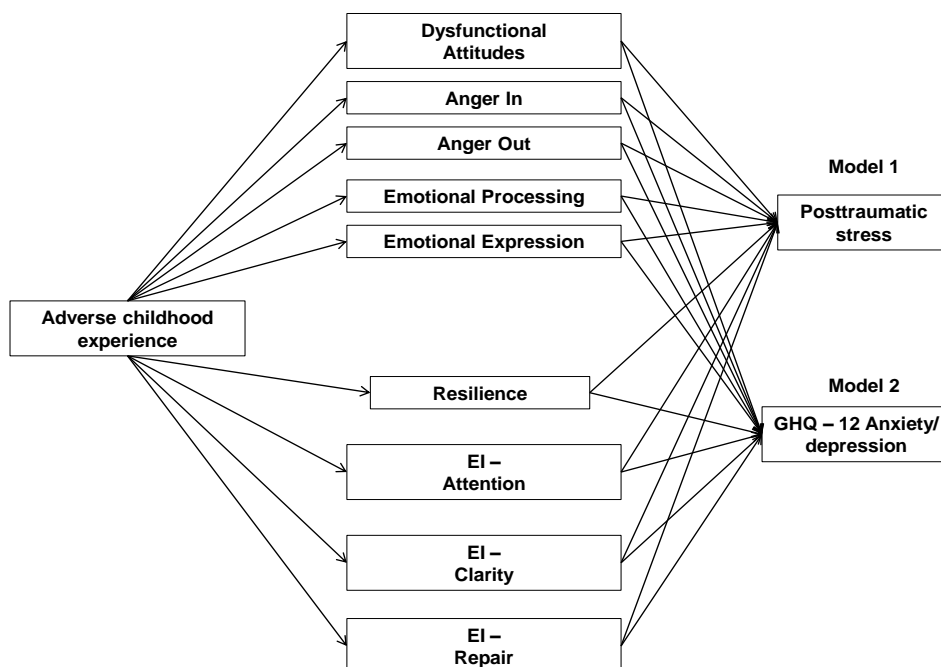


Figure 17 Models of potential mediators between ACEs and psychological distress - study 2

In the first model, confidence intervals for the potential mediators all contained a zero, which indicated that there were no significant indirect effects. Thus, there was no support for hypothesis 7, or for the mediating role of any of the selected variables with regard to the ACEs to PTSD pathway. Similarly, there were no significant indirect effects present in the ACEs to GHQ-12 model (2).

5.3.5.2 ACEs and psychological distress to offending

The findings from the first study in the current investigation linked multi-type ACEs and female offending behaviour with impoverished EI and high levels of psychological distress. Moreover, analyses that were conducted utilising the SPSS Indirect macro (Preacher & Hayes, 2008) identified anger as a mediator of the relationship between ACEs and offending in the female sample. Hence, the three aspects of EI, the two anger sub-factors and psychological distress were selected for inclusion in the ACEs to offending model (model 3). Furthermore, the two emotional approach subscales were included in this model since the use of adaptive emotion regulation strategies has previously been found to ameliorate the effect of ACEs on antisocial behaviour (Kim & Cicchetti, 2010). In addition, hypothesis 8 predicted that anger would mediate the pathway between ACEs and offending levels. The potential model for ACEs to offending is shown in figure 18.

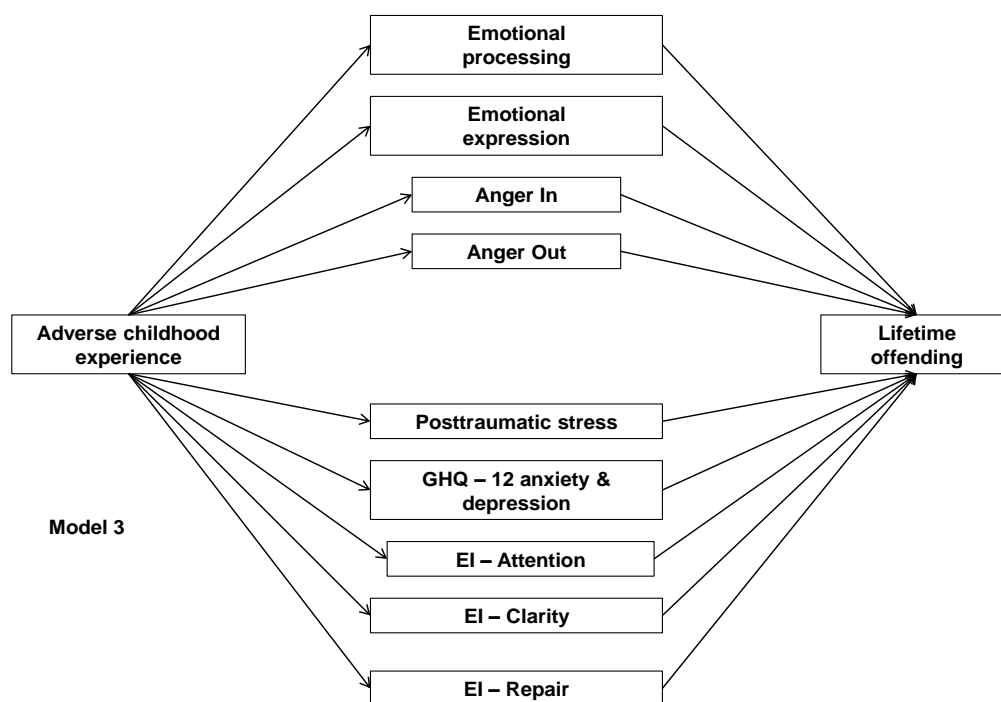


Figure 18 Model of potential mediators between ACEs and lifetime offending - study 2

Confidence intervals reported in the output for model 3 all contained a zero, which indicated that there were no significant indirect effects. Thus, there was no support for the mediating role of any of the selected variables in the ACE to offending model and hypothesis 8 was therefore also rejected.

More recent research has found connections between elevated levels of anger, aggression, maladaptive coping behaviours, and psychological distress in a court-referred adolescent population (Price et al., 2013) and in a female offending population (Kubiak et al., 2013). Thus anger, emotional coping, and EI were selected for inclusion in a model testing for mediation between psychological distress and lifetime offending. Moreover, it was hypothesised that anger would mediate the relationship between PTSD and offending (hypothesis 9). The potential models for psychological distress to offending are illustrated in figure 19.

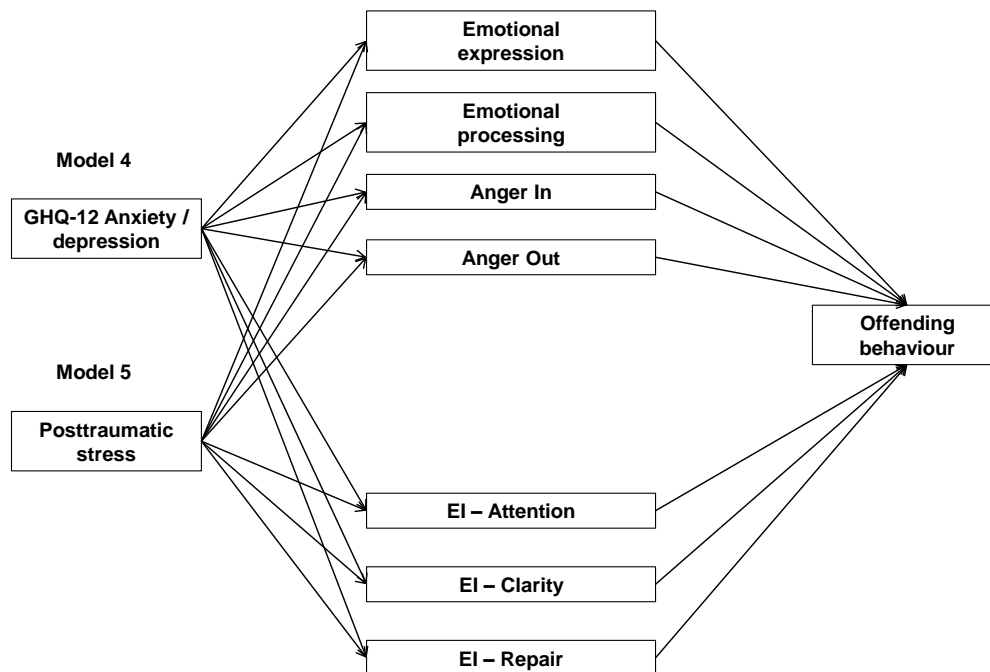


Figure 19 Models of potential mediators between psychological distress and lifetime offending - study 2

Again, no significant indirect effects were found in the analysis of the GHQ-12 to offending model (model 4) or in model 5 (PTSD to offending), thus hypothesis 9 was also rejected.

5.4 Discussion

The sample in the current study were recruited from among women who have a history of ACEs, offending, or both. Even though the sample was small and may not be representative of the wider population of women ex-offenders, a limited contribution to knowledge has been made with regard to the factors that may be involved in relationships between attachment, multi-type ACEs, psychological distress and female offending. To some extent, the results of the study have provided further support for the use of an attachment framework in research that examines the negative

sequelae of multiple ACEs. In addition, the current study has extended the results of the first study by testing hypotheses (based on the findings from the first study and a review of the literature) in a largely under-researched population.

As with the first study in this programme of research, the instructions for the PTSD measure were worded to relate to the ACEs reported earlier in the survey; therefore testing for differences between a high and a low ACE group proved useful in terms of highlighting the effects that multi-type ACEs might have on psychological well-being. As reported in the results section, effect sizes were medium and thus suggest that a history of multi-type ACEs not only impacts on psychological distress, but that it is likely to be accompanied by maladaptive attachment representations (dysfunctional attitudes) since significantly higher scores on both measures were reported by the high ACEs group. Thus, the findings have provided some links between research that has examined the effects of ACEs on psychological distress (Brooker et al., 2009; Cauffman et al., 2007; Kenny et al., 2007; Nickerson et al., 2013; Sandberg, 2010; Scott et al., 2012; Young et al., 2007); the effects of multi-type ACEs on such distress (Arata et al., 2007; Moore et al., 2013; Wanklyn et al., 2012); relationships between ACEs and dysfunctional attitudes (Stovall-McClough & Cloitre, 2006; Stronach et al., 2011) and between dysfunctional attitudes and poor mental health (Lee & Hankin, 2009). Given that the aforementioned research was conducted with community samples (e.g. Arata et al., 2007), incarcerated females (e.g. Cauffman et al., 2007) and, more recently, adolescent or juvenile offending populations (e.g. Moore et al., 2013; Wanklyn et al., 2012) the results from the current study might suggest that such findings could generalise to female ex-offending populations. Moreover, some limited support has been provided for the contention that individuals who experience multi-type ACEs may not have adequate personal resources to develop resilience to negative outcomes in the face of their adverse experiences (Jaffee et al., 2007).

Expanding on the results from the first study, tests for differences between recent, ex-, and non-offenders showed that levels of PTSD were significantly higher in the ex-offending group than among respondents who had recently committed offences. As mentioned in the results section, this finding might be explained by the relatively high (although not significantly different) levels of ACEs that were reported by the ex-offender group. Nevertheless, the present study has supplemented previous research with incarcerated and community offending samples somewhat (Brooker et al., 2009; Cauffman et al., 2007; Chitsabesan et al., 2006; Kenny et al., 2007) by highlighting the utility of including assessments of the effects of multi-type ACEs on psychological well-being in such populations.

Reflecting previous research (Lee & Hankin, 2009; Sandberg, 2010) the results strongly suggest that low levels of secure attachment may impact both on maladaptive attachment representations (dysfunctional attitudes) and on levels of psychological distress. On the other hand, contrary to previous findings (Allen et al., 1996; Finzi et al., 2000; Goldenson et al., 2007; Hubbard & Pratt, 2002; Salzinger et al., 2007; Sousa et al., 2011; Statland-Vaintraub et al., 2012) relationships between secure attachment, ACEs and offending failed to reach significance. However, the aforementioned studies examined attachment to caregiver rather than current attachment style, which was assessed in the present study. One implication of these results might be that ACEs and offending research would gain more benefit from the utilisation of a measure that assesses attachment to caregiver, rather than a scale that pertains to current attachment orientations.

Elevated levels of anger and psychological distress have previously been found among offending populations (e.g. Kubiak et al., 2013; Price et al., 2013) and there is also evidence to suggest that anger acts as a mediator between ACEs and psychological distress (Maschi et al., 2008). However, as with other research (Orth & Wieland, 2006) a more complex picture

emerged from the results of the current study. Specifically, differences were identified between anger-in (suppression of anger) and anger-out (outward expressions of anger) in terms of relationships with the other variables within the theoretical framework. In the first study in this programme of research, the anger factor (a unidimensional measure) was associated with more psychological distress and dysfunctional attitudes and with lower levels of EI. Although such findings were echoed in the current study in terms of the anger-in factor, the anger-out factor was not associated with either psychological distress or dysfunctional attitudes. In fact, a tendency to express anger outwardly was associated with more resilience and higher (rather than lower) levels of EI. One explanation for this finding might be that, for this sample at least, expressing emotions outwardly is a more adaptive way of dealing with negative emotions. Indeed, the finding that an emotional expression approach to coping was linked to lower levels of psychological distress would appear to lend some support for this view. This finding might also offer some explanation as to why the relationship between psychological distress and offending failed to reach significance in the current study.

Contrary to previous findings, the current study found no evidence of a relationship between multiple ACEs and offending (Arata et al., 2007; Duke et al., 2010; Goldenson et al., 2007). Indeed, participants in the current study who reported higher levels of offending were more likely to report paying attention to their feelings and to utilise an emotional approach to coping. This finding may reflect the sampling strategy; women who have made an attempt to come to terms with earlier trauma may have been more likely to take part in the research. Alternatively, the finding may be due to demand characteristics; specifically, women may want to appear strong and able to cope with adversity. On the other hand, the link that was found between emotion processing and female offending has replicated and extended previous research (Stanton, Danoff-Berg, Cameron et al., 2000) that has identified excessive emotion processing as

a potentially maladaptive approach to coping in community samples. In fact, the results of the current study accord somewhat with Cassidy's (2011) view that there are distinct causal pathways from ACEs to psychological distress and to offending.

Although previous research has provided some evidence to suggest that EI might act as a buffer between ACEs and psychological distress (Armstrong et al., 2011; McElroy & Hevey, 2014) and acting out behaviour (Davis & Humphrey, 2012b) the current study found no evidence to support such effects. Nonetheless, the results of the correlational analysis have demonstrated that deficits in emotion coping and management (EI) may be vulnerability factors in the development of dysfunctional attitudes and psychological distress in women with a history of multi-type ACEs. These results are consistent with claims that outcomes of ACEs may depend on coping skills (Davidson et al., 2010) and that stronger emotion management skills can equip individuals with the resources to cope with such experiences (Hunt & Evans, 2004). Moreover, positive relationships were found between emotional coping, EI, and resilience in the current sample; findings which add further support for the view that a tendency towards emotion coping and management may foster resilience to negative experiences.

5.5 Conclusion

As discussed previously in this chapter, even though access to mental health care has been identified as a priority for women released from prison (Bergseth et al., 2011), the most appropriate treatment is not always identified (Brooker et al., 2009). Moreover, mental health care for community offenders has been reported to fall short of requirements (McArt, 2013). Indeed, it has been argued previously that therapeutic interventions have not tended to be based on evidence from appropriate samples (Lart et al., 2008). The high reconviction rates (Ministry of Justice, 2012b) and levels of ACEs and psychological distress found in female

offending populations (e.g. Corston, 2007) underscore the importance of identifying factors that may exacerbate or suppress the effect that multi-type ACEs may have on psychological distress in such individuals.

This study tested the utility of an attachment framework to explicate pathways from multi-type ACEs to psychological distress and female offending behaviour. The findings from the current study have provided some limited evidence to support the viability of using such a framework to investigate trajectories from ACEs to poor mental health in female offending populations. Specifically, less securely attached individuals were more likely to report psychological distress and more dysfunctional attitudes (maladaptive attachment representations). Several emotion-type variables (e.g. an emotional approach to coping and aspects of EI) that may play a role in the relationships between multi-type ACEs and negative outcomes were also identified.

Although the small sample size imposed some constraints on the types of analysis that could be conducted, the findings have built on previous research with regard to the nature of the associations between ACEs and negative outcomes, as well as the role that might be played by emotion management and coping in such relationships. Current interventions aimed at reducing female offending or recidivism do not appear to target either maladaptive emotional coping or impoverished emotion management. Thus, in spite of the usual caveats that apply in terms of the small sample size (discussed in full in the general discussion in chapter 7, pp. 295-296), this study has contributed to knowledge by providing some (albeit limited) evidence to support the view that emotion coping and management may be important targets for intervention among female offenders who have mental health issues and a history of multi-type ACEs.

The next chapter reports on an in-depth qualitative study. Semi-structured interviews were conducted with five women who had a history of adverse childhood experiences and who had committed or been convicted of acts that constitute criminal behaviour. The findings from the qualitative study will be compared and contrasted with the findings from the first quantitative study and the present study (see chapter 7, p. 288).

Chapter 6 Study 3

The purpose of this chapter is to present the findings from the qualitative stage of the current programme of research. As explained in chapter 3, the study was conducted concurrently with Study 2 (reported in chapter 5, p. 130). Initially, it focuses on the aims, rationale, and background to the study. Subsequent sections detail the methodology (interviewees, ethics and procedure) and the analytical procedure that was utilised. The next sections focus on the analysis of the data, which identified emerging themes. Connections between such themes produced several super-ordinate themes, which were then clustered into master themes. In order to demonstrate how the analysis relates to and builds on previous research, a discussion is provided at the end of each super-ordinate theme. A summary of the findings and how they build on previous research is presented at the end of the chapter. Following Malterud's (2001) recommendations for qualitative reports, and in order to provide some transparency, a reflective account is included. This is followed by the conclusions.

6.1 Aims of Study 3

Guided by a framework based on attachment theory and research, and the results of the first quantitative study in this programme of research (reported in chapter 4, p. 86), the aim of the present study was to obtain a richer, more in-depth understanding of how women who have experienced multiple ACEs and who have committed (or been convicted of) criminal offences make sense of their early life experiences, the outcomes of those experiences, and their expectations for the future.

6.2 Rationale

As mentioned in the introduction to the second quantitative study (chapter 5), the reconviction rate for women within the first year of leaving prison is reported to be as high as 45% (Prison Reform Trust, 2013). One inference that might be drawn from such a statistic is that a majority (albeit a small majority) of the women either do not reoffend, or are simply not apprehended, prosecuted, or reconvicted. Nevertheless, such statistics do little to explicate the factors involved in a discontinuation of offending behaviour. Although most of the women involved in the present study have not been prosecuted or spent time in prison, all of them have experienced ACEs and have engaged in antisocial or offending behaviour. Moreover, most of the interviewees made reference to psychological ill-health and other negative outcomes (i.e. substance abuse, risky sexual behaviour and attempted suicide) in relation to their experiences. Research in this field is important in order to gain some insight into protective factors, as well as to identify factors that may exacerbate or buffer the risk of such outcomes.

A review of the literature suggests that female ex-offending populations have been somewhat neglected to date; particularly with regard to trajectories from multiple ACEs to negative outcomes, and the potential involvement of emotional intelligence and emotion management in such trajectories. It is expected that the insight gained from the present investigation may enhance current perspectives regarding the pathways from multiple ACEs to psychological distress and offending. Moreover, it is hoped that comparing and contrasting the findings from the two previous quantitative studies with the analysis in the current study will help to inform interventions to reduce female offending and recidivism.

In order to contextualise interviewee's childhood experiences and outcomes, the next section presents a brief overview of some of the

attachment and ACEs literature that pertains to the women's experiences and behaviour.

6.3 Background

Attachment theory was founded upon Bowlby's research with children who were homeless in post-war Europe (Bretherton, 1997). From an ethological perspective, the attachment system developed between caregivers and their young for the purpose of protection and survival (e.g. Ein-Dor, Mikulincer, Doron, & Shaver, 2010) in both physical and psychological terms (Bretherton, 1997). As discussed in chapter 2 (p. 29) Bowlby (1991) hypothesised that infants develop working models (also termed secure and insecure attachment representations) of the self, others, and the world, based on their care-giving environments. It has been argued that the dysfunctional attitudes and beliefs that characterise insecure attachment may lead to negative outcomes such as poor mental health (e.g. Pearce, 2010). Indeed, findings reported in the psychological distress literature suggest that maladaptive beliefs are not only associated with psychological distress, but may also act as a mediator between insecure attachment and such distress (de Graaf et al., 2009; Lee & Hankin, 2009).

Initially, insecure attachment was categorised as either avoidant or anxious; however, Main and Cassidy (1988) identified a further category, which they termed disorganised attachment. Individuals with a disorganised orientation to attachment are typified by an inability to develop an organised strategy for coping with the fear associated with perceived threat. A disorganised orientation towards attachment has been associated with the development of dissociative symptoms (Sandberg, 2010; West, Adam, Spreng, & Rose, 2001), which have been linked with posttraumatic stress disorder and a history of multiple ACEs (De Bellis, Woolley, & Hooper, 2013). Much of the literature pertaining to dissociation appears to focus on two (opposing) conceptualisations of the construct:

the trauma model explicates dissociation as a (defensive and either adaptive or pathological) response to trauma; while the fantasy model posits that a tendency to fantasise (related to dissociative episodes) leads to a construction or exaggeration of (potentially false) trauma memories (Dalenberg et al., 2012). It is worth noting that these authors found no evidence to support the fantasy model in their meta-analysis of dissociation studies; a finding that echoes results from contemporaneous, as well as earlier research (e.g. Bottoms, Najdowski, Epstein, & Badanek, 2012; Geraerts, Merckelbach, Jelicic, Smeets, & van Heerden, 2006).

Bartholomew and Horowitz (1991) focused on a dimensional (rather than a categorical) approach to assessing attachment styles in adulthood and identified three types of insecure attachment in addition to a secure attachment style. Specifically, a preoccupied (anxious or ambivalent) attachment style tends to be associated with a negative sense of self (unworthy), a struggle to gain acceptance by others and heightened attachment behaviours; dismissing-avoidant attachment is characterised by a positive sense of self, extreme independence, and a tendency to shun close relationships as a protection against disillusionment; fearful-avoidance has been linked to the disorganised style conceived by Main and Cassidy (1988) and is related to a sense of unworthiness, fear of rejection, and a need for control in order to feel safe, which also results in a tendency to avoid close relationships. A later study built upon the four dimensional model and identified a further attachment orientation. Termed 'profound-distrust', this attachment style is characterised by a complete mistrust towards others (Holmes & Lyons-Ruth, 2006). Although attachment representations tend to remain stable for much of the lifespan, they may be subject to change as a consequence of (further) negative events or a significant attachment related experience (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). In addition, findings from recent research suggest that attachment orientations may be context-specific and

dependent upon whether the relationship is familial, romantic, or peer-related (Caron, Lafontaine, Bureau, Levesque, & Johnson, 2012).

An intrinsic aspect of the attachment system is the development of self-reliance, which is facilitated by the provision of a secure base (Bretherton, 1997); a process which has been termed autonomy-support (Clark & Ladd, 2000). Although the development of self-reliance (or sense of autonomy) is considered to be an adaptive element of the attachment system, excessive levels have been associated with insecure attachment (Parra & Oliva, 2009), which involves a tendency to avoid emotional attachments with others (Soares, Lemos, & Almeida, 2005). Such behaviour often results in difficulties with peer relationship formation, which is likely to lead to a sense of aloneness and difference (Kim & Cicchetti, 2010). Indeed, for insecurely attached individuals, peer acceptance is typically minimal (Dykas, Ziv, & Cassidy, 2008) and such individuals are more likely to experience peer rejection (Kim & Cicchetti, 2010) than their more securely attached peers. Difficulties with peer relationship formation have also been associated with low autonomy-support and intrusive parental control (Clark & Ladd, 2000; MacDonald & Parke, 1984), a factor that has been identified as a predictor of delinquency (Allen et al., 2002).

Attachment theory and research has tended to focus on the disadvantages associated with insecure attachment; however, it has been argued that insecurely attached individuals may have some advantages over those who are more securely attached, particularly when confronted with threat (Ein-Dor et al., 2010). For example, insecurely attached individuals often utilise mechanisms such as hyper-vigilance in order to detect potential threats and to focus on evasive strategies in order to survive such threats (Ein-Dor, Mikulincer, & Shaver 2011). Notwithstanding the perceived advantages of insecure attachment representations, recent findings suggest that securely attached girls may be less likely (than their

insecurely attached peers) to engage in risky sexual behaviour (Sprecher, 2013). In other research, the presence of a secure attachment figure has been associated with a lower risk of antisocial or delinquent behaviour (Sousa et al., 2011). Moreover, insecure attachment has been linked to psychological ill-health, such as depression and anxiety (Lee & Hankin, 2009) and posttraumatic stress (Sandberg, 2010). The relationship between attachment and negative outcomes may be attenuated or exacerbated by factors associated with emotional development. For instance, insecure attachment has been associated with lower levels of empathy (Mikulincer, Gillath, Halevy, Avihou, Avidan, & Eshkoli, 2001), which may have a negative effect on the self-control that limits deviant or delinquent behaviour (Bowlby et al., 1972). Certainly, previous research suggests that girls with high levels of empathy may be less likely to perpetrate aggressive or delinquent behaviour (de Kemp et al., 2007); while a low level of empathy has been associated with a greater tendency for girls to engage in criminal acts such as property offending (Jolliffe & Farrington, 2007).

According to researchers in the trauma field, the formation of adaptive attachment representations may be severely compromised by adverse childhood experiences, which may lead to negative outcomes (e.g. Finzi et al., 2000). For example, attachment representation formation may be disrupted by parental bereavement in childhood and lead to elevated levels of distress (Bowlby, 1991); particularly if the attachment style of the surviving parent precludes the provision of empathy, warmth, and the development of self-reliance (Saler & Skolnick, 1992; Nickerson et al., 2013). Indeed, the loss of a parent during an individual's formative years has not only been associated with greater levels of psychological distress (Nickerson et al., 2013), but also been identified as a risk factor for delinquency (Draper & Hancock, 2011).

Arguably, in environments that are characterised by insecurity, fear, and threat (e.g. continuous maltreatment, abuse or neglect) the lack of a secure attachment figure may actually increase the risk of maladaptive socio-emotional behaviour (Cassidy & Mohr, 2001; Pearce, 2010). For instance, a history of physical abuse has been associated with a predominantly avoidant attachment style and a potential risk for antisocial or delinquent behaviour; while neglect has been linked to anxious attachment, a sense of rejection and ineptitude, and a tendency to withdraw from social interaction (Finzi et al., 2000). Other research has found associations between insecure attachment, ACEs and substance abuse (e.g. Golder, 2005). The findings from later research with children who had been exposed to abuse and domestic violence suggest that the presence of a secure attachment figure may buffer the risk of engagement in antisocial or delinquent behaviour (Sousa et al., 2011). It should, however, be noted that the latter study failed to find a significant relationship between lower levels of attachment and higher levels of offending. These authors suggested that an examination of multiple ACEs may help to provide a more complete picture of the role played by attachment in trajectories from ACEs to offending: one of the aims of the present programme of research.

It has been posited that disorganised attachment may be a risk factor for poor adjustment and negative outcomes, such as posttraumatic stress (Sandberg, 2010) and suicide ideation, after the occurrence of ACEs (Cassidy & Mohr, 2001). A recent study conducted by Venta and Sharp (2014), however, failed to find a significant relationship between attachment organisation and suicide-related thoughts and behaviours (SRTB) in an inpatient (psychiatric, substance disordered) population. On the other hand, these authors note two pertinent limitations to their study: First, relationships between the two variables might have been concealed by the high rates of SRTB reported by participants; secondly, potential moderators of the relationship between the two variables were not

explored. Previous research has implicated parental rejection (Fotti, Katz, Afifi, & Cox, 2006) and a history of ACEs, posttraumatic stress, and substance abuse (Dore, Mills, Murray, Teesson, & Farrugia, 2012) as potential risk factors for suicide behaviour.

Accessible social and emotional support networks may be a crucial factor in terms of resilience and psychological functioning for individuals whose primary caregivers are the source of threat. The lack of such support has been found to contribute to excessive levels of perfectionism and depression in an adolescent population who had a history of maltreatment (Flett, Druckman, Hewitt, & Wekerle, 2012). There is also evidence to suggest that low levels of social support may mediate the relationship between ACEs and psychological distress (Stevens et al., 2013), while the availability of social and emotional support may help to attenuate the risk of negative outcomes associated with ACEs (e.g. Williams & Nelson-Gardell, 2012).

As discussed in the literature review (chapter 2, pp. 36-38), resilience has been described as an individual's positive social, emotional, and psychological functioning, despite the experience of negative events (Bonanno & Diminich, 2013) such as ACEs. For example, resilience has been identified as a potential buffer between ACEs and suicidal behaviour (Roy et al., 2011) depression (Wingo et al., 2010) and posttraumatic stress (Fincham et al., 2009). Predictors of the construct (other than social support and supportive relationships) that have been identified in recent studies include emotional self-control (Kassis et al., 2013), optimism (Segovia et al., 2012) and hope (Singh et al., 2010; Williams & Nelson-Gardell, 2012). In addition, it has been argued that, from a positive psychology perspective, factors such as a positive outlook (Walsh, 2003) self-esteem and autonomy (Herrenkohl, Klika, Herrenkohl, Russo, & Dee, 2012) also fit within the resilience paradigm.

It has been maintained that children who experience multiple ACEs may not possess sufficient resources to develop resilience (Jaffee et al., 2007). For example, in comparison to a single traumatic incident, the development of adaptive emotion-regulation strategies and self-regulation in general, may be more severely disrupted by a history of multiple ACEs (Cloitre et al., 2009). Experience of multi-type ACEs has not only been identified as a risk factor for negative outcomes such as psychological distress (Fletcher, 2011) and risky sexual behaviour (e.g. Ramiro, Madrid, & Brown, 2010), but has also been associated with elevated levels of guilt, shame, and anger (Cloitre et al., 2009; Fletcher, 2011). Earlier research with maltreated youth led Stuewig and McCloskey (2005) to suggest that a greater sense of shame may exacerbate levels of depression, but that guilt may act as a buffer to offending behaviour. Fletcher (2011) has argued that such emotions are likely to play a role in the relationship between ACEs and psychological distress; a proposal that has been supported by recent findings from a study conducted by Stevens et al. (2013). Specifically, these authors found that emotion dysregulation acted as a mediator between ACEs and posttraumatic stress. Strategies such as self-blame, rumination, and a tendency to catastrophise have all been linked with higher levels of psychological distress (Garnefski & Kraaij, 2006). A recent examination of ACEs, maladaptive coping and psychological distress has identified self-blame as an important contributory factor to the maladaptive coping strategies utilised within an incarcerated female population (Johnson & Lynch, 2013). In addition, emotion dysregulation associated with the detrimental psychological effects of maltreatment has been implicated in problems with substance use (Rosenkranz, Muller, & Henderson, 2014). Indeed, a favourable psychological adjustment to chronic adversity such as maltreatment, neglect or abuse tends to be gradual and is subject to a multitude of factors (Bonanno & Diminich, 2013).

Recovery from traumatic events (such as ACEs) may depend on an integration of the experiences into one's meaning-making systems by way of an emotional engagement with the memories of such events (Wild & Paivio, 2003). Indeed, the use of adaptive emotion regulation techniques to cope with the negative emotional sequelae of ACEs is essential to enable posttraumatic growth (Wild & Paivio, 2003). Proposed adaptive emotion regulation strategies include an emotional approach to coping which involves expression of emotions and emotional processing (Stanton, Danoff-Burg, Cameron et al., 2000). However, although emotional expression has been found to facilitate posttraumatic growth (Linley, Felus, Gillet, & Joseph, 2011), there is evidence to suggest that excessive emotional processing in the absence of emotional expression may lead to greater levels of distress (Stanton, Danoff-Burg, Cameron et al., 2000). In fact, emotion processing has previously been found to mediate the pathway from trauma and attachment to illicit drug use and criminal behaviour (Golder, 2005). Furthermore, Stanton and Low (2012) have suggested that the beneficial effects of emotional expression may be context-specific and that emotional suppression might be a more adaptive strategy in certain circumstances. Indeed, Aldao (2013) has argued that the influence of context on emotion regulation has been neglected in research to date.

Findings from previous research suggest that individuals who exhibit high trait EI are more likely to adopt adaptive emotion regulation strategies to regulate negative emotions such as sadness, anger, fear and shame (Mikolajczak, Nelis, Hansenne, & Quoidbach, 2008) and are also less likely to utilise maladaptive strategies such as self-harming behaviour (Mikolajczak, Petrides, & Hurry, 2009). In a more recent study, low emotional intelligence and a history of trauma (e.g. physical or sexual abuse) were linked to poor emotion regulation and negative behavioural outcomes (Gaher, Hofman, Simons, & Hunsaker, 2013). Notwithstanding

such findings, there is some evidence to suggest that EI may be enhanced through training programmes (Clarke, 2006; Castillo et al., 2013).

As discussed in the report of the second quantitative study (chapter 5, p. 133), recidivism rates among women offenders with a history of multi-type ACEs may be unlikely to improve while interventions fail to address the emotional coping and management skills deficits that are often concomitant with psychological distress. Thus, as mentioned at the beginning of this chapter, the aim of the current study was to gain a broader and more detailed insight into women ex-offenders' understanding of their experiences and their future hopes and expectancies. There are two important advantages to such an approach: first, a qualitative study might identify potential key factors or processes, which may be overlooked in quantitative research; and second, the scales that are often used to measure emotions in quantitative studies are unable to detect the contextual nature, nuances of meaning, or an individual's sense-making of such emotions (Eatough et al., 2008).

6.4 Method

This study utilised semi-structured interviews that were based on an attachment framework and issues arising from the first study in the current programme of research (reported in chapter 4, p. 74).

6.4.1 Ethics

As with the first two studies, ethical issues arising in this study and how they were managed are detailed in the methodology chapter (chapter 3, pp. 72-73).

6.4.2 Interviewees

As detailed in the methodology chapter (chapter 3) interviewees were recruited using a purposive sampling strategy. Gatekeepers of ex-offender charities and social networking sites were approached (via e-mail or telephone) and sent a summary of the research with a request for assistance with recruitment among their female service users. One gatekeeper for an ex-offender charity responded and was sent an information sheet, a consent form and an interview schedule (appendix 4), which was passed on to potential interviewees in order to facilitate informed consent. An advertisement, which was targeted towards women who had a history of ACE and offending, was also placed on boards in the university (see appendix 5). Women who expressed an interest in being involved in the research were also provided with the information sheet, consent form, and interview schedule.

Two women volunteered through the gate-keeper of the ex-offender charity and interviews were scheduled for mutually convenient times and at a location (in the vicinity of the charity's local office in Manchester) familiar to the interviewees. Unfortunately, due to unforeseen circumstances, one of the women was unable to attend the interview. Four women (two of whom were acquainted with the researcher) were recruited via the advertisement and were sent the information sheet, consent form and interview schedule. Again, interviews were arranged for mutually convenient times and locations (in Luton). Thus, five women, aged between 33 and 45 years, were involved in the study. The interviewees are referred to throughout as Jenny, Geraldine, Martina, Lauren and Stacey. These names have been selected so as to protect the anonymity of the interviewees. All interviewees were UK citizens; two described themselves as white British, one as mixed race (Black/Asian), one as Irish British and one as English. Four of the interviewees had one or more children, two were single (one had recently separated from her partner)

and three were either married or had long-term partners. Four of the interviewees were in employment and one was unemployed.

6.4.3 The interview schedule

In adherence with the recommendations made by Smith et al. (2009), a semi-structured interview schedule was constructed. Specifically, the main topics were identified utilising an attachment framework and issues arising from the first study in the current programme of research. The topics included were integrated into a logical sequence and, in order to comply with comments and recommendations from the ethics committee, potentially distressing topics were placed later in the schedule. Interview questions were designed to be as open and as broad as possible in order to give interviewees an opportunity to give voice to how they make sense of their experiences.

The first question in the schedule was designed to help interviewees to relax and also to set the scene for subsequent questions. Reflecting the procedure advocated by Smith et al. (2009) prompts were also constructed in order to encourage interviewees to expand on their thoughts, feelings and actions related to their experiences. An example of the questions and how they relate to the attachment framework and the issues arising from the first study can be seen in Table 12. The interview schedule is shown in appendix 4.

Table 12 Interview questions, attachment framework and study 1 findings

| | Interview Question | Example of prompts | Attachment framework 1st study | |
|---|---|--|--|--|
| 1 | Starting from the earliest time that you can remember, can you tell me a bit about your childhood and the sort of relationships that you had with your family or carers (up to about age 18)? | What sort of impact do you think this had on your life at the time/now/future? | Attachment with primary carers | |
| 2 | Can you tell me about anything or anyone that has had a really good influence on your life? | How do you feel about that? | Secure attachment / social support networks | |
| 3 | Can you tell me about the most difficult relationship that you had when you were growing up? | What sort of impact do you think this had on your life? | Insecure attachment | |
| 4 | Can you tell me who, or what, you think had the worst impact on your life? | How do you feel about this? How did he/she/it influence you? What effects do you think this had? | Attachment representations | Dysfunctional attitudes Just World Beliefs Mastery |
| 5 | How did you feel about that at the time? | Can you give me some words that describe your feelings at the time? | Emotional consequences | Levels of negative affect |
| 6 | Sometimes people behave in ways that they are really not proud of or that they don't feel good about when they are feeling bad about difficult times/relationships - it's a normal reaction. Can you tell me about a time when thinking about the event/person has made you feel bad? | What happened? How did you feel? What did you do to cope with those feelings? | Behavioural consequences Emotional consequences Emotion management | Antisocial behaviour Levels of negative affect Emotional coping/management |
| 7 | To what extent did you manage those feelings? | | Emotion regulation at the time | Emotion management (EI) |
| 8 | At that time, did thinking about the event(s) or person cause you other problems? | Could you give me some examples? How do you think this has affected your life? Do you still have problems with those feelings? | Psychological and emotional sequelae | Levels of psychological distress |
| 9 | How do you feel about it/him/her now? | | Positive/negative affect | |

6.4.4 Procedure

The interviews took place between March and August 2013, with individual interviews lasting between 60 and 165 minutes; thus the total recording time was approximately eight and a half hours. Prior to the commencement of each interview, drinks were provided and time was taken to chat with interviewees in order to help them feel relaxed and to facilitate rapport. A digital audio-recorder was used and the interviews were transcribed verbatim. As a thank you for their participation in the study, each participant was given a voucher from a High Street store at the end of the interview. Prior to the end of August, each participant was sent a transcript of her interview for validation; they were also asked to contact the author before the writing up stage commenced (in the last week of September 2013) should they wish to withdraw from the study, or to add, delete or otherwise make amendments to the transcripts. As mentioned in the methodology chapter (chapter 3) interviewees had been advised during the interviews that changes could not be made once the writing up stage had commenced. One participant made some additional comments, but there were no requests for withdrawal of the data or for deletions or amendments to the transcripts.

6.4.5 Analytic strategy

As discussed in the methodology chapter (chapter 3) Smith et al. (2009) have recommended that the interviewer 'bracket off' pre-existing ideas, theories and concepts during analysis and interpretation of the data. However, one aim of the present programme of research was to test the viability of using an attachment framework to examine pathways from multi-type ACEs to negative outcomes; thus, questions in the interview schedule had been predicated on the theoretical framework and the results of the first quantitative study. Consequently, it would not have been possible, or indeed desirable, to 'bracket off' entirely. Comparisons were made between the themes that emerged from the data and the

components of the theoretical model of attachment that was identified in chapter 1 (p. 24). Nonetheless, themes that did not fit within the attachment framework were not discarded if they emerged from a majority of the transcripts; on the contrary they were included in the analysis and discussion. A similar approach was utilised by Green et al. (2004) in order to examine illness representations of seizures in relation to the self-regulation model proposed by Leventhal, Diefenbach and Leventhal (1992; cited in Green et al., 2004).

Utilising the procedure advocated by Smith et al. (2009) the transcripts were analysed individually using IPA. Initial note-making followed several close readings and was repeated several times for each transcript. The notes focused first on comments of interest and the use of language, patterns and contradictions, and then progressed to key issues of concern to the interviewees and the context of such concerns. Emerging themes were identified, which encapsulated the initial interpretations of the interviewees' accounts. The themes were then clustered together to identify super-ordinate themes. Once all of the transcripts had been analysed (this was an iterative process, which entailed going back and re-reading the transcripts several times in order to ensure that the interviewees' meaning-making was clear) connections were sought across transcripts to identify master themes. The themes and accompanying narrative excerpts from each participant's transcript were entered onto an Excel spreadsheet (an example can be found in appendix 7). The latter procedure constituted a stage in a chain of evidence that started with the interviews and ended with the final report and was utilised as a means of checking validity (discussed in more detail below).

6.4.6 Validity

Given that qualitative research is often questioned in terms of its validity, Smith et al. (2009) recommend that the data (e.g. audio tapes, annotated transcripts, tables of themes and so on) collected during an IPA study are

ordered in such a way as to provide a 'virtual' audit trail (p. 183). In other words, although a thorough audit of the data would not actually be carried out (such an action might compromise interviewees' anonymity as well as such confidentiality as is possible in this type of research) it would be possible in theory for someone to follow the paper trail. Such a process was followed in the current study. Notwithstanding issues of anonymity, validity checking was not precluded entirely since it was possible to use an alternative method. Specifically, an individual (with qualifications in psychology and neurolinguistics) who had no connection with the current programme of research checked the spreadsheets and verified the soundness of the themes that had been identified from the narratives. Moreover, the transcript checking process that was carried out by the interviewees contributed to validity in terms of ensuring the trustworthiness of the transcriptions. Additionally, interviewees were provided with an opportunity to obtain a copy of the report, in order to provide a check for validity in terms of authenticity with regard to the interpretation of their narratives.

6.5 Analysis

There was a great deal of variation between the interviewees in terms of their experiences, the perceived outcomes of such experiences, and how they made sense of their 'life-worlds'. Nonetheless, many commonalities emerged from the data and these were grouped into three master themes: childhood; outcomes of ACEs; and present and future. Within the master themes were several super-ordinate themes, which in turn contained several sub-themes. Details of the master themes, super-ordinate themes and sub-themes, together with identification of the accounts from which each theme emerged can be seen in Table 13.

Table 13 Themes emerging from interviews in study 3

| | Jenny | Geraldine | Martina | Lauren | Stacey |
|--|-------|-----------|---------|--------|--------|
| <u>Master theme 1 - Childhood</u> | | | | | |
| <u>Super ordinate theme 1.1</u> | | | | | |
| Attachment and relationships | | | | | |
| Secure vs. insecure | x | x | x | x | x |
| Difference vs. fitting in | x | x | x | x | x |
| Acceptance vs. rejection | x | x | x | x | x |
| Social and emotional support | x | x | x | x | x |
| <u>Super ordinate theme 1.2</u> | | | | | |
| Survival and control | | | | | |
| Chaos vs. stability | x | x | x | x | x |
| Insecurity vs. control | x | x | x | x | x |
| Escape | x | x | x | x | x |
| <u>Master theme 2 - Outcomes of ACEs</u> | | | | | |
| <u>Super ordinate theme 2.1</u> | | | | | |
| Impact on attachment representations and relationships | | | | | |
| Representations of self | x | x | x | x | x |
| Representations of others | x | x | x | x | x |
| Unsafe world vs. survival | x | x | x | x | x |
| Attachment style | x | x | x | x | x |
| <u>Super ordinate theme 2.2</u> | | | | | |
| Impact on psychological well-being | | | | | |
| Psychological distress | x | x | x | x | x |
| Maladaptive vs. adaptive attitudes and beliefs | x | x | x | x | x |
| Experience of therapy | x | x | x | x | x |
| <u>Super ordinate theme 2.3</u> | | | | | |
| Impact on emotional expression and management | | | | | |
| Emotions, emotional expression and coping with emotion | x | x | x | x | x |
| Emotion management | x | x | x | x | x |
| <u>Super ordinate theme 2.4</u> | | | | | |
| Behavioural outcomes | | | | | |
| Maladaptive behaviour | x | x | x | x | x |
| Behaviour modification | x | x | x | x | x |
| <u>Master theme 3 - Present and Future</u> | | | | | |
| <u>Super ordinate theme 3.1</u> | | | | | |
| Resilience | | | | | |
| Autonomy, a positive outlook and personal growth | x | x | x | x | x |
| Expectances for the future | x | x | x | x | x |

Interviewees' childhoods differed to some degree with regard to the number and types of ACE that they had experienced. Categories of ACE that were experienced by the women included parental separation or divorce, parental alcohol abuse, mental illness within the family, incarceration of a parent, parental bereavement, family break-up, or an unstable home (through loss of home or constantly moving home). Moreover, with one exception (Stacey) all of the women had experienced either neglect (emotional or physical) or had witnessed or experienced (or both) abuse (physical, sexual or psychological). Details of the number and type of ACE's experienced by the interviewees are shown in Table 14.

Table 14 ACEs experienced by interviewees (by type)

| ACE category | Jenny | Geraldine | Martina | Lauren | Stacey |
|---------------------------------------|-------|-----------|---------|--------|--------|
| Physical abuse | | X | | X | |
| Sexual abuse (family member) | | X | | X | |
| Sexual assault (non-family member) | | | X | | |
| Bullied by peers | | | X | | |
| Psychological abuse | X | | X | X | |
| Neglect (physical) | X | X | | | |
| Neglect (emotional) | X | X | X | X | |
| Witnessing violence | X | X | | | |
| Parental alcohol abuse | X | | X | | |
| Parental incarceration | | X | X | | |
| Bereavement (parent or close other) | | | X | | X |
| Parental separation / divorce | X | X | | X | |
| Mental illness in family | | | X | | |
| Break-up of family (placed into care) | | X | | | |
| Unstable home | X | X | X | | |

In addition, several of the women reported the experience of emotionally salient events in adulthood, which had had an effect on how they made sense of their 'life-worlds'. Thus these experiences (and the effects of such experiences) have been included in the findings where appropriate.

As mentioned above, the aim of the current study was to obtain an in-depth understanding of how the interviewees make sense of their experiences rather than to examine offences and offending specifically. Nevertheless, allusions to offending behaviour were made either prior to, or during, the interviews. The range of offences mentioned were: - shoplifting, drug offences, under-age drinking, driving while under the influence of alcohol, causing neighbour complaints or a public disturbance, and property offences (e.g. theft and fraud). It should be noted that only two of the women had actually been convicted of a criminal offence. Additionally, with the exception of Geraldine, many years have elapsed since the women have been involved in such behaviour. Interestingly, only two of the women appeared to associate such behaviour with childhood events, while two others attributed their behaviour to other causes (i.e. peer pressure, availability of substances, and as a means of survival). Narratives relating to offending behaviour are presented later in the analysis section under the master theme 'outcomes of ACEs' (super-ordinate theme 'behavioural outcomes', sub-theme 'maladaptive behaviour').

In spite of the apparent homogeneity of the group (i.e. each interviewee had a history of ACEs and had perpetrated at least one type of offence), analysis of the transcripts revealed remarkable differences between the women in terms of trajectories from ACEs to negative outcomes. In order to contextualise interviewees' thoughts, feelings and behaviour (discussed later in the chapter) relating to their experiences, the next section draws attention to extracts from interviewees' narratives that refer to events that they experienced in childhood.

6.5.1 Childhood events

In the first extract presented below, Geraldine describes her experiences up to the age of seven.

It was quite hard under the age of seven. Um there was a lot of abuse that went on in the family, a lot of physical abuse from my father towards the children and towards my mother, um and I was sexually assaulted by my father for about six years.

Martina gave an example of the type of discipline that she received as a child.

...when we were actually in (location) and I was between the ages of two and four, their method of discipline was weird. They had this coffee table, it was like a brown wooden coffee table, it had tiles on it, um it was a nice coffee table um but because I wouldn't settle down and I was slightly hyperactive, they decided to Sellotape me to the coffee table and then turn off all the lights and stand in the doorway pretending that they were gonna come and cut me up <laughs>. So, they thought it was a joke!

Stacey explained her reaction to the deaths of her parents.

My mum died when I was five and my dad at fourteen. Um one of the things that I can sort of, I can remember about growing up is people talking about their mums and me not having one. Um it didn't necessarily upset me but it made me wonder, I wonder what it would be like. I wonder what it would be like. I wasn't necessarily upset, because I was kind of used to it.

Lauren and Jenny clearly found it very difficult to talk about their experiences. Nonetheless, both women were determined to continue the interview, despite being asked if they would like to stop. Lauren described her relationship with her mother and Jenny described a violent scene that she had witnessed.

So there was a lot of battling with her um she used to, when she did lose her temper, then I'd sort of look at her, and she called it my 'dumb insolence face' because I couldn't say anything. But she'd still slap me <visibly upset> (Lauren)

I must have sort of followed them [Jenny's parents] and um then I saw him [her father] banging her [her mother] head off the wall as she sort of gone up the stairs, he pulled her down by her legs and there's blood and there's screaming and there's um just absolutely awful crashing and banging and, him shouting and her screaming... (Jenny)

6.5.2 Master theme 1 – Childhood

As depicted in table 13 (p. 183), the childhood master theme encompassed two super-ordinate themes: attachment and relationships; and survival and control. Within these themes the women discussed environmental, interpersonal, social, emotional, psychological, and cognitive features of their formative years.

6.5.2.1 Super-ordinate theme 1.1 – Attachment and relationships

A complex picture relating to the interpersonal and social aspects of the women's lives emerged from their accounts. Some interviewees acknowledged the adverse influence that significant others (parents or carers) had had on their lives. Attachments and relationships with family and peers during the women's formative years were also associated with problems regarding a sense of fitting in, acceptance and belonging.

Secure vs. insecure attachment

The interview commenced with an explicitly worded invitation (see question one in the interview schedule in appendix 4) for interviewees to

talk about the relationships that they had with their families (or carers) up to the age of eighteen.

On being asked this question, Jenny immediately became distressed and was unable to articulate a clear response. The question was reworded and she was asked if there was anyone that she felt that she could talk to during her childhood.

I really struggled with it, And that is exactly what happened to me when I read those two questions and I thought actually I'd be okay because usually I say, Oh, yeah I had a difficult childhood, you know... but, I just, I really struggle, and it's really, the best relationship, and I kept thinking about, so we're talking about family.... OK um because the only person that came to mind was a friend, but I really struggled with it...

Jenny's general uncertainty during this exchange, and her inability to think of a positive relationship during her childhood, strongly suggests the absence of a secure attachment figure among the members of her family or within her social circle.

Stacey described her relationship with her father as distant and lacking in physical demonstrations of affection.

So my memories of my dad were kind of very strict. Although I knew he loved me. Um he wasn't very physical in terms of showing it and things like that um but I knew he did.... And because my mum died as well I think I accept death. I just think it's, you know, it just, it happens to all of us at some point so I don't really get too upset about these things. And it's, it's probably affected my relationships with people actually because um I don't get very attached to people.

Nevertheless, Stacey's assertion that she felt loved demonstrates that there was a certain degree of emotional security during her childhood. On the other hand, this narrative clearly demonstrates Stacey's belief that she avoids close relationships as a consequence of her experiences.

In some ways, Martina's experience was similar to Stacey's in terms of parental relationships. In fact she explicitly described her relationship with her parents as distant.

I do remember I didn't really get on with my stepdad. Um it wasn't that he was abusive or nasty, he was just quite distant; um but, at the same time, he was quite a sociable man um and he was quite funny. You know, he was always sort of cracking jokes, but he wasn't very emotionally close.... My mum was quite distant, as I say, because she was always working and always dealing with *Dennis [Martina's stepfather] ...there wasn't a lot of um must admit there wasn't a lot of love, sort of, when I was a kid.

Unlike Stacey, Martina's account clearly demonstrated an absence of emotional security in her relationship with her parents.

Similarly, Lauren was unable to identify any positive relationships with a family member.

I mean my dad would stay out a lot... When he was there, he'd be quite absent really, he'd just grunt at you a lot of the time.... But still when I knew that they were splitting up really I wanted to go with my dad I didn't want to go with my mum; I didn't like her.... when we used to play games with witches or anything like that I always used to imagine it was my mum.

Thus, Lauren perceived her father to be distant; while her description of the imagined protagonist in her childhood games (mother as a witch) evokes a powerful image of a perception that her mother was a figure of evil intent.

Geraldine's situation was slightly different. Given the unstable nature of her childhood (care, adoption, return to care), it was perhaps slightly surprising that she was able to identify an adult with whom she formed a good relationship. Nevertheless the second excerpt illustrates that the physical and sexual abuse inflicted upon her by her father resulted in a confusion regarding interpersonal relationships.

I think that was my solid, positive relationship, first adult positive relationship would have been that social worker called *Sister Alice, she's a nun.

...so basically it was quite um didn't understand relationships at all.

Even though responses varied, it was noticeable that none of the women could identify a relationship with an adult family member that was secure in both physical and emotional terms. Indeed, a strong sense emerged from the transcripts of an absence (either literally or emotionally) in terms of a secure attachment figure during childhood.

The next two sub-themes relate to interviewees' sense-making regarding social and interpersonal relationships.

Difference vs. 'fitting in'

The difference vs. fitting in theme emerged, either explicitly or implicitly, from all of the interviews and also related to interviewees' relationships in childhood. Two interviewees referred to a childhood friend: one revolved around a family relationship and two involved both childhood peers and family relationships.

Jenny and Stacey talked about a childhood friend who had had a positive impact on their lives. Nevertheless, both accounts illustrate the women's general feeling of being different and alone during childhood. Jenny described a friendship that she had formed at school.

I met her at secondary school um when I was about twelve um and actually her and I we were, we sort of got on ok with a bigger group of people at school, but also, but we were quite isolated, not also, but um yeah we were quite isolated, so it was just the two of us....

Stacey's account also concerned a relationship that had developed during her formative years.

I never kind of totally fit in and I, and also in terms of being able to have a close friendship, I always found it difficult... But, but the first person, before I sort of started to think about it too much, that came to mind my friend *Lindsay and she was, I remember her saying some important words when we were kids, she said, we're in the same boat....

Conversely, Lauren's account seems to imply that she had many friends during childhood.

Yes. Well, the thing is I didn't actually, I thought about that question, and I'd say the best thing was more the fact that we lived on a cul-de-sac and I had lots of friends to play with.... Yes, so I'd say that was the positive bit. And, you know, there's a lot of good memories outside playing.

Unlike Jenny and Stacey, Lauren had numerous childhood friends. However, the hesitation at the start of the excerpt seems to indicate that she could not actually think of a best relationship during that particular period of time. In fact she almost seems to be trying to convince herself that there was a positive side to her childhood.

The excerpt presented below serves to highlight Martina's sense of aloneness and describes her attempt to fit in during a rare period of stability in her childhood.

When w-we lived in um [location] as I say we were there for quite a long time um and I think to <sigh> overcompensate for loneliness, I was quite an imaginative child and I even planned a birthday party and invited loads of people and didn't tell my parents about it, which I got into serious trouble for <laughs> um but, got sort of grounded um which didn't really make all that much difference because I spent a lot of time in my room anyway.

Martina's laughter and her subsequent comments relating to her punishment for arranging the party indicate that this type of discipline was not only frequent, but a normal feature of her childhood. Given such circumstances, it seems evident that she would have experienced a severe lack of social interaction with her peers during her formative years. In addition, the itinerant nature of Martina's childhood precluded an

opportunity for her to form lasting peer relationships, as the following extract demonstrates: -

I think if I'd have had, if we'd have had a stable um and secure home um. I wouldn't have necessarily gone through so many friendships um and attachment figures... they were only there for short periods of time, especially when it came to peer groups and friends and teachers and things like that.... So it was, those interchanging relationships, I think, were hard to deal with. Um they damaged, you know, my ability to trust and be confident with people. Because, I'm never too sure, you know, what I'm supposed to be doing.

Martina's discourse clearly demonstrates a sense of uncertainty ('I'm never too sure') in terms of an ability to mix with other people. Furthermore, she seems to make sense of such a state of affairs in terms of her unstable home-life.

Geraldine was also explicit in terms of her inability to 'fit in' as the following excerpt illustrates:

I couldn't ha-form a relationship in a family. Didn't know where I fitted in, in terms of family, so I had three um adopted sib-um adopted siblings um and for them to have a normal upbringing I had to go, go back into the system, and go [to her adoptive parents] at weekends.

There was a noticeable lack of references to childhood peers in Geraldine's account, which is perhaps not surprising given the circumstances. As illustrated in the extract above, Geraldine's problems with relationship formation had an adverse effect on her ability to adapt to a potentially secure family environment.

Acceptance vs. rejection

The extracts presented below relate to the women's experience of acceptance.

But, and we [Stacey and her childhood friend] just had a lot in common, I think. Our, the things that we wanted to do, the activities we took part in, the level of conversation we had, it wasn't sort of trivial, childish. We had serious conversations, heart-to-hearts, yeah, we could really open up; feel really comfortable with each other.... And she just accepted me as, as I was and vice versa.

[Stacey]

I suppose she was the only one really, that I felt that I could, I was gonna say be as open as I could.... So um I suppose the fact that she did, yeah she was quite open-minded I suppose and, you know, I just lived with my dad and things were difficult there at times, if the electricity cut off um and she knew some of that stuff and actually she was still quite accepting of me as a human being yeah....

[Jenny]

These extracts suggest that for Stacey and Jenny the sharing of inner thoughts and feelings with another individual was an exception rather than the rule. Moreover, the references to being 'open' or 'opening up' implies a general fear of rejection. Indeed, the two women were explicit regarding their perception that others were not usually accepting of them.

Martina's discourse in the excerpt presented below relates to a conversation that she had with her mother about her stepfather.

I remember being um six years old um and telling my mum, it's either me or him [Martina's stepfather]. But, I didn't know that he'd said the same thing. So, and she actually said, she told me that he'd said the same thing. So <tails off>. [Martina was asked how she felt about that] Rejected, because I didn't, I never did feel part of their family unit. They were the family and I was the inconvenient stepchild.

The use of the word 'rejected' in her account suggests that Martina felt excluded and ostracized by her immediate family. As mentioned in the 'difference vs. fitting in' sub-theme above, Martina's home-life impacted negatively on opportunities for her to form peer relationships. Nevertheless, she made reference to having an association (albeit not a positive one) with two girls during one relatively stable period in her childhood.

*Tracey and *Denise used to go shoplifting but it was something that I was absolutely petrified about... I remember trying to, trying to nick um a lolly because it was a bit of an initiation they was, Oh, you gotta, do it, you gotta..., and really sort of trying to egg me on and it was just in the local shop and I got a milk lolly, and it was terrifying, I couldn't do it again.... But um it was, yeah, we did that um and we abused um aerosol ca-aerosol sprays um tippex thinner was a regular one at that time as well um yeah so I, I kind of got in with those and I, I became very quiet and withdrawn um I didn't, I didn't speak up for myself at all, I just kind of went with the flow. Um whatever they were doing, I did it because it, I was being accepted by them.

Thus, Martina's discourse suggests that it was not usual for her to feel accepted by others. On the contrary, in order to gain some acceptance, she felt obliged to take part in activities; one (shoplifting) which caused her

to experience highly unpleasant emotive responses and other activities (substance abuse) which were physically harmful.

Social and emotional support

This theme captures the women's experiences in terms of the availability (or not) of emotional and practical support during their formative years. Once again, differences between narratives became apparent. For instance, two of the women referred to the availability of practical and emotional support from a friend and two mentioned receiving practical (but not emotional) support. Conversely, one interviewee's account appears to depict a childhood that was completely lacking in any type of support.

Geraldine appeared to consider herself as fortunate in terms of the support networks that were available to her during various periods of her childhood. In spite of the transitory nature of her residence with them, she clearly felt that her adoptive parents were a practical form of support while she was in their care.

And so one thing that I learned with my adoptive parents is they squashed so much in from the age of ten to the age of thirteen to make sure I had all the experiences I'd missed out on. And no matter how daft or stupid it was, they still let me do it to, get that out of my system.

Nonetheless, the excerpt presented below seems to imply that she did not feel that her adoptive parents could provide the type of support that she thought she needed.

Because no matter how caring and loving my adoptive parents were, I always felt a little bit... because they had three other children and I don't, you know...

In spite of her feelings of gratitude towards her adoptive parents, it would appear that the relationship was not close enough for her to feel able to elicit emotional support from them.

Martina also made reference to an adult within her family from whom she could access practical support. However, her account demonstrated that a source of human emotional support was lacking.

I suppose it was supportive in that sense, when there was somebody there that I needed, but I would not pour my heart out to her [Martina's grandmother] because my nan was, came from hard stock.... I wouldn't call my mum, the relationship between me and my mum, supportive at all. And I must admit, I didn't have, as a child growing up, and even sort of up until now really, I didn't have any emotionally supportive relationships.... I think I, my, my biggest emotional support were the animals that we had. So um they were sort of, you know, those were the ones that I confided in.

Conversely, Stacey and Jenny were able to identify a source of both emotional and physical support. The following extract illustrates Stacey's experience.

I remember being kicked out of, of my house, my older sister kicked me out because I wouldn't listen to her and I remember going to stay with, *Lindsay [Stacey's friend] had also left her household to go and stay with her boyfriend, he was a lot older, and I remember going there and staying there as well.... it gave me um a sense of friendship, somebody to be close to, which I hadn't really had before like, not like that.

Jenny's experience was similar to Stacey's in that the source of her support was her only childhood friend and her friend's family. In addition to receiving emotional support from her friend, her friend's family provided some practical support. In fact, it was clear that she had not really considered this aspect of her childhood before.

Oh bless them, they really did look, oh I hadn't really appreciated that until now, actually, they really, they yeah really looked after me yeah. They gave me, yeah, there was a, there was a sort of towelling dressing gown for when you come out of the shower and, you know, and um a flannel and toothbrush and, you know, just sort of, you know, stuff like that when I went to stay....

Even though Lauren had previously mentioned that she had had many childhood friends to play with, in general terms her account suggests an absence of support either from within, or outside, the family unit.

I had an older sister, but the way it worked there was, I never knew. Sometimes it was us against them [Lauren's parents], but then sometimes she'd flip sides.... I mean I didn't have, we didn't have an extended family really um I wouldn't say I was particularly close to any of my teachers, so I wouldn't say that there were any adults in my life apart from really, my mum and dad when I was growing up.

At best, Lauren's support from her older sister was sporadic and unstable; while the general sense of the latter part of the extract presented above suggests that support from other adults within her social sphere was unlikely.

6.5.2.2 Discussion

In general, interviewees' accounts suggest a sense of an insecure (as opposed to a secure) physical and emotional attachment with primary care-givers as well as a dearth of emotional and social support networks. Consistent with attachment theory and research, most of the narratives presented above demonstrate problems with regard to peer relationship formation (Kim & Cicchetti, 2010; Dykas et al., 2008), which resulted in a sense of aloneness and difference for interviewees. Moreover, echoing previous findings, not only did the women appear to have experienced minimal peer acceptance in childhood and adolescence (Dykas et al., 2008), but their narratives also conveyed a concern regarding peer rejection (Kim & Cicchetti, 2010). Indeed, for Martina, the sense of rejection was not limited to her peers; it extended to her immediate family. Her narrative also reflects previous findings that have linked attachment and ACEs to negative outcomes such as delinquency and substance abuse (e.g. Finzi et al., 2000; Golder, 2005) and has added some limited support for the view that multiple ACEs should be examined in such research (Sousa et al., 2011).

6.5.2.3 Super-ordinate theme 1.2 – Survival and control

Chaos vs. Stability

The majority (three) of the women described an upbringing that had been characterised by uncertainty and instability in terms of environment; while two interviewees' narratives appeared to portray a stable home-life.

Jenny's account concerns the period of time during which she and her sister went to live with their father subsequent to a violent altercation between her father and her mother's boyfriend.

He [Jenny's father] did a night shift so he was never there in the evening um I suppose we were old enough, sort of old enough,

I think we were, I was thirteen, my sister was a year younger so she was twelve um so um we were sort of fending for ourselves through the night, which was ok um but quite often the electricity was cut off and we had no hot water, nothing to cook with um and very little food in the cupboards...

Martina's story illustrates the adverse effect that constantly moving house due to her stepfather's lack of employment had on her sense of place in the world.

But, that period of time we were moving here, there and everywhere. We lived in so many different places, it was sort of, waking up and wondering where I was... Um by the time I was a teenager, I'd been to thirteen schools um because my dad couldn't keep a job.

Geraldine's childhood was also characterised by the lack of a stable home. The following two extracts illustrate instability not only in terms of a home, but also in terms of care.

My two older brothers went in to the system. I was placed with my three um yeh, three younger chil-yeh, there was me and my younger sister and my younger brother and baby *Neil.... I was then placed when I was ten to two parents who I actually call Mum and Dad.... I went back into the system when I was thirteen.... I got my own accommodation when I was sixteen, coz that's what they usually do; they throw you out at sixteen of a children's home, do-you are on your own.

...when I went into care, never wore any clothes of your own; really badly treated. Um I'd run around the estate in just a t-shirt um a lot of the time.

Conversely, Stacey's childhood was depicted as being at the other end of the chaos vs. stability spectrum. Moreover, Stacey described her father as a good man who 'did his best to live good'. Nevertheless, her account suggests that she felt that her life was somewhat regimented after her mother's death.

I think I had more responsibility than a lot of my friends as well, which kind of made it difficult for me to relate to them. Because my dad brought us up to sort of cook and clean every day after school. We'd have to come home and cook, that was what we did, you know. Every weekend we hand-washed all our clothes.

There seemed to be a conflict within Lauren's account between the surface impression of her discourse and the reality of her experience. While she initially suggested that her childhood was characterised by stability, this was moderated somewhat by her use of the expression 'in some ways'.

I would say there was an attempt to like create stability in some ways, you know. It was a secure house, the bills were going to be met; it was all secure in that way. Like there were rules, like what time we were meant to go to bed and, you know, we were going to be fed and we got our school uniforms and, you know, in some ways I would say they did their best.

The ambivalent nature of Lauren's account suggests that other aspects of her home-life were not so stable. Indeed, her discourse later in the interview strongly suggested a sense of insecurity and a fight for survival and control. As will be seen, such elements emerged from most of the women's narratives; thus the next sub-theme contains extracts that relate to insecurity and control.

Insecurity and control

A majority (three) of the transcripts portrayed a childhood that was characterised by insecurity and fear, while one conveyed a sense of excessive parental control. Two of the women's accounts were littered with words and phrases that suggest a monumental struggle for control (e.g. 'battle' and 'war') over their lives.

As mentioned in the sub-theme above, Lauren's discourse seemed to convey a sense of uncertainty in her description of her home-life during her formative years. Some clarification emerged from her description of an event that occurred during a family holiday.

We'd all gone on a family holiday abroad for the first time and what had happened was it [the door] was on a lock, so I'd gone up and I'd put the bath on, and they were all downstairs in the bar, and I'd come out for some reason, I'd forgot the keys and it had locked behind me. And because I was so frightened of what my mum would do, coz I'd left the tap on, I got into a really bad state, I was really worried, and I got really upset about it <visibly upset>.

The intensity of her emotions relating to the possible repercussions of this incident suggests that she feared for her safety. In addition, her distress during this exchange clearly demonstrates that the incident had not only made a powerful emotional impression on her at the time, but that the negative impact of those feelings persists to the present day. In fact, Lauren's response to being asked to provide some words to describe how she felt during her childhood highlights her general sense of insecurity during this period.

Angry, scared. It was unpredictable, constantly walking on eggshells...

The imagery evoked by her use of the expression 'walking on egg-shells' demonstrates a perception that her existence was precarious and fragile in the extreme. Nevertheless, Lauren fought to gain some control over her environment.

I suppose my mum would be getting really, I dunno, angry about different things. Then I would fight back with her.... It gave me a bit more control. But I couldn't win. But I did, it was like a, it just turned into an ongoing battle of wills.

Jenny also depicted a childhood typified by a constant sense of threat. In additional comments that she made subsequent to reading the interview transcript, Jenny utilised a highly emotive expression ('impending doom') to describe her general sense of fear and insecurity during her formative years.

I remember being frightened of my dad, he was angry quite often and sometimes violent and so I was living in fear a lot of the time. I have memories where sometimes things were fairly normal and settled but I look back now and feel that it was overshadowed with a constant feeling of impending doom and I feel I was always trying to ensure I didn't do anything to cause my dad to become angry.

This general sense of insecurity during childhood was also echoed by Martina, first in relation to being Sellotaped to the coffee-table and being left in the dark (aged between two and four), and then in more general terms.

His [Martina's stepfather] way of discipline was that, because he thought it was funny, but scary and they wouldn't, you know, and, she'll never do it again and she'll calm... Yeah, bloody

calm down, but it gave me a fear of frigging dark for ages and I don't like being restrained.... As I say, they weren't sort of physically abusive but the psychological stuff was quite vast.

The use of the word 'vast' indicates that this was not a singular event; on the contrary, this type of experience pervaded her childhood and had a major impact on her life. However, like Lauren, Martina tried to gain some control. In the following extract, she described how she would vie with her stepfather for her mother's attention.

...so we did battle, you know. It wasn't physical, but it was um psychological. We were, you know, there would be wars of words.

Similarly, Stacey's narrative suggested a fight for control over her life. The excerpt below illustrates Stacey's sense-making of her response to her father's authoritarian parenting style.

He was quite strict which kind of didn't help in terms of my rebelliousness um maybe if my mum was around, you know, I maybe would have had a contrast um and I wouldn't have needed to be [rebellious].

The sub-theme presented below discusses the women's strategies to gain autonomy or to cope with a perceived threat to their well-being.

Escape

Most of the interviewees developed coping strategies in order to escape from (and survive) perceived threats to their well-being during childhood. An exception was Stacey, whose escape tactics were associated with a struggle for autonomy.

Lauren's survival strategy was to absent herself from the family home in order to avoid her mother's anger for as long as possible.

My relationship with my mum was very bad. She was quite angry a lot of the time.... So, I mean I didn't like being in the house... that's why I loved summer because you could be out longer.

Like Lauren, Jenny would often endeavour to escape from her father's presence in order to avoid a potentially dangerous situation.

I was always very good at reading signals um and sort of, staying out of his way if he was angry, or um yeah, if he was frustrated... I didn't want to be on, yeah on the receiving end um of what I'd seen I suppose. Violence, that I knew he was capable of um and also, yeah really aware of not wanting to trigger any, any sort of um violence, any anger.

Geraldine was unable to escape from her father's abuse in a physical sense. Instead, she used her imagination as a means of survival. In the interview, Geraldine had been explaining that she had given one of her childhood toys to her first child and the following extract demonstrates the meaning that she attached to the toy.

He was given the dog that protected me under the age of seven.... That I always held when my dad came in.... it was the only thing I knew would, that kept me, n-not normal, because I don't like the word normal but able to get through what I got through, and to deal with it over and over and over again...

Martina also often used her imagination to cope with the emotional consequences of her experiences. Her typical coping technique evokes a sense of a conscious dissociation from reality.

I was quite a strange child because I had to kind of escape into something, so my mind was <laughs> the easiest place to go....

Her sense-making of her beliefs and behaviour ('had to kind of escape') also suggests that Martina viewed her imagination as a defence mechanism and that she felt the need of a place of safety. In fact, her account also demonstrated an ability to utilise her creativity to take control in some situations. In fact such discourse suggested a sense of the fantasy element of empathy. For example, the extract below describes how she responded after she had been sexually assaulted by one of her uncle's friends.

But when that particular boy came back, well, I would have estimated he was about seventeen, not necessarily a boy, um when he did actually come back and he called round for my uncle, I threatened to kill him, because I, I sort of made, because I lived in a fantasy world, I made out that I was going to get into his bedroom and kill him while he was asleep.

Stacey's desire to escape was a response to her father's authoritarian parenting style.

I remember having fun, going out with friends, doing things like that, but that was all also on the back of being rebellious, because I wasn't allowed out, so I'd sneak out... I do remember a lot of naughtiness. A lot of doing things I shouldn't be doing.

Throughout her childhood, Stacey had felt trapped and stifled; her narrative suggests that she deemed her behaviour to be a response to such feelings. The excerpt below was Stacey's sense-making of her reaction to her father's death.

But when my dad died I didn't cry either, I thought, Oh, I'm free <laughs>.... That's honestly how I felt at the time and I felt that my dad was this kind of suffocating person in my life and now he was no longer there, I was free.

Her father's death was the catalyst in terms of Stacey's subsequent sense of liberation.

6.5.2.4 Discussion

It has been argued that the attachment system evolved for the purpose of protection and survival of the young (Ein-Dor et al., 2010). Indeed, with the exception of Stacey, interviewees described the use of survival or self-protection strategies when confronted with threat. Some of the characteristics (hyper-vigilance and avoidance) of such techniques bear a striking resemblance to the type of behaviour exhibited by individuals who are oriented towards an insecure attachment style (Ein-Dor et al., 2010). Moreover, most of the narratives (Jenny, Lauren, Geraldine, Martina) provide some support for the view that insecure attachment may be adaptive in some circumstances (Ein-Dor et al., 2011), particularly in terms of the survival techniques that the women utilised. Interestingly, two types of escape strategies were described by interviewees. For two of the women, escape was a removal of the physical self from the source of potential threat, while the other two narratives appear to suggest a defensive response that resembles dissociation; a factor that has been linked to multiple ACEs and PTSD (De Bellis et al., 2013). Explicated as a response to trauma that is typically utilised by individuals with a disorganised and fearful orientation to attachment (Bartholomew &

Horowitz, 1991; Main & Cassidy, 1988; Sandberg, 2010; West et al., 2001), dissociation has tended to be conceptualised by two conflicting models: a trauma model and a fantasy model (Dalenberg et al., 2012). The two women's narratives appeared to diverge in this respect. Geraldine's discourse suggests that her experience could be explained by the trauma model; while Martina's appeared to be more evocative of the fantasy model. Additionally, consistent with previous research that has examined the fantasy model, Martina's narrative appears to lend support for the notion that fantasy proneness does not necessarily lead to false trauma memories (Bottoms et al., 2012; Dalenberg et al., 2012; Geraerts et al., 2006). In conflict with the psychopathological perspective of fantasy proneness that is often taken in research examining the two dissociation models (e.g. Bottoms et al., 2012; Dalenberg et al., 2012; Geraerts et al., 2006) for Martina, such a strategy appeared to be adaptive in some situations. On occasion, her dissociation discourse seemed to portray the fantasy element of empathy (Davis, 1980).

Although Stacey's narrative also evokes a sense of insecure attachment, her discourse tended to be concerned with the autonomy aspect of attachment theory (Bretherton, 1997). As in previous research, intrusive parental control appeared to have an impact on the formation of Stacey's avoidant attachment orientation (Parra & Oliva, 2009; Soares et al., 2005) and subsequent delinquent behaviour (Allen et al., 2002); a response which she ascribed to her father's authoritarian parenting style. The latter may indicate low autonomy support from within her family of origin; a factor which has been associated with difficulties in terms of peer relationship formation (Clark & Ladd, 2000; MacDonald & Parke, 1984).

As can be seen, the women's accounts generally concur with several aspects of the attachment and ACEs literature. Nonetheless, Stacey's reactions to her ACEs portrayed striking differences to those of the other interviewees. Potential explanatory factors for such diverse reactions

include the following: first, unlike the other women, Stacey's childhood did not appear to have been characterised by a constant sense of insecurity; secondly, the other interviewees' had encountered multiple adverse experiences in childhood. Previous findings suggest that psychological adjustment to trauma may be more severely disrupted by a history of multiple types of ACEs (e.g. Cloitre et al., 2009). Thus, the transcripts provided some sense of the depth and strength of individual psychological and emotional reactions to multi-type ACEs. Moreover, the extracts presented above help to illustrate the potentially divergent nature of responses to such experiences; a factor that quantitative studies often fail to capture.

6.5.3 Master theme 2 – Outcomes of ACEs

The women's accounts conveyed a multitude of thoughts, emotional and cognitive processes, and behavioural outcomes associated with their childhood experiences. These were subsumed into four super-ordinate themes: impact on attachment representations and relationships; impact on psychological well-being; impact on emotional expression and management; and behavioural outcomes.

6.5.3.1 Super-ordinate theme 2.1 – Impact on attachment representations and relationships

This theme emerged in terms of the women's discourse regarding relationships, attachment and representations of self, others, and the world. Four sub-themes emerged from the transcripts: representations of self, representations of others, unsafe world vs. survival, and attachment style.

Representations of Self

The commonalities between most of the women's accounts in terms of self-image were striking. The narratives contained negative (e.g. mental,

snooty, worthless, bad, stupid) and positive (e.g. useful, able, survivor, curious, rebellious, strong) portrayals of self. A sense of dissociation was also described by three of the women; two of whom suggested that such a withdrawal from reality was an unconscious response. In addition, four interviewees identified themselves in terms of psychological ill-health. Nonetheless, most interviewees' narratives provided some evidence of transition. Some of the women's discourse focused on a sense of self as a consequence of events in childhood although, for one interviewee, later events were considered to have had an effect on her self-image.

Martina's discourse indicates a belief that she had mental health problems during her childhood ('mental case').

And also I was a bit of a <laughs> mental case as a child um in the fact that I'd believed in reincarnation and I was convinced that I'd lived before.... I suppose at, at that age I, I was a bit of a, lived in a bit of a fantasy world um because I think it, it got me through everything, sort of, what was going on...

Her laughter may suggest a sense of embarrassment and a concern with others' perceptions of her. Nonetheless, a remark that she made later in the interview shows evidence of a transition. The next extract pertains to self in terms of a psychological disorder that was diagnosed later in her life.

And he [psychologist] actually said that I had a, a personality disorder um it was a schizoid-avoidant.... However, I think I've also changed a helluva lot because these things are not um fixed....

Lauren presented two negative facets of her self-image as illustrated by the following extract. Moreover, like Martina, she seemed to harbour a

concern regarding other people's perceptions. During the interview, she had explained that such feelings tended to emerge during large social gatherings.

I get really anxious. I can find it quite difficult to make conversation. I feel like it's, what I'm saying is stupid... And yet a lot of people think I'm really confident. Sometimes I can be misread as being snooty.

Lauren's alternative sense of self in terms of psychological distress ('anxious') appears to be associated with her concept of herself as unintelligent ('stupid'.) Such a view is emphasised somewhat by her remarks relating to other people's (mis)perceptions of her. However, elements of her narrative suggest both a transition and a more positive ('useful' and 'able') sense of self.

I can actually be very useful in the world, and I like being useful.... I suppose now I've got more, much more qualified and much more able in the things that I've done.

Geraldine's circumstances were slightly different. During her childhood (aged about ten) Geraldine had been advised by a psychologist that she would have mental health problems by the time she reaches the age of thirty-five. Her narrative suggests that she has internalised the psychologist's comments.

...I look at my age and I think, I'm thirty-three, I'm only two years before I lose it. And, you know, when I'm at my worst, I do go into that dark place where my [biological] mum, I keep saying to my [adoptive] mum, I'm going to be like [biological mother] aren't I? And, I'm losing it aren't I? ...but when you're at your

lowest, and you feel, where is the ex, you know, where is the exit?

The combination of the psychologist's prognosis and Geraldine's biological mother's mental health problems appear to have resulted in the formation of a self as vulnerable to mental illness ('I'm losing it'). She often experiences an involuntary dissociation ('that dark place'). Moreover, her discourse suggests that she is desperate to leave such a place ('where is the exit?'). Nevertheless, other extracts from her narrative appear to portray a more adaptive representation of self in terms of her childhood experiences.

It's like what I do now, what I say now is, I'm a victim of abuse, and I survived it. I'm still here to tell the tale.

Like Geraldine, a mental health worker's diagnosis was the source of Jenny's sense of self as 'mentally ill'. Conversely, this aspect of Jenny's negative self-image was formed during adulthood rather than in childhood.

I was very depressed for quite a while and I didn't realise it at all, I didn't realise it! It came as quite a shock to me. When somebody; when somebody; a mental health worker said, you're depressed, and um I was really quite shocked and really quite ashamed.

The revelation was a source of intense emotional turmoil ('shocked') and embarrassment ('ashamed').

I feel as though I've been sort of walking through sort of um can't think um was going to say gloom, not gloom, but um it's just been such hard work, just trying to be myself in the, in, out there in the real world.

Like Geraldine, Jenny referred to an alternative reality from which she is struggling to escape; however, unlike Geraldine, her occupancy in such a place is not sporadic, it is constant. Her discourse appears to suggest a sense of dissociation and a sense of a false self ('trying to be myself') while her true self is struggling to emerge from an unwholesome existence. In the extract below, Jenny presents another identity (self as unworthy), which may offer some explanation for her struggle, particularly since such a self-image appears to have become ingrained.

I don't feel very worthy at all quite a lot of the time.... if a friend said, You are a really caring person, you're really lovely, such a nice person, I'd always just find that really hard to accept. So hard to accept, so much so that I feel, feel quite sick inside actually. I'd feel, I'd feel, yeah, quite physical. Strange, yeah, it's, in the pit of my stomach. Yeah, really weird actually. I'd forgotten about that...

Her use of both the past and the present tenses suggests an enduring quality to her negative self-image. It also seems evident that, prior to the interview, Jenny had not considered the notion ('strange', 'really weird', 'I'd forgotten about that') that her intense unpleasant physical symptoms may have been a response to challenges to such a self-concept. Once again, there was a sense of transition apparent in Jenny's account; as illustrated in the extract below. However, unlike the other women's narratives, Jenny's account appeared to suggest a less negative (as opposed to a positive) self-image. Indeed, her discourse was strikingly devoid of references (either explicit or implicit) to a positive sense of self.

I'm starting to be more open to accepting that I'm not such um a bad person as I thought I was <laughs>

Stacey's account also contained several references to her sense of self (both positive and negative); however, unlike the other women, she made no allusions to a sense of self in terms of a psychological problem. On the contrary, her portrayal suggested a sense of strength and independence.

I've been strong-minded, rebellious um challenging <laugh> most of my, yeah, no actually throughout my childhood.... when I say rebellious, it was more curious and I kind of had my own mind.... I think I'm still the person that my dad said should try to live good.... Although it may kind of be contradictory in some of the naughty things I used to do, that wasn't really because I was a bad-hearted person or anything....

Stacey is well aware of the inconsistency between her behaviour ('naughty things') and her belief that she is not bad ('bad-hearted'). She seems to ascribe such behaviour to waywardness ('rebellious') and a desire for knowledge ('curious'), rather than malevolence.

Representations of others

Social situations appear to be a source of intense fear ('traumatised') for Lauren. The second extract suggests the use of a strategy that would result in dissociation ('getting completely out of it') in order to cope with the distress engendered by such situations.

...if I'm socialising I prefer to be in smaller groups up to about six. You know, where you sort of, it's not too big that you start splintering off. If it starts getting into something where it's too big, like a wedding or, d'you know, something where things can start splintering off or a works do where everybody's there um then I actually start feeling quite traumatised by it.

But I used to handle, I know what I've done, I used to handle it by getting completely out of it....

Jenny's account seemed to portray a sense of others as uncaring. For example, the following extract illustrates Jenny's perception that she had to struggle constantly (and would usually fail) to please her partner.

I would get really upset and cry, because I, I just felt so um so upset because I hadn't, he was upset or I'd annoyed him or made him angry and it was never my intention. I never set out to, to do that. So I'd feel almost an injustice, because I, you know, I didn't set out to get it wrong...

Jenny's description suggests a sense of injustice, which seems to be somewhat attenuated by her use of the word 'almost'. Given the general tone of her narrative, this may reflect a general tendency to doubt her entitlement to such feelings.

There were several examples in Martina's narrative that were indicative of a sense that others were uncaring during her childhood. Like Jenny, her experiences related to her close family, although in a different context. For example, the following extract was Martina's sense-making of her failure to disclose the fact that her uncle's friend had attempted to sexually assault her.

When my mum came in from work she was just, oh, you know, I can't be both-I can't be bothered. I've had a hard day; I've been working blah, blah. So I didn't tell her. Also she was freaking out because I wasn't eating properly and I just lost a lot of weight, but it was because everything in the fridge and the freezer was somebody else's um and she, she was more panicking over the fact that she thought I was anorexic, and I wasn't!

Geraldine's representations of others tended to relate to events that involved her experiences with social services. The example presented below occurred later in her life. Specifically, Geraldine's children were taken into care as a consequence of an allegation that was made to the authorities.

Once social services get their hooks into you you've got no chance of getting away.... I lost five kids through her false allegation. Because they didn't look at me, he was going to school, la-la-la, no complaints, no this. She makes a false allegation um straight away they're on my back. Then they're; then they're like, have access to your files, ooh, well, she's been in care, well she must have done something to the child.

Her narrative seems to impart a view that social services are not only uncaring, but also untrustworthy. First, the allegation was untrue; and secondly, she felt that the decision to put her children into care was not based on her behaviour, but on her personal history. The fishing analogy and the statement that social services were 'on her back' give one the impression that Geraldine feels that she was trapped and that she lacks the wherewithal to resist ('no chance of getting away').

Stacey's representations of authority figures also convey a sense of others as untrustworthy. Such perceptions stem from her experiences, as well as incidents that she witnessed during her formative years.

I've always known there's dodgy policeman out there, but then, you know, when you're constantly told everywhere else, you know, that the police are good, but then, you know, growing up on your estate you actually see that they're not good, you kind of realise that um you've got to make your own rules an-and,

you know, you can't necessarily let authority, people in authority tell you what to do and how to live....

However, unlike the other interviewees, her narrative demonstrates a sense of personal agency. Indeed, Stacey's discourse suggested a strong sense of self-efficacy throughout the interview.

Unsafe world vs. survival

Although all of the accounts contained discourse that suggested internal working models of the world as unsafe, Martina's internal working model appeared to develop later in her life. In addition, she described a coping mechanism that conveyed a sense of a deliberate attempt at dissociation from the world.

It's funny because, in those; sort of, right up until, sort of my twenties, I was <sighs> never scared to sort of go wandering around in the woods on my own or go out on my own or do anything like that on my own. Never had that sort of um fear....

I was cannabis-dependent for a long time... it was my escapism...

In one sense, Lauren appeared to be of the opinion that she has successfully outlived her childhood experiences.

And to be totally honest, the way I feel about it now is that I survived it.

However, her sense of a precarious and fragile existence during her formative years seems to have persisted to some extent.

I've got a lot of people that I can call up for a chat at any time, d'you know? But I feel like, but that's because I've been busy... And maybe I'm, and I do know I'm more comfortable when I'm busy. I prefer that probably than, I dunno, I probably prefer it that way round.... I prefer less people and more familiarity, if you know what I mean? More predictable; when I'm at work it's definitely predictable isn't it? And I've got control over it. [And that makes you feel?] Safe.

The hesitant and contradictory nature of Lauren's discourse in the above extract suggests an attempt to make sense of the fact that she has neglected to keep in touch with people in her social sphere. Initially, this is attributed to her busyness, but the latter part of the extract seems to suggest a deliberate avoidance ('I prefer it that way round'). Lauren appears to feel ill at ease in social settings to the extent that she tends to use her work as an avoidance mechanism. Her narrative also appears to convey a sense that she views the world as unsafe.

The following excerpt describes Geraldine's response to a counsellor who had asked why she could demonstrate affection in her intimate relationships, but not with her children.

...because sex you cuddle, and that's what it was when I was a child, but I can't do that with my child because that's inappropriate.... So I don't want someone judging me and looking at me going, ooh, what's she doing with that little boy? You know, and that was always my nervous reaction, ever being accused of doing something like that. And, you know, and so that fear took over.

Geraldine makes sense of her thoughts and behaviour in terms of the potential repercussions that might result from her actions, particularly

regarding demonstrations of affection to her children. Perhaps unsurprisingly, given her previous encounters with social services, her account conveys a fear of retribution.

In some ways, Jenny's account was similar to Geraldine's; specifically in terms of her fear of negative consequences. The effect that her history of ACEs has had on Jenny's representations of the world is described in the extract below.

And, and it's, and I'm still struggling it's such a hurdle, in everything, in the workplace, in my relationship with my partner um to really believe that what I feel and what I think is ok, without either having some sort of rejection or somebody's anger um come back at me as a consequence, I just wouldn't risk it. I just won't risk it.

All aspects of Jenny's life have been affected by her experiences. Indeed, her discourse epitomizes a 'life-world' that is beset with obstacles and a sense of danger.

In her recollection of the best relationship that she experienced during her formative years, Stacey's discourse also portrayed a sense that the world is a dangerous place.

We [Stacey and her friend] had each other's backs actually....

Moreover, Stacey and her siblings had been warned by their father to be prepared for his death, which occurred before Stacey was fifteen years old. Coupled with the death of her mother, the experience was perceived by Stacey to have factored into her representations of the world. As demonstrated in the extract below, she makes sense of her beliefs in

terms of protection ('a defence') against the feelings that accompany the loss of a close other.

And it's largely a defence, I think, for me um because, you know, people you love go, so if you don't get too attached then that's ok.

Stacey's view of the world can also be illustrated by an extract that focuses on romantic relationships and representations that were formed later in her life.

I remember having boyfriends from the age of eighteen onwards and I remember them having, finding out that they'd got girlfriends.... You'll be the bit on the side and I, you know, thinking you're the main one, you'll end up realising you're just the bit on the side and I thought ok, it's dog eat dog out here.

Her expression ('dog eat dog') seems to suggest a sense of threat; that one has to fight for survival. Indeed, Stacey's sense-making of her offending behaviour also appeared to be grounded in her representation of the world.

I did it based on what I understood and how I saw the world... Um I do think, I do want to kind of I suppose emphasise this whole thing on what is right and wrong it's just so blurred.... it, it just kind of makes that not as straightforward and so, you know, you're constantly, it's like a minefield, you know.

Her account also conveyed a sense that she sometimes questions the moral and ethical foundations of her behaviour and beliefs ('what is right and wrong it's just so blurred'). Nonetheless, her perception that the complications inherent in forming judgements relating to right and wrong

are not only difficult, but potentially dangerous ('it's like a minefield') also seem to suggest a view of the world as unsafe.

Attachment style

This sub-theme emerged from interviewees' responses to an invitation to talk about their perceptions regarding the consequences of their childhood experiences. Without exception, current attachment styles and relationships were deemed to have been affected by the women's history of ACEs, although one participant also made sense of her attachment style in terms of a later experience. The women's discourse focused on both familial (partners, children, or both) and social relationships.

In the extract below, Lauren is describing her relationship with her partner.

...I kind of know ultimately I do need to be with somebody who has got more drive. But I know I'm going to struggle with that because I always have done because somebody with more drive is going to challenge me a lot more. And what happens, or has happened in the past, in relationships like that, is I just need to get away and so I end it, it gets too much and I end it.

Previously presented extracts from Lauren's account demonstrate a sense that she perceived her childhood to be a constant struggle to survive her mother's anger and hostility towards her (e.g. see sub-theme 'insecurity and control' p. 202). As a consequence, she seemed to evince a need to be in control of her intimate relationships. Her narrative suggests that she feels threatened ('challenge') by individuals who have a strong personality.

Martina's response was unequivocal; in her opinion, her childhood experiences have had a substantial effect ('it also has damaged') on her attachment style, both with family and in general.

...in my personality, it's quite obvious that my past has had an impact, especially in the way that I conduct social relationships... and it also has damaged the way that I conduct friendships as an adult um and my family relationships. I do find relationships very interchangeable, I'm not so sorrowful about ending them um I'm not so um I'm not so bothered if people can't get on with me.

Jenny's references to her attachment style tended to focus on her relationships with her father and her partner. As demonstrated in the extract below, the verbal abuse that Jenny experienced as a child seems to have had a profound effect on her relationship style and her relationship with her partner.

I sort of hear my dad, you know nobody was ever good enough um nothing was ever good enough, our friends were never good enough um oh all sorts of little phrases um, you couldn't even get that right um. Whatever he [Jenny's partner] said would, I would respond with, you know, those sort of negative emotions; that shame, that, I suppose because that was what, yeah that was what I was used to, before. Um that's what I've always sort of had in my life, that's what I've grown up with....

Jenny's narrative suggests that her experiences have engendered a sense of uncertainty in terms of interpersonal relationships, particularly with her partner. However, an excerpt taken from a later stage in the interview suggests a sense of transition due to her experience of positive relationships outside of the family.

...but actually I can see, things are a bit different now and I, when I'm having any interaction with my partner now, I respond differently... now having these other interactions with people...

all those positive interactions now are more powerful than, than that sort of negative interaction, that relationship...

Geraldine's account centres on the effect that the physical and sexual abuse inflicted upon her by her father has had on her ability to trust others' motives. Her discourse tended to focus on her familial, rather than social relationships.

...coz he [Geraldine's adoptive father] got a lot, the bulk of it because of my history with my natural father. He got a lot of the, don't want, you know, I didn't get a hug off my dad until I was about twenty-one, because every time he came near me, I'd just freak out.... An innocent hug was turned into something horrific, and so I'd, anybody who tried to hug me it was like, What do you want?.... very wary of relationships up to that age....

The extract above illustrates the depth of feeling (horrific) that accompanies Geraldine's memories of her experience. She was very explicit in terms of her attributions ('because of my history') for her attachment style. Her description of her response to demonstrations of affection ('freak out') illustrates an intense aversion to such behaviour. However, what is also noticeable in the narrative is her utterance ('up to that age'), which suggests that her understanding and distrust of relationships has since changed. Indeed, this is demonstrated by Geraldine's discourse relating to the relationship that she formed later in her life with the father of her children.

You know, it's like people'll say, Well how, how have you had five children? You know, with your abuse and whatnot. I said I met a decent man.

Nevertheless, such a change to her attachment representations appears to be context-specific as the extract below demonstrates.

And I found it extremely difficult when I had my own children um because I couldn't show emotion towards my own um my own children um so all five of my children are adopted. Um so I have no children living with me um and that's basically down to me not being able to show emotion to my children. I can do all the physical stuff, you know...

Similarly, Stacey's narrative evoked a sense that she tends to avoid becoming too close to others.

Sometimes you think you're close to people and you're actually not, you're holding back... But, but I do find my relationship with my children difficult because of the emotional stuff that they probably need that I can't necessarily give them. I'm good as a counsellor; I'm good at sitting down and talking to you um but the physical, tactile stuff I'm not so good at with them.

The events (parental bereavement) that occurred during Stacey's childhood, although widely divergent from Geraldine's experiences, had a similar effect on her relationship style with her children. Moreover, in Stacey's opinion, a later experience also had an effect on her attachment style. She explained that her husband-to-be had instigated the break-up of their relationship while she was pregnant with his child.

But yeah, that really had an impact on me and what it made me realise, no, what it reinforced is that feeling of not getting too attached, because if you don't get too attached then you can't get hurt. So <laugh> yeah it reinforced that and, and massively, massively.

The language that Stacey used demonstrates her belief that the event in question not only underpinned ('it reinforced'), but exacerbated ('massively, massively') her attachment style, which she appeared to believe was a consequence of the intense emotions that she experienced at the time.

6.5.3.2 Discussion

The women's accounts all contained elements that appear to be identifiable with the internal working models of self, others, and the world that have been posited by proponents of attachment theory (e.g. Bowlby, 1991; Pearce, 2010). Moreover, the extracts presented above generally concur with proposals that ACEs may disrupt the formation of adaptive attachment representations (Finzi et al., 2000) and also that such representations may change as a result of later events (Waters et al., 2000). However, Jenny's discourse also included references to a somatic reaction to challenges to her negative representation of self, which extends previous research in the multi-type ACEs and attachment field.

While most of the transcripts initially seemed to indicate an orientation towards a specific type of insecure attachment, on closer inspection some narratives suggested elements of more than one style. For instance, Martina's account regarding her current attachment and relationship style appeared to bear a resemblance to a dismissive-avoidant attachment orientation (Bartholomew & Horowitz, 1991). On the other hand, her narrative concerning earlier attachment representations and peer relationships seemed to indicate elements (e.g. dissociation, fear of rejection) of a fearful-disorganised attachment style (Bartholomew & Horowitz, 1991; Main & Cassidy, 1988). Similarly, the discourse used by Jenny and Geraldine initially portrayed aspects of the fearful-disorganised style (e.g. dissociation, and an inability to deal effectively with the fear engendered by a sense of threat); however, both transcripts also contained elements that have been associated with Holmes and Lyons-

Ruth's (2006) profoundly distrustful (general mistrust) pattern of attachment. These narratives seem to accord with the view expressed by Bartholomew and Horowitz (1991) that attachment styles should be assessed as continuous (as opposed to categorical) measures in order to create a composite picture of attachment. In addition, the results of recent research in the field of attachment suggest that attachment orientations may be context-specific (Caron et al., 2012); a finding that was supported somewhat by Geraldine's discourse regarding familial and romantic relationships.

Conversely, two of the women's accounts (Lauren and Stacey) portrayed a sense that their attachment orientations have remained stable. Lauren's discourse conveyed a sense of a fearful-disorganised attachment style (Bartholomew & Horowitz, 1991) in terms of a need to be in control of her environment and relationships in order to engender a sense of security. The extracts taken from Stacey's transcript evoked a sense of the profoundly-distrustful attachment style proposed by Holmes and Lyons-Ruth (2006). In fact, Stacey expressed a belief that her attachment style was not only a consequence of the double parental bereavement that she had experienced during her formative years, but also that such a style had been reinforced (rather than altered) by an event that took place later in her life. In terms of the literature pertaining to attachment and negative outcomes, Stacey's narrative concerning intrusive parental control and bereavement concur with findings regarding a link between such factors and offending behaviour (Allen et al., 2002; Draper & Hancock, 2011). On the other hand, her discourse appeared to refute the contention that elevated levels of distress may be a consequence of bereavement (e.g. Bowlby, 1991; Nickerson et al., 2013). Given that psychological adjustment to bereavement experience may depend on the attachment style of the surviving parent (Saler & Skolnick, 1992), Stacey's belief that her father loved her may have buffered the risk of such an outcome.

Conversely, four of the transcripts contained references relating to psychological distress; three of which also imparted a sense of dissociation, which is consistent with previous attachment research (e.g. Sandberg, 2010; West et al., 2001). Nonetheless, individual differences emerged. For example, Jenny's narrative inferred a sense of permanence in terms of her experience of dissociation, while Geraldine's experience seems to be of a more sporadic and temporary nature. Although Martina's discourse portrays a voluntary utilisation of dissociation (fantasy) as a coping mechanism, she also referred to a dependency on cannabis. The latter reference, coupled with Lauren's narrative concerning the use of substances in order to cope with psychological distress, echoes previous findings within ACEs, attachment and substance use research (e.g. Golder, 2005).

Thus, in spite of the many similarities between the transcripts in terms of attachment style and dissociation, an examination of the women's discourse illustrated several individual differences. Moreover, in conflict with previous research, Martina's narrative infers a sense that fantasy-proneness may be an adaptive coping mechanism in some situations. Indeed, her fantasy discourse also suggests aspects of the fantasy element of empathy (Davis, 1980). In addition, the women's accounts also conveyed a sense of transition and, in some instances, referred to consequences related to later events; factors that might not be detected in cross-sectional research.

The next theme concerns the impact that ACEs have had on interviewee's psychological well-being and captures the experience of psychological distress and associated attitudes/beliefs and negative affect that was conveyed by interviewees' accounts.

6.5.3.3 Super-ordinate theme 2.2 – Impact on psychological well-being

Most of the transcripts contained discourse suggestive of psychological distress and maladaptive attitudes and beliefs; nevertheless, there was also some evidence to suggest that some of the women utilised adaptive emotion regulation strategies. Although generally associated with ACEs, psychological outcomes also appeared to be exacerbated by events that occurred in adulthood in some instances. As in previous sections, extracts describing such events have been included where appropriate.

Psychological distress

With the noticeable exception of one interviewee's transcript (Stacey), all of the accounts contained descriptions of psychological reactions to ACEs that resemble posttraumatic stress symptoms (PTSD), either explicitly or implicitly. Specifically, four of the women's narratives indicated symptoms such as thought suppression, re-experiencing, intrusive memories, nightmares or hyper-vigilance (APA, 2000). In fact, these four women reported that they had been diagnosed with some form of psychological ill-health (but not PTSD) as a result of their experiences and had received counselling or psychotherapy (discussed in the sub-theme 'experience of therapy' later in the analysis section). In some instances, memories of ACEs were pervasive; in others, memories and psychological reactions related to ACEs did not become apparent until adulthood and were understood by the women to have resurfaced as a consequence of later events.

For Lauren, intrusive memories of ACEs (flashbacks) were generally vague and did not become evident until she was in her early twenties (first extract). Clear memories resurfaced once she started to attend counselling. The second extract describes an event that she used as an example to illustrate her relationship with her mother.

I was probably about twenty-three, twenty-four, and I've started having flashback memories about abuse... But then I've had other memories, which are very, very unclear, but I suspect that I was being sexually abused by him [her father] from quite a young age and I also suspect that my mum knew about it and that was partly why she was so angry with me.

I had a memory that came up while I was in counselling... I think I was about, I couldn't say how old I was, but I was eating soup, and I'd got a, a toy in my hand and because of, I didn't have motor skills enough, it got dipped in the, I can't remember what food, ice-cream, or soup, or something like that. And she screamed at me and said, if you can't look after your toys properly, you're not having any!

The first extract demonstrates Lauren's sense-making of her mother's antagonism towards her. One element in her discourse in the second extract ('didn't have motor skills enough') implies that Lauren perceives her mother's treatment of her as profoundly unfair.

Jenny suspects that her distress did not become apparent until she became a mother.

I don't, it's really weird because I just; I've said several times, I really struggled with childhood stuff for the last sort of fifteen years or more? Since I had my children, definitely, and before that I didn't, it didn't seem to affect me.

Given Jenny's use of the word 'weird' in the above extract, it would seem that she finds the notion that her memories had not had an impact before she gave birth to her children extremely difficult to explain. The two extracts below illustrate Jenny's experiences of intrusive memories and

hyper-vigilance. The first relates to one of the numerous occasions upon which her father had violently attacked her mother; the second concerns an incident in which (subsequent to an argument with her mother) her father chased Jenny and her sister up the road to their grandmother's house.

And that's, and they're just the two frames really that I have of that memory is, is the violence and then the real pain of, I was just dragged off in a taxi home um to leave her [Jenny's mother] there.... and that just replayed in my mind all the time.

We're running for our lives and he's saying, you'd better run *Rebecca [Jenny's sister] because if I catch you, I'll kill you! And I'm just terrified!.... I don't suppose, we're only sort of five or six, six or seven in age um and it felt as though we were running our hearts out.... again that stays with me so vividly um I just feel so scared, so terrified um...

Jenny's discourse conveys a sense of considerable emotional anguish connected to her memory. Her use of the present tense in the second excerpt evokes an almost palpable sense of fear and suggests that the emotions attached to her memories endure. Her narrative also suggests a fracturing of memories ('the two frames') that is often related to posttraumatic stress symptoms.

Unlike Lauren and Jenny, Geraldine's memories of the abuse that was inflicted on her by her father were portrayed as omnipresent. In the interview, Geraldine stated clearly that she tended to suppress all thoughts of such memories. The following narrative is her description of her response to inquiries as to whether she has a wish to be apprised of the contents of reports relating to the abuse.

I said, no, because what I said when I was asleep at five, about what my dad did and what he didn't do and how much he hurt me. You know, I mean I don't really need to know the graphic details. I've got it in my head! Don't need to constantly read over it because all that does is bring the trauma back, you know.

However, such a coping strategy appears to be somewhat ineffective in some situations. The extract below details her first meeting with her biological mother since Geraldine had been taken into care.

I walked in, had to walk straight back out. Felt sick, just thinking, Oh, my god, how can you live like this? Because there'd be washing up the wall, dirty washing; there'd be dog m-poo and crap all over, and I'm thinking, how can you live like this?... And the trauma I went through that night was unbelievable because I just had flashbacks of my own childhood. And I was sick, and I was ill and [adoptive] Mum said, it's because you keep going back there.

Thus, Geraldine experienced a resurfacing of negative memories in the form of nightmares. The force of her reaction to the incident is made plain by her description of the physical and psychological consequences of the encounter. Moreover, Geraldine's account shows that she perceives the event to be the catalyst in terms of the resurgence of her childhood memories of general neglect.

Similarly, Martina's memories have pervaded her consciousness throughout her life. On the other hand, her narrative suggests that she has not tried to suppress such memories. The first extract relates to the discipline meted out to her when she was a very young child (Sellotaped to the coffee table) and was a response to being asked how she felt about

the event at the time. Her experience is also comparable to Geraldine's in terms of an event that acted as a catalyst (see the second extract) and which resulted in further psychological problems.

Terrified! I, I slept with the light on until my thirties.

And I, I did have, I have had problems. I've had to see um a psychiatrist um I did regularly see a psychiatrist <sighs> up until my twenties and then I had my son and then suffered from post-natal depression so I was back um seeing a psychiatrist.

Maladaptive vs. adaptive attitudes and beliefs

Sometimes there was a degree of uncertainty and contradiction inherent in the narratives, although most of the interviewees' discourse evoked a sense of emotion dysregulation. For example, three of the women expressed notions of self-blame and also conveyed a sense of other-blame, either explicitly or implicitly, in terms of events that had occurred during childhood. Moreover, two of the accounts also portrayed a struggle for perfectionism. On the other hand, most of the women utilised a perspective-taking mechanism (an adaptive emotion regulation technique and a cognitive aspect of empathy) in order to make sense of relationships and childhood events. Thus, some narratives demonstrated both temporal and transitional aspects in terms of a later modification to attitudes and beliefs.

Geraldine's account suggests that she felt responsible for the breakup of her family of origin.

And even to, even sometimes, even now looking back, I always think it was me who split the family up, because I spoke out in school and said what was going on, and that's when social

services and everybody got involved, and then the whole family got split and torn apart.

On the other hand, her hesitancy ('even to, even sometimes, even now') and contradictions ('sometimes' and 'always') reveal a degree of ambivalence. However, she clearly holds her biological father responsible for the impact that her childhood experiences have had on her life. The extract below relates to a confrontation between Geraldine and her father.

I can remember saying, I said, you may have put me on this earth, but you didn't keep me on it. I've done that myself and many other people have done it too. Don't you dare say you're my dad! You don't deserve that title. Yeh, you're my biological father, without you I wouldn't be here, but without you I wouldn't be *here* either!

In addition, Geraldine often used a perspective-taking strategy to make sense of her life.

There's a difference saying I was abused and, and it's took over my life; and it hasn't. Yes, I was abused, didn't have a very good upbringing. I, I was in and out of care, then I got decent parents, then I had my own kids taken, then I met my natural family again. So, circle of life, you know.... but, the main thing is that I've got two [adoptive] parents that care about me and what I want. And that's what I think I'm very lucky to have, compared to the start I had...

Lauren's discourse also suggested elements of self-blame, other-blame and perspective-taking. During her interview Lauren had explained that, during her childhood, she had become aware that her father had conducted several extra-marital affairs. At a later stage in the interview

she raised the subject of her parent's separation and proceeded to describe the occasion upon which she and her sister had been apprised of the situation.

Anyway, then one day we were sat down and told that they were splitting up, right. And my mum said it was my fault because I was too difficult to live with. Because obviously I'd been like, at that point if my dad tried to shout at me, I suppose I didn't have any respect for him at all then, so I'd just continue arguing back with him.

In spite of her prior knowledge regarding her father's infidelity, she appears to concur ('obviously I'd been') with her mother's assertion that Lauren's behaviour had been the cause of the break-up, albeit with some reservations ('I suppose'). On the other hand, Lauren's narrative also infers that the circumstances of her childhood vis-à-vis her mother's attitude and behaviour towards her are responsible (other blame) for her feelings of inadequacy.

I think her expectations were always higher than what I could actually do. I think she always looked for what might be wrong rather than... So, it's a bit like, in the background I'm still trying to do everything right and so in the background I'm doing over and above.

In Lauren's view, her mother's attitude and behaviour towards her was calculated to ensure the inevitability of Lauren's failure to satisfy her high standards. Her discourse suggests that she [Lauren] subconsciously ('in the background') feels the need to overstretch herself ('over and above') in order to compensate for her inability to achieve the high standards that her mother set for her when she was a child.

Nevertheless, as mentioned above, subsequent remarks made by Lauren suggest a transition. Her discourse suggests a perspective-taking approach. She had been asked to describe who, or what, had had the worst impact on her life; her response is presented in the following extract.

I mean it's got to be my mum. But then at the same time she gave me life. And they aren't all bad, both her and my dad, they both came from council houses. They both came from, I don't know about my dad because he's weird but, I mean her dad, I was always told he wasn't a very nice man. He was, he was a wife-beater. He was violent did God knows what else. But still they both managed to get themselves into university. From a career perspective, you know, they both did quite well. And so in some ways they set um good role models.

Lauren made sense of her relationship with her parents in terms of the adversity that they had encountered (and overcome) in their lives. Notwithstanding persistent issues regarding her father ('he's weird'), the passage of time has clearly tempered some of Lauren's cognitions.

As illustrated below, Jenny also voiced a sense of self-blame. On the other hand, her discourse also portrays a sense of other blame.

I think that there's a lot of self-blame as well somewhere along the line... I always seem to have felt guilty for anything, anything that happened.... Oh I've done something wrong um somewhere, to have caused it... I don't know really, I'm not sure, I'm not sure whether that comes from my dad or whether that comes from <pause> my partner. There's a really, because I did, I did think that I can hear my partner in a lot of it.

Jenny occasionally exhibited visible signs of distress while recounting certain episodes that occurred during her childhood. Coupled with her use of the present tense in the above extract, such displays serve to illustrate the enduring nature of her emotional distress. Her discourse conveys a sense that she not only ascribes her feelings of guilt to the treatment that she received from her father in childhood, but also a belief that such feelings have been exacerbated by her partner's attitude and behaviour (other blame) towards her. She also expressed a constant sense of trepidation.

And just always thinking um just got to um just always got to do whatever's right to, to stop the worst happening I suppose. Again, wanting to not sort of trigger...

In addition, her experiences have had a detrimental effect on her normal day-to-day functioning in terms of a constant endeavour to avoid criticism.

...trying to be perfect in whatever way society sees, yeah in whatever way society deems what is perfect... Really struggle and need a lot of support um. Is this right? Am I doing this right? Is this ok? Um needing to be micro-managed almost; um because I just can't take the risk um that it might be wrong.

This narrative suggests that Jenny's 'life-world' is characterised by a compulsion to monitor her actions in order to prevent dire consequences. However, like Lauren and Geraldine, there was a sense of transition in her account.

I'm able to sort of step out and step back from them [memories of ACEs] a bit, and sort of look at them with different eyes and I think that's the people that I've encountered.... people have their frustrations and you might not always get it right um but

actually they handle it in a different way um to how my partner might have done or, or my dad has done in the past um so I'm beginning to realise there is a different way to live. And it's a more healthy and more positive um more nurturing, more nurturing way, so yeah.

A perspective-taking approach was also utilised by Martina. Although she had originally ascribed responsibility for the consequences of her history of ACEs to her mother and stepfather, her perceptions had altered somewhat over time.

...because I've been through motherhood, you know, and I've made mistakes, God, I'm sure my son'll have me on Jeremy Kyle when I'm older but it's, you know, it's one of those things you can't, nobody's a perfect parent and unfortunately your own issues make you the kind of parent you are. Um and my mum had issues and my dad had issues and I can't blame them anymore because, as I say, I've been on the other side of the fence.

Thus Martina now makes sense of her experiences and relationship with her parents in terms of her own experience of motherhood. She clearly feels that she now has more of an insight into the lived experience of her parents and that her thoughts and cognitions have been redefined as a consequence.

As mentioned above, all four interviewees had received counselling or psychotherapy; the women's discourse relating to their experiences of therapy emerged as a discrete sub-theme and is presented below.

Experience of therapy

Again, there were differences and commonalities found in the transcripts in terms of the women's experiences. Some of the accounts contained evidence of temporal aspects that suggested transition; so although some interviewees perceived their experiences to be less than beneficial, such beliefs were sometimes modified by later experiences. Conversely, one participant clearly felt that she had gained from her experience, despite the unconventional nature of the circumstances.

The following excerpts were Lauren's responses to an invitation to talk about a person or experience that has had a good influence on her life. Lauren had explained that her sister had made an appointment for her [Lauren] to see a hypnotherapist as a consequence of Lauren's disclosure to her sister that she had experienced intrusive memories of abuse in childhood.

And it, and it was *Diane, but this is where it's a weird one. She actually was very unstable; she's since been diagnosed bipolar. So we developed quite a close bond while I was coming to her as a client, but I wouldn't say she was doing the therapy thing. Because as a hypnotherapist I don't think she was really qualified, so she was doing a lot of giving me books to read and then we were talking about what we'd read....

Lauren was then asked to explain how she thought *Diane had influenced her life.

I think she believed in me. I think almost because she was like falling apart, I had to draw on strength to, if you like, look after her.... at the time I suppose she also stimulated like intellectual because she was reading all of these books, she was getting me into it all...

Lauren appears to suggest that, prior to meeting *Diane, she had issues with low self-esteem and self-belief, and she also lacked self-confidence. Moreover, in her view, *Diane's influence was instrumental in the subsequent enhancement of Lauren's personal growth, despite the unorthodox ('weird') characteristics of the relationship. Although the narrative demonstrates an awareness of her inner strength, Lauren attributes such strength to *Diane's predicament rather than to personal agency, which suggests that she may still harbour doubts about her own self-efficacy.

Geraldine's situation was somewhat dissimilar. Her narrative implies that she had had no choice but to undergo numerous therapeutic interventions in order to prevent her children being taken into care. Nevertheless, her compliance with such adjudications was futile.

Because in, what, in the five children I've had, I've done three years of counselling um eighteen months, five days a week therapy um year recovery um six months of cry therapy um what else? I've done um trying to think now. I've done talking to psychologists... and it's now just identified, the therapy I did, was the wrong therapy they told me to go for.

It is perhaps not surprising that Geraldine's discourse conveys a sense of dissatisfaction with psychologists and therapy in general. Her litany suggests a belief that she had not only spent an inordinate amount of time in therapy, but that it had been a waste of her time.

Jenny's description of her experience with therapy highlights her perception that there is a severe limitation in terms of the time that is allocated to individuals. The following extract was taken from the additional comments that she made after she had read the transcript of the interview.

...as you know I have had counselling in the past but not often spoken about vivid details of my memories concerning the domestic violence I grew up with, there has often been just so much stuff to deal with, a fifty minute session for six weeks just doesn't cut it!

Nevertheless, a later extract demonstrates that Jenny believes that she has made progress. She has been attending group therapy sessions which encourage individuals to talk about their experiences and to express their emotions related to such events.

...yeah talking has really, really helped to um understand um that perhaps I did have, my expectations were a bit too high at times, perhaps.... I think I had things a bit out of perspective and I, you know, always thought Gosh, there's going to be a catastrophe if I get something wrong, and actually, if I get something wrong, actually it isn't the end of the world, you know, there is no big explosion... I think just by being able to talk to people and reframe things um it's being able to, yeah, I've been able to see um or perhaps have a different view of myself.

The language that she used ('catastrophe', 'explosion') to describe her usual mindset conveys a sense of immense danger and misfortune, which she now seems to believe is a maladaptive ('out of perspective') response. Although there is some uncertainty ('perhaps') evident in her narrative, Jenny seems to consider that there has been a transformation to her sense of self. Moreover, her discourse suggests that such a transformation has been achieved through the medium of emotional expression ('talking') and processing ('reframe'); an approach to coping that has been found to predict a positive psychological adjustment to trauma (Stanton, Danoff-Burg, Cameron et al., 2000).

Martina's experiences with a psychiatrist were also less than satisfactory as the extract presented below illustrates.

I was on and off with the psychiatrist going onto diff-he diagnosed me with a hundred different things, it was just absolutely ridiculous. um he told me I was bipolar and I wasn't um he told me I was schizophrenic and describe, um prescribed me these um drugs that was making me sleep for so long, so many hours a day and even when I woke up I was living in a cloud. It was horrible.

Martina's narrative conveys a sense of exasperation ('absolutely ridiculous') with regard to her experience. This is illustrated somewhat by her description of her encounters with the psychiatrist and his apparently arbitrary diagnoses. Her portrayal of the side effects that she experienced due to the medical intervention imparts a sense of a disconnection from reality ('living in a cloud'). Nonetheless, her discourse later in the interview revealed a sense of transition and progress. Her subsequent referral to a psychologist was perceived by Martina to be a turning point and she clearly believes that she has continued to improve.

I was with him [psychologist] for well over a year um and by the end of it I had gone back to college to do my GCSE's, I got a job, I was working, saving money to get out of my mum's um house um and I had absolutely turned my life around um or I was starting to. It was the, it was the start of the process.

6.5.3.4 Discussion

With the exception of Stacey, the women's responses to their childhood experiences were consistent with previous findings reported in the psychological distress literature pertaining to attachment (Lee & Hankin, 2009; Sandberg, 2010) and multiple ACEs (e.g. Fletcher 2011).

Conversely, Stacey's narrative concerning the negative events that occurred during her formative years (double bereavement) was noticeably lacking in references to such a response. Several possible explanations may be provided from the extant literature within the attachment and trauma fields. Specifically, her discourse portrayed a strong sense of both self-reliance and self-esteem. While the former factor has been described as an important adaptive aspect of the attachment system (Bretherton, 1997), it has been argued that both factors fit within the resilience paradigm (Herrenkohl et al., 2012). In addition, Stacey had expressed awareness that her father loved her and that she had also been able to access emotional and social support from her childhood friend. Given that the availability of social and emotional support may attenuate the risk of negative outcomes after ACEs (e.g. Williams & Nelson-Gardell, 2012) such factors may have helped to buffer the potentially negative effect of her childhood experiences in terms of psychological well-being.

Jenny had also described a supportive relationship with a friend in childhood, which may afford some explanation for her apparent ability to cope at the time (her memories did not affect her until she became a parent). On the other hand, accessible emotional support (see social and emotional support sub-theme p. 196) during childhood was generally lacking for the other three interviewees. In addition, unlike Stacey, the other four women had all experienced multiple ACEs during childhood, which has been identified as a risk factor for psychological distress (Fletcher, 2011). It is worth noting that Jenny and Geraldine referred to events in adulthood that appeared to have triggered adverse memories and subsequent distress, as well as (for Geraldine) unpleasant physical reactions. Indeed, the discourse contained in all four of the accounts suggests symptoms that have been identified with posttraumatic stress disorder (APA, 2000).

The narratives also contain discourse that is consistent with the view that adaptive emotion regulation strategies and self-regulation in general, may be severely disrupted by a history of sustained maltreatment or neglect (e.g. Stevens et al., 2013), but perhaps more particularly in terms of multiple ACEs (Cloitre et al., 2009). For example, the women's allusions to self-blame, and Jenny's tendency to catastrophise concur with previous research that links maladaptive emotion regulation strategies with psychological distress in community, psychiatric (Garnefski & Kraaij, 2006), and incarcerated female populations (Johnson & Lynch, 2013). In addition, two of the women (Jenny and Lauren) infer an excessive level of perfectionism, which has also been associated with poor psychological functioning after ACEs (Flett et al., 2012). Nonetheless, the women's accounts also conveyed a sense of perspective-taking; a technique that has been defined as an adaptive emotion regulation strategy (Garnefski & Kraaij, 2006) and as a cognitive aspect of empathy (Davis, 1980). However, it was noticeable that the women's narratives infer that the ability to use such an approach is a relatively recent development.

The 'experience of therapy' theme does not fit easily into the attachment framework, but warranted inclusion on two counts. First and foremost, the theme emerged from a majority (four) of the women's transcripts; secondly, the aim of the present programme of research was to investigate pathways from multi-type ACEs to negative outcomes in order to inform gender-specific interventions to reduce female perpetrated antisocial or offending behaviour. Thus, the narratives concerning therapy provided some insight into the women's meaning-making in terms of their experience of counselling and therapy. In fact, with the exception of Lauren, whose experience was rather unorthodox, the women's initial experiences of therapy had been portrayed as rather ineffectual. Martina appeared to be unique among the interviewees in her view that the therapy that she had (eventually) received had played a key role in the improvement to her psychological functioning. Conversely, and consistent

with the view that social and emotional support is a key factor in psychological adjustment after trauma (e.g. Williams & Nelson-Gardell, 2012) the other three women seemed to ascribe their progress to some form of such support in adulthood. Lauren expressed the opinion that her progress was due to her relationship (as opposed to the therapy) with the hypnotherapist; Jenny attributes her progress to relationships that she has formed and to her interactions with the people that she has met at therapy, rather than to the six fifty-minute sessions that she attended. Geraldine was of the opinion that her improvement can be ascribed to the support that she receives from her adoptive parents.

Thus, as in previous sections, interviewee's narratives are consistent with much of the literature pertaining to attachment, ACEs, emotion regulation, and psychological distress. Nevertheless, in some instances, the women's discourse highlights the potential impact of multiple ACEs and later life-events on psychological well-being. Perhaps more importantly, the majority of the women's accounts infer that current interventions may be inadequate.

Many of the extracts in the preceding sections portray vivid accounts of highly emotional responses to the events experienced during childhood. Indeed, to some extent, there was a slight overlap between themes. Nevertheless, emotions and emotional coping also emerged as a distinct theme.

6.5.3.5 Super-ordinate theme 2.3 – Impact on emotional expression and management

In spite of some commonalities the transcripts showed that the range of emotions experienced, and the methods utilised by the women to express such emotions varied a great deal. Interviewees alluded to powerful emotions such as anger, fear (e.g. scared, frightened, terrified), shame and emotional pain. In some narratives there is a suggestion that the

women felt emotionally numb, confused, or lacked the wherewithal to express their emotions, which suggested difficulties with aspects of EI (attention, clarity and repair). On occasion, temporal, transitional, and contextual aspects emerged from the women's discourse. Although there were some similarities in terms of the type of emotion management strategies that were described in the accounts, there were also some that were unique to individual women. This theme consists of two sub-themes; 'emotions, emotional expression and coping with emotion' and 'emotion management'.

Emotions, emotional expression and coping with emotion.

As mentioned above, some of the women's accounts contained references of a temporal nature. For example, some interviewees described events that had occurred later in their lives, which they considered to have had an impact on them in terms of a modification to emotional reactions.

Two extracts from Geraldine's interview help to illustrate how the ways in which she expressed and coped with her feelings during her childhood had changed over time. The first extract relates to her childhood before she was taken into care.

As a child and because um, before I learnt where my voice was and things like that, that's how I used to communicate; through t-shirts. So people would know exactly what I'm feeling by what t-shirt I wore.

During the interview, Geraldine explained that she had finally 'spoken out in school' about the abuse that she had been experiencing at the hands of her father. The extract below pertains to her time spent in foster homes and in care subsequent to being separated from her family. The narrative serves to demonstrate her sense-making of the change to how she expresses her emotions.

I think that comes from my early childhood, not being heard and so, as a young child I raised my voice higher, because I'd been so timid under the age of seven and kept it all in.... You know, in foster care, in the children's homes, I was like, you what! And just used to scream the place down because I was determined, don't you dare tell me I'm never going to see my brother and sister again!

The act of reporting the abuse that she had been experiencing at the hands of her father appeared to act as a catalyst for Geraldine in terms of her ability to express her emotions. Thus, she began to externalise, rather than internalise her anger. On the other hand, the extract below suggests that physical expressions of positive emotions continue to be a problem for her.

So a lot of the time, and even now, I'm not a tactile person and I struggle in a sense with my own um emotions, where, you know, if somebody hugs me I'm alright, but I wouldn't, I wouldn't initiate a hug.

Lauren's narrative suggests a lack of empathy regarding other people's feelings, as demonstrated in the extract below.

Because everybody gets angry when somebody starts on them, it's not like that... But if I have a bad day, I'm more than capable of being quite rude. I don't think it's anything excessive, but if I am rude, I don't even necessarily feel guilty afterwards do you know what I mean? Which again, I think goes back to, it's habitual, the way that I used to speak with my mum.

Her discourse quite clearly conveys an opinion that her apparently hostile behaviour is not a reaction to outside provocation. On the contrary, she ascribed her occasional discourtesy (and associated lack of remorse) towards other people to an ingrained automatic ('it's habitual') reaction. Initially, Lauren accounted for such behaviour in terms of 'having a bad day'. However, she subsequently made sense of her emotional reaction to having a bad day in the following extract.

I don't mean to do it, it's almost like it's, I don't know, it's like that reaction that I can't... I feel a bit threatened, so that's where I can get a bit charged.... If I can shut somebody down, that's what's happening, my anxiety is coming up so I'll just shut somebody down and that's a way of getting my anxiety back down again....

Thus, Lauren appears to invoke a fight or flight mechanism ('feel a bit threatened') in order to give context to her aggressive behaviour. Her hostility is described as a coping mechanism, which she uses to alleviate her feelings of distress. Other excerpts from Lauren's account reveal a sense of emotional confusion associated with her childhood experiences. The narrative presented below relates to her emotional reaction to her father's infidelity.

I just went into hysterics, laughing. And *Alison [school friend] was with me and she said, Why are you laughing? So I said, oh, my dad's upstairs shagging the next-door neighbour. So she's looked at me and she's like really shocked, says, come on, better go, and I'm still giggling all the way back to school.

Lauren's description of her inappropriate response ('hysterics') to the event conveys a sense of emotional turmoil and appears to suggest an inability to cope with intense emotions. Such emotional confusion was

also illustrated in other parts of her narrative. Earlier in the interview, Lauren had disclosed her suspicions that she had been sexually abused by her father. The following excerpt concerns Lauren's sense-making of her father's behaviour towards her after he had seen her returning from a disco with a boy.

Well, confused, because I've got more questions about him. It's almost like it was a jealous reaction; an inappropriate jealous reaction.... I'm still not clear about what happened with my dad even now. But I probably don't think about it so much. But I think it does affect me.

Not only does Lauren feel confused regarding her experiences, she also seems to convey a sense that she has difficulty clearly identifying her emotions ('I think it does affect me'); an aspect of trait EI.

In one sense, Stacey's discourse was similar to Lauren's; she also seemed to portray a lack of empathy as illustrated by the following extract. The subject of the narrative was Stacey's use of stolen credit cards.

Although I did find out afterwards actually that it was the individuals, you know, th-they stand something to lose as well, you know, the people whose, you know, [credit] cards you were using, who was named on the card. Um but, but at the same time it was a bit kind of, because I don't really have that kind of attachment to people and their feelings and things like that...

Although Stacey attributed her offending behaviour to a fight for survival (see super-ordinate theme behavioural outcomes, sub-theme 'maladaptive behaviour', p. 263), her discourse in the above excerpt infers that her lack of empathy played an enabling role in such behaviour.

In terms of her childhood experiences, Stacey recalled feeling emotionally numb when her mother died.

But I remember um when we heard that my mum had passed, my older sister started crying, my younger sister started crying, but I didn't because I didn't really understand, you know I hadn't understood what had happened.... Um yeah, but I remember being a bit kind of numb about it, really, I think mainly because I didn't understand what it all meant.

She attributed her sense of numbness to a lack of understanding. Stacey had also explained that her father had died some years later. The following extract suggests that the effect of losing both her parents may have inured her to feelings of grief or sadness.

Yeah, so I'm, sort of, even as a child, and even now, sort of, I can deal with, you know, people around me dying, I just kind of get on with it.

The language that she utilised suggests that she usually suppresses negative emotions such as grief and sadness ('get on with it'). However, her use of the phrase 'sort of' might suggest a slight emotional conflict. Indeed, a later event in Stacey's life seems to have elicited emotions that she had apparently not experienced beforehand. The following excerpt is Stacey's response to an invitation to talk about the person or event that had had the worst impact on her life. Stacey explained that she had immediately thought of an ex-boyfriend (see also 'attachment style' sub-theme p. 224). They had planned to get married and she was pregnant.

But I do remember um being real, feeling hurt and upset; but the real kind of knife-twisting happened when I'd had my daughter and he said he was coming to the hospital and he

didn't turn up at all.... Then I saw him two days later... I think, I think him not coming to the hospital after saying, and maybe because I was really emotional or whatever, after having the baby as well, hormones and everything, but I remember that really standing out um... yeah, him not being there for us. But, but, just maybe more for his daughter.

The break-up was portrayed as an intense and emotionally painful ('knife-twisting') experience for Stacey. There is a sense of uncertainty ('I think, I think') and caution ('maybe') regarding her strong emotional response to the experience. Initially, her narrative appears to make sense of her response in terms of a feeling of betrayal ('him not coming'); however, this was subsequently adjusted to include an involuntary biological ('hormones and everything') response to childbirth. In addition, despite Stacey's self-attributed lack of empathy for other people (in relation to her offending behaviour), her discourse conveys a sense of empathic concern for her daughter.

According to Jenny, her father's violent behaviour has had the worst impact on her life. The transcript of her interview contained many references to intense emotions, both during childhood and in adulthood. Jenny described how she felt on one of the occasions that she and her sister were the focus of her father's anger.

Terrified, scared, really scared, really scared. Really frightened...

The intensity of Jenny's emotional distress is illustrated by her repetitions and her use of the word 'really'. In some instances, she seemed to find it difficult to articulate the strength and depth of the emotions that were associated with her memories of the events that she experienced during her formative years. Her discourse in the extract below suggests that such

events provoked an intensely damaging emotional and psychological response.

I still have some very vivid scenes um and a lot of upset and real sa-well pain, yeah. And I say sadness, but that almost doesn't seem um strong enough a word. Trauma? Really quite traumatic scenes, where um yeah...

As mentioned earlier (see 'psychological distress' sub-theme p. 229), Jenny's narrative suggested a perception that a later life event had acted as a catalyst in terms of her negative emotional reactions to her history of ACEs. Indeed, there is a reference to the event in the following extract, during which she had been attempting to make sense of the feelings that she associated with the unstable nature of her childhood environment, both in physical, situational (e.g. utilities disconnected, little food, no hot water, evictions) and psychological (the effect of her father's violent and aggressive behaviour) terms.

I struggle now with looking back at it and not feeling extreme pain, emotional pain, I don't know whether that can be described any better. Um shame, really ashamed um but if I try and put myself in it as a fourteen-fifteen year old, at the time, it's really odd because it, I don't know whether I just accepted it, I just accepted that that's how things were.... I just didn't really think anything of it until I had my children.

Initially, she seemed to be unable to make sense of ('it's really odd') her (un)emotional coping response to her ACEs during adolescence, although her subsequent remarks ('I just accepted') seem to impart a sense of resilience. Like Lauren, Jenny conveyed a sense of confusion in her narrative.

I do still understand, but I do start to feel something, whereas before I didn't really, there weren't any feelings and I think I just understood that they [Jenny's parents] found it difficult um and again just accepted, that's how it was, but, I do feel very, I do feel anger a lot of the time when I start to think about certain events.... I mean, I get angry at times, but then I feel so helpless, that I just can't, I'm at the mercy of others and then um I then feel really quite impotent....

Provoked by bouts of rumination, anger appears to be a fleeting emotional response for Jenny. Indeed, her account suggests that such feelings are typically overwhelmed by other strong emotions. The strength and depth of her sense of hopelessness and powerlessness is conveyed by the language that she utilised ('impotent', 'at the mercy of') in her account. Jenny's paradoxical response seems to add support for the view that she has been unable to develop an organised strategy for coping with the negative sequelae of her childhood experiences (e.g. Cassidy & Mohr, 2001).

A common thread running through Martina's account concerned her use of a withdrawal mechanism in order to cope with the emotional consequences of her experiences. In fact, an extract taken from the early stages of her interview suggests that such an avoidance mechanism has become habitual.

Oh gosh, sorry... it's a, I'm not actually very, I look at everything in an analytical way, but when it actually comes to talking to somebody else it can be quite emotional, but it's not necessarily my head it's only my body.

The above extract seems to portray a deliberate dissociation from her emotional responses, which she ascribed to an automatic biological

reaction rather than to a psychological response. Indeed, Martina tended to recount her experiences with a distinct lack of emotion, which suggests an intentional suppression of emotional distress. However, she is not always altogether successful in this endeavour. The following extract suggests that certain emotional consequences of Martina's childhood experiences prevail, although others appear to be in abeyance.

I used to suffer from periods of depression that would go on for months um and anger issues. I still do, I have sort of anger issues...

Like Lauren and Jenny, Martina occasionally conveyed an impression of confusion and uncertainty regarding her emotional reactions to childhood events. For example, on being asked to describe how she had felt after an incident in which she had been bullied by two female peers, Martina gave the following response: -

I can't really remember, I can only, as much, as strange as it sounds, I can remem-*<sigh>* I think I can remember being scared um scared that they were going to sort of catch up with me and do something like that again.

Her narrative regarding a later life-event portrayed a similarity to Lauren's in terms of an inappropriate coping response to an emotionally salient experience. The narrative presented below relates to Martina's emotional response to the death of her stepfather.

I remember going into um because, you know, I still don't handle some sort of emotions very well um at, at that particular time I went into laughing fits, I couldn't stop laughing, or joking, because my sense of humour just kind of, kind of escalated... at

the time it was very, I didn't know where I was.... And, as I say, it didn't, it didn't really sort of seem quite real.

Once again, there appears to be a sense of dissociation ('I didn't know where I was') in Martina's discourse. She made sense of her emotional response in terms of an inability to control her emotions, which she appears to consider is still in evidence. Indeed, emotion management emerged as a distinct theme and is presented in the next section.

Emotion management

The variation in the women's transcripts in terms of emotions, emotional expression and emotional coping also featured in their accounts relating to emotion management. For instance, some accounts suggested a transition regarding the strategies that were utilised to manage emotions; while some narratives contained contradictions and a sense of emotional confusion. In addition, for two interviewees, the type of emotion regulation strategy utilised appeared to depend on the circumstances. Nevertheless, there were also some similarities within the transcripts.

Jenny's discourse had initially portrayed a sense of emotional confusion and an inability to effectively manage her emotions. However, an extract that appeared at a later stage in the transcript conveys a sense that Jenny now utilises a more effective strategy for dealing with the negative affect that is associated with her childhood memories.

Yeah um I think through some of the therapy that I'm having, and some of the counselling that I've had.... it seems to be quite effective and I've been um attending this group therapy since January. I think I'm able to sort of try and separate the feeling... there's still some work to be done, but I, I'm just beginning to feel with um if I can continue, down that path um and keep

talking, and keep, I think it's the talking and um sort of gaining more awareness and more self- acceptance...

Jenny's narrative imparts a belief that she has begun to develop an ability to manage, and make sense of her emotional turmoil. Her discourse suggests that she considers her improvement to be a consequence of actively expressing and processing the emotions that are associated with her ACEs. Such an interpretation of Jenny's sense-making of her 'life-world' is supported somewhat by an extract from the additional comments that she made after she had read the transcript of the interview.

I feel also that the process of talking to you and recalling memories of certain events was somewhat cathartic...

Stacey had initially been unable to think of an occasion upon which she had felt angry or emotional in response to memories of her experiences. However, as described in the sub-theme 'emotions, emotional expression and coping with emotion', the break-up of the relationship with her daughter's father had engendered an intense emotional response. Nevertheless, her discourse suggests that she was able to effectively repair the negative emotions associated with the event.

Anger! Anger, I plotted and schemed all these things that I would do to him that you know, vengeance but, in my mind. I didn't physically carry them out....

In spite of the intensity of her emotional response, Stacey utilised a visualisation technique to help her cope with, and manage her feelings; a coping strategy that evokes a sense of emotional intelligence in terms of a clear understanding (clarity) and effective regulation (repair) of negative emotions.

Like Stacey, Lauren described an emotion management strategy that portrays a sense of emotional intelligence. Not only does she pay attention to, and identify, her feelings, but she clearly considers that she is able to control her emotions.

I will take time out if something's bothering me and get really clear about what it is, before doing anything about it. And actually I think I can control my emotions much better than I used to be able to.

Lauren's use of the past tense ('I used to be able to') in the above extract conveys a sense of transition and progress in the development of emotion management skills.

A sense of transition in terms of emotion management also featured in Martina's interview transcript. She had previously disclosed a tendency to harbour feelings of anger and to experience episodes of depression. Nevertheless, she expressed a belief that she has developed an ability to manage such emotions. Martina's discourse suggests that her technique for managing her emotions depends on the circumstances. For example, she described her method for managing confrontational situations with her son.

...so I've had a couple of shouting matches in the past couple of weeks, but I can pull myself back and say, right, this is, you know, this is getting out of hand. We need to start, start sorting this out, you know... so I, I can pull myself back and I can control um you know, my anger and my um my depression a lot more.

Martina's emotion regulation strategy consists of a withdrawal ('pull myself back') from conflict in order to manage such situations. However, on other occasions, Martina tends to utilise an alternative strategy.

...but, when it, I say anger issues, I spend sort of half an hour shouting at the cat to shut up or Shut the fuck up! You know that sort of thing... Aaaaargh! And sort of, you know, run around the house doing cleaning because I find that a good, an energy, gets rid of energy.

Thus, Martina tends to express her anger outwardly in some situations. She seems to view her anger as a force ('energy'), which she needs to exorcise. An engagement in intense ('run around') physical activity appears to be a successful strategy in terms of managing her negative affect. Martina's discourse also suggests that she is able to pay attention to, identify, and repair her negative moods.

Conversely, Geraldine's account suggests that she struggles to find a successful means of control over her emotions.

... they said because I used to clam up and clam everything in when I was very small, everything now goes to my stomach when I'm so worked up. Because I don't know how to show my emotions so I either um get so angry, or sick that, and then start throwing up. Um and then after I've been sick it seems to go away.

Geraldine makes sense of the physical manifestation of her distress and negative affect in terms of her inability to disclose ('clam up') her experience of sexual and physical abuse in childhood. Moreover, she seems to consider that such physical manifestations are a response to her tendency to suppress her emotions. Two examples that Geraldine

provided in her account relate to her methods for coping with episodes of distress that are associated with her experience of adverse life events.

Because I just, just don't <sigh>, you know I either go on a real manic, cleaning everything, or I go the opposite, where I just stay in bed and sleep. And that's not healthy. Either side it's not healthy, you need to find a middle ground, you know.

When I'm really worked up, really stressed, I go and get another shower... I just, something's in my head, I need to just wash it away.... If I can wash it away and see the water going down, it's gone. It's been moved somewhere... Sometimes it doesn't help, because then you're not actually dealing with the problem. All you're doing is putting it there for a few more weeks and then it blows up.

Geraldine is clearly aware that the extreme nature of her responses to stress is detrimental to her well-being. Moreover, she appears to view the methods that she uses to cope with her reactions as somewhat ineffective. Interestingly, she utilises an image of a time-bomb waiting to explode ('blows up') to explicate the potential consequences of a failure to manage her emotions successfully. On the other hand, later in the interview, Geraldine described a more adaptive technique for coping with the aftermath of intrusive nightmares.

Talking mainly, talking, you know. Not worrying that, basically, yes, you've had a bad dream and talk about it, you know, and because I could ring [adoptive] Mum at any time...

Like Martina, her coping mechanisms appear to depend on the situation. She seems to view the act of expressing her feelings in relation to her nightmares as an effective means of managing such emotions.

6.5.3.6 Discussion

Lauren and Stacey alluded to a lack of empathy in their accounts, which concurs with previous research that has associated insecure attachment with low levels of empathy (Mikulincer et al., 2001). Moreover, Stacey's narrative seemed to provide a link between research that has connected delinquency and offending to parental bereavement (Draper & Hancock, 2011) and to low levels of empathy (Jolliffe & Farrington, 2007). Specifically, her discourse suggested that a lack of empathy was an enabling factor for such behaviour. Nevertheless, her self-attributed lack of empathy for other people did not appear to extend to her empathic concern for her daughter, which suggests that such a trait is context-specific.

The extracts pertaining to interviewees' elevated levels of anger and shame in response to their childhood experiences are consistent with previous findings within the multiple ACEs to psychological distress literature (Cloitre et al., 2009; Fletcher, 2011; Stuewig & McCloskey, 2005). The exception was Stacey, whose emotional reaction to her experience (double parental bereavement) evoked a sense of emotional suppression; a response which has been proposed to be a more adaptive strategy in certain circumstances (Stanton & Low, 2012). Indeed, with the exclusion of one later life-event, Stacey's account was strikingly devoid of references to feelings of anger. Nevertheless, all of the accounts contained references to emotional confusion either during childhood and adolescence, or (in some instances) in adulthood. Given the enduring nature of Geraldine's emotional confusion, her narratives are in accord with findings that have associated a history of ACEs and low EI with poor emotion regulation (Gaher et al., 2013). However, her discourse also suggests that context may be an important factor in emotion regulation, since she also referred to a tendency to talk to her adoptive mother in order to cope with intrusive nightmares; a strategy that suggests the use of emotional expression (Stanton, Kirk et al., 2000). Similarly, Jenny's

description of her current emotion management technique referred to a use of emotional expression and emotional processing. Initially, Jenny's discourse implied that she experienced extreme emotional turmoil as a consequence of thinking about her childhood, which concurs with the view that excessive processing of memories in the absence of emotional expression may exacerbate distress (Stanton, Danoff-Burg, Cameron et al., 2000). Nonetheless, later extracts from Jenny's transcript suggests a sense of adjustment. Given that recovery from traumatic experiences may depend on an integration of the experiences into one's meaning-making systems by way of an emotional engagement with the memories of such events (Wild & Paivio, 2003), Jenny's use of the word 'cathartic' in relation to talking about her experiences may suggest that, for her at least, an emotional approach to coping is an adaptive technique to promote psychological adjustment to ACEs.

Three of the women (Lauren, Stacey and Martina) used discourse that portrayed a utilisation of aspects of EI, which accords with findings linking high EI with a tendency to adopt adaptive emotion regulation strategies in order to regulate negative affect (Mikolajczak et al., 2008). Like Stacey, Martina sometimes used a technique that is evocative of emotional suppression; at other times she expressed her anger. Thus, her emotional coping strategy appeared to depend on the circumstances. The emotional confusion expressed by Martina and Lauren appears to have persisted for some time. Nonetheless, both narratives also indicated a sense of progress in this regard. Martina's progress might be attributed to her (eventual) experience of a successful therapeutic intervention. However, given that Lauren had not received therapy in a conventional sense, her progress might accord with the view that EI is malleable and may perhaps be enhanced through training programmes (e.g. Clarke, 2006; Castillo et al., 2013). Moreover, the women's discourse also appeared to lend some support for the view that interventions (e.g. see Khan & Wilson, 2010) may

need to target the maladaptive emotion regulation that often accompanies psychological distress (Badour & Feldner, 2013).

The narratives relating to emotion regulation infer that the type of technique utilised may depend on the circumstances, thus highlighting the importance of context. Aldoa (2013) has argued that, in spite of its pertinence to maladaptive coping responses to stress, emotion regulation research has tended to overlook the role that context may play in such processes. The interviewee's accounts have provided some insight to such processes and also add some emphasis to the view that therapy may need to target emotion regulation deficits in order to buffer the potential negative outcomes of multiple ACEs.

6.5.3.7 Super-ordinate theme 2.4 – Behavioural outcomes

Four of the women identified an array of maladaptive behaviours in response to their experiences, although there were also some conspicuous differences. The transcripts included accounts that pertained to behaviour that would be regarded as antisocial or criminal and three also included references to risky behaviour. In most instances, there was evidence of a modification to behaviour over time. Moreover, the accounts suggested some diversity in terms of trajectories from ACEs to outcomes. This theme consists of two sub-themes: maladaptive behaviour and behaviour modification.

Maladaptive behaviour

Behavioural outcomes that were identified in the transcripts included activities that were risky (e.g. sexual behaviour), harmful (e.g. substance abuse), or potentially lethal (attempted suicide); while some involved conduct that was antisocial or criminal. With the exception of Jenny, all of the interviewees referred to such behavioural outcomes. Often originating in adolescence, such behaviour was also described as being somewhat

prevalent throughout adulthood in some instances. In addition, as mentioned earlier in the chapter, events that occurred later in life also had an impact on some of the women's behaviour; such events have been referred to where appropriate. In some instances, the narratives presented below concern the women's response to the researcher's direct request for a description of their behavioural reactions to thinking about childhood experiences. In others, references to behaviour emerged in the natural course of the interviews. For clarity and completeness, Jenny's response to the question relating to behavioural reactions is also presented.

Jenny was explicit in terms of her perceived behavioural response to thinking about her experiences.

I just get really depressed. I don't think I take any action, or do anything... I'm thinking I haven't acted out, whereas my sister is quite verbally abusive and will react whereas I just seem to have let those things sit and stew a bit and just um get really depressed. Yeah.

Jenny's response to her experiences was to internalise, rather than to externalise, her reactions to such events. This is emphasised by the comparison that she makes between her own reactions and those of her sibling. Her description of her behavioural response ('let those things stew') suggests that she has spent some time ruminating about her childhood, but has not expressed her emotions outwardly.

Conversely, Martina's references to her behaviour emerged during a description of her childhood. Moreover, she was very clear about the root causes of her behaviour. In fact, she attributed her drug-taking to peer pressure and to the availability of the substance in question.

So I instantly fell in with the wrong crowds um and we started, I, I started smoking dope, at sort of, well, twelve. It was literally, I started at (High School) on May 8th and I turned twelve on May 23rd and I started smoking pot, sort of in those summer holidays because I was hanging around with two girls, and one girl um her parents were drug dealers so we could get it and we often did steal it from her parents and replace <laughs> replaced what we'd stolen with mixed herbs.

Like Martina, Stacey did not ascribe her offending behaviour to a negative emotional reaction to memories of childhood events. However, her situation was entirely different; she resorted to crime in order to survive. In spite of her efforts to find a means to support herself financially, employment was elusive as is demonstrated in the extract below.

When I used to get up to no good for example, you know, I went through a stage where I had no money and it was hard to kind of get by and I ended up um doing illegal things to make money um using stolen credit cards and um burglaries and things like that.... It's not that I wasn't looking for work. I tried, I was, I did all sorts of training schemes, you know, where you don't get paid and things like that um yeah. It was, it was tough, it was tough and I, I did what I felt like I needed to do to get by.

The tenor of Stacey's discourse suggests that her actions were not through choice; on the contrary she had strived to seek lawful means to support herself, but to no avail. At a later stage in the interview, she also referred to an engagement in risky sexual behaviour, which she attributed to experiences that transpired later in her life.

I, because of that not being attached to people... I kind of didn't trust people; men in particular. You know, 'all men are bastards'

mentality because of how men had treated me.... I played them, in as much as they played me. I had, you know, different guys for different things.

Although Stacey appears to make sense of her behaviour in terms of previous relationship experiences ('because of how men had treated me'), one element in her discourse ('because of that not being attached to people') suggests that her response to the double parental bereavement that she experienced in childhood also acted as an enabling factor in her behaviour.

Similarly, Lauren's account featured allusions to risky (sexual) behaviour and the presence of factors that enabled such behaviour. However, her discourse included references to other potentially harmful activities (substance and alcohol use) as well as her childhood experiences, which seems to indicate a more complex pathway from ACEs to maladaptive behaviour in comparison to Stacey.

In fact, my mum used to lock me in my room and I used to climb out of the window and come back pissed hours later.... I got onto the whole rave scene, she'd [Lauren's mother] been away at her boyfriend's for a couple of days. She got back; I was on a massive comedown.... I mean through my twenties I probably wasn't even aware of any of this that was driving it, if you know what I mean? It was just normal. And in your twenties a lot of people drink a lot don't they? So, sometimes I'd put myself in really risky situations quite easily. There's probably been a lot of one-night stands that, you know, were just because I was out of it....

Lauren's narrative suggests a prolonged use of alcohol; perhaps originating as a method of escape from her mother. Her language

suggests that she considers her behaviour to have been excessive on many occasions ('pissed', 'massive comedown', 'out of it') and that such behaviour enabled ('So, sometimes I'd put myself...') potentially dangerous activities. However, although Lauren now seems to make sense of her activities in terms of her ACEs, she also appears to feel that her behaviour had been enabled by social norms for people her age ('...people drink a lot don't they?').

Alcohol abuse also featured in the transcript of Geraldine's interview, although with a different outcome.

Every year [unclear] without fail you'd find me in a police cell....
Basically, I'd just become shut off from everyone.... And so I just used to drink. And because I got drunk so much I'd get arrested.

Her continual contact with the criminal justice system was ascribed to her alcohol abuse, which seems to have been an avoidant coping response ('become shut off') to reminders of her ACEs. However, unlike Lauren, Geraldine used the past tense in her discourse, which suggests a transition. On the other hand, the adverse emotional effects of later events [the removal of her children] appear to persist.

I'm only now getting complaints because of me ending up in hospital; because an ambulance and the police have had to turn up... I'm going to hopefully get higher medication to calm it down for this next year because I think the trauma of *Nicholas [Geraldine's fifth child] has really hit the trauma of the other four. Because I think, in my head, 'What more can I do?'

The trajectory from ACEs to maladaptive behaviours suggested within Geraldine's account appears to be distinct from both Lauren's and

Stacey's experiences. Her narrative suggests a violent response to psychological distress, which has been exacerbated ('hit the trauma') by the removal of her youngest child. Despite medical intervention, she seems to feel unable to control either her agitation ('calm it down') or her sense of hopelessness, which has resulted in a continuing cycle of distress, maladaptive coping response, and contact with the criminal justice system.

While there were some noticeable similarities between Martina, Geraldine and Lauren regarding potentially harmful behaviour (i.e. alcohol or substance abuse), Martina's pathway from ACEs resulted in more extreme behavioural outcomes. Like Lauren she started to use substances at a young age. Conversely, she did not begin to abuse alcohol until later in her life. The extract below illustrates Martina's sense-making of her experiences.

I was fourteen and I tried to take an overdose um and that was, I mean, looking back it could've quite possibly been because I started abusing cannabis, but um it was, I think, an accumulation of things that had sort of happened before. I was being bullied at school... and I ended up trying to um overdose with tablets um But, I pl-I planned it for weeks, you know, it wasn't something that I just did... and there was a number of suicide attempts in my, sort of early twenties as well... because I had a major breakdown I'd run myself into a lot of debt and lost my job and um as I say, it was a couple of years after my son was born um and we lost the flat that we, I was living in at the time and we had to move back into my mum's...

There is a clear sense of personal agency and pre-meditation ('I planned it') in Martina's account of the first suicide attempt. Although she initially considered the notion that her action was a consequence of substance

abuse, she then ascribed the act to other adverse experiences ('accumulation of things'). Moreover, Martina's sense-making of her later suicide attempts seems to reinforce the idea that she believes that the root causes of her actions were the difficult circumstances that she was experiencing during this period of time, rather than her use of substances. Indeed, the following extract, which relates to a decision to terminate her use of alcohol serves to emphasise such an interpretation.

Right, I'm not going to drink anymore. That's it! So I went more onto the cannabis because I felt that I didn't have any adverse effects from that, but it stabilised my personality...

Martina seems to view cannabis use as a positive and less harmful alternative to alcohol. Indeed, the above extract might also suggest that such behaviour was felt to be a more adaptive ('stabilised my personality') coping strategy. Like Geraldine, Martina's trajectory from ACEs to negative outcomes appears to have been exacerbated by events that occurred later in her life. Nonetheless, as with the other interviewees, Martina's narrative contained aspects of a modification to her maladaptive behaviours. The next sub-theme discusses such transitions.

Behaviour modification

There was evidence of a transition in terms of maladaptive behaviour in all four of the women's accounts. In some instances, modifications to behaviour were attributed to a 'turning point' in the women's lives, while others made no such attributions.

As discussed in the sub-theme above, Lauren's discourse conveyed a sense that alcohol and substance abuse had played an enabling role in her engagement in risky sexual behaviour. Such behaviour ceased as a consequence of the modification to her behaviour. A striking feature of Lauren's account was her sense-making of the physical and psychological

responses that she experienced after restricting her alcohol intake and substance use.

And then I went through a period of time where I thought, right I'm just going to do this without any drink, any-anything. And that's when I felt the anxiety and stress of it. But now I think I'm even coming through that. Because now I can have a drink and actually stay present in my body so I know when I'm having too much, it starts feeling acidic, you know, acidic and everything I know it's time to stop drinking, whereas before I think I'd be not even connected to that. I would just keep going and keep going and keep going. So, it's getting better.

It seems evident from the discourse contained in the extract above that Lauren considers that her abuse of alcohol and use of substances were mechanisms for coping with psychological distress. Since curtailing her alcohol use, she no longer experiences the dissociation ('stay present in my body') that accompanied such behaviour. Moreover, her narrative suggests a perception that she had been oblivious to the unpleasant and potentially harmful physical reactions that were associated with her excessive intake of alcohol. Now that she is aware of the physical triggers, she is able to control her intake. Indeed, she believes that she has made some progress in this regard and that she perceives such progress to be positive ('It's getting better').

Similarly, Geraldine used alcohol as a means to avoid her memories of her ACEs. Moreover, she also attributed the change in her behaviour to a particular point in her life.

...when I hit thirty, I said, I don't wanna go b-I don't want to literally have this, no, I'm thirty now. I need to knock it on the head.... Because now I don't, you know, I do go out drinking, I

do fall off, you know, as people say 'fall off the wagon' and get silly sometimes, but it's not because I'm hiding, I'm drinking just to hide things.... But the last time I did that was about a month and a half back, when I'd been out 'til two in the morning. But I'd gone out and, you know, I wasn't completely out of my face, I w-I didn't get in trouble with the police, I didn't get arrested, I come back and went to bed.

Although Geraldine admitted to an excessive intake of alcohol on occasion ('fall off the wagon'), she believes that she no longer uses it as a coping mechanism ('to hide things'). Moreover, her discourse demonstrates a perception that such occurrences no longer follow the typical course ('out of my face') and consequences ('arrested') that characterised such behaviour in the past.

The changes to Martina's behaviour were attributed to her referral to a psychologist (see also 'experience of therapy' sub-theme above, p. 241) subsequent to which there were no more suicide attempts. Moreover, she ceased to use cannabis as a coping mechanism. Thus, like Geraldine and Lauren, she identified a specific event as a turning point in her life. The following extract demonstrates her sense of progress in this regard.

...but with um sort of, you know, learning about myself and um learning cognitive behavioural skills to help me, sort of move forward...

Stacey also attributed the change in her (risky sexual) behaviour to a particular event; specifically, she identified the catalyst to be some advice that she had received during a conversation with a friend.

...coz I told her [Stacey's friend] you know, that I was playing them and she said, you'll come to realise that actually it's not

them you're hurting it's yourself! She was right because when I look back on it, yeah.... Yeah, now I see where she was coming from; I wasn't doing myself any favours...

Stacey also alluded to a transition in terms of offending.

...I'm not, you know, doing anything to harm anybody um you know, by using their credit cards.... Because I don't do it anymore, I'm not that person anymore, in that sense...

The excerpt above concerns her sense-making in terms of self-image ('I'm not that person anymore'). Such a belief might be explained by her view that her offending behaviour was a survival mechanism (see p. 263).

6.5.3.8 Discussion

Three of the women alluded to a use of alcohol or substances in order to cope with psychological distress associated with ACEs, which generally concurs with previous findings in the attachment and ACEs literature (Golder, 2005; Rosenkranz et al., 2014). However, a more complex picture emerged from narratives that related to engagement in risky sexual behaviour in terms of divergent pathways to such outcomes. Specifically, Stacey ascribed her behaviour to a mistrust of others (particularly men) as a consequence of previous relationships; however, her discourse also suggested that such behaviour may have been mediated by an attachment orientation that had resulted from the loss of her parents in childhood. Conversely, Lauren's narrative implied that such behaviour was a consequence of her strategy for coping (substance use) with the psychological distress associated with her attachment orientations and history of ACEs. Thus, Lauren's experience appears to go beyond the findings from previous research that have linked risky sexual behaviour with individual factors such as ACEs, substance use, and attachment (Hillis et al., 2001; Ramiro et al., 2010; Sprecher, 2013). The two women's

discourse might also imply that trajectories (and the factors involved) to such behaviour may have varied as a consequence of ACE type or magnitude (i.e. multiple or cumulative ACEs), as well as later life experiences. Nevertheless, the women's behaviour modification narratives suggest a turning point. Stacey attributed the change in her behaviour to some advice that she received from a friend, while Lauren's narrative suggested a sense of personal agency.

Perhaps unsurprisingly, given that offence-type differed, accounts that referred to antisocial or offending behaviour (excluding drug-related offences) also suggested unique trajectories from attachment and ACEs. For example, Stacey's narrative implied that such behaviour was a survival mechanism. Nevertheless, other extracts from her account (presented in the impact on emotional expression and management theme, p. 248) not only suggest that a lack of empathy may have mediated such behaviour (e.g. Bowlby et al., 1972), but also appear to provide a link between studies that have examined attachment and empathy (Mikulincer et al., 2001) and empathy and antisocial or offending behaviour (de Kemp et al., 2007; Jolliffe & Farrington, 2007).

Geraldine's behaviour is consistent with previous findings that have linked insecure attachment and ACEs to psychological distress (e.g. Lee & Hankin, 2009; Sandberg, 2010) and antisocial behaviour (e.g. Finzi et al., 2000). However, there appears to be some conflict contained within the excerpts from Geraldine's transcript, particularly in terms of behaviour modification. On the one hand, she no longer drinks to excess in order to cope with reminders of her childhood; but on the other, further contact with the criminal justice system (as well as the health service) has occurred as a consequence of a recent traumatic event. Her discourse relating to medication (to control her agitation) suggests an enduring difficulty in terms of emotion regulation. In spite of the apparent similarities between the research findings discussed above and Geraldine's account, such

findings fail to capture either her sense of powerlessness or the effect that later adverse events have had on her psychological well-being.

Given that the women involved in the current study had a history of ACEs and one of the interviewees (Martina) had also disclosed a history of attempted suicide (as well as a dependency on cannabis) her account might provide some insight into the complexity and multi-factorial nature of the trajectory from a history of ACEs to suicide behaviour. Specifically, although Cassidy and Mohr (2001) have posited a link between disorganised attachment representations and suicide risk, a recent study conducted by Venta and Sharp (2014) failed to find such a relationship. Other research has identified parental rejection (Fotti et al., 2006) trauma, psychological distress, and substance use (Dore et al., 2012) as potential risk factors for suicide risk. Together with the factors mentioned above, Martina's discourse concerning earlier attachment representations and peer relationships appeared to indicate elements of a disorganised attachment (e.g. dissociation, fear of rejection) and a sense of parental rejection. Thus, her narrative might indicate some links between theory and research regarding attachment, ACEs, substance abuse, and suicide ideation and attempts. However, her account also served to underscore the importance of other environmental factors, as well as the potentially damaging effects of later life-events. Nevertheless, her discourse relating to behaviour modification indicates a turning point in the form of a therapeutic intervention.

The majority of the excerpts presented accords with much of the literature in the attachment and ACEs fields. Nevertheless, the women's narratives also afforded some additional insight into the lived experience of ACEs and outcomes, and the potential mediating or moderating factors that might be involved. In some instances, interviewee's accounts facilitated links between previous theory and research findings. In addition, the

women's discourse often drew attention to the role that might be played by later life events.

6.5.4 Master theme 3 – The present and the future

As illustrated throughout this chapter, most of the interviewees who participated in the current study had experienced multiple adverse events. In some instances, such experiences were not confined to childhood. Nevertheless, most of the women's accounts portrayed aspects of resilience either during childhood, later in life, or in relation to future expectancies.

6.5.4.1 Super-ordinate theme 3.1 – Resilience

Autonomy, a positive outlook, and personal growth.

Most interviewees' accounts contained discourse that conveyed a sense of strength in terms of self-sufficiency and taking control. Moreover, the women's narratives often conveyed a positive outlook and a sense of personal growth. As in other themes, a sense of transition also emerged from the transcripts.

Stacey's discourse conveyed a strong sense of independence and self-esteem throughout her account. The first excerpt presented below suggests that her sense of autonomy was developed at a young age. There was also a sense of a positive outlook and personal growth (I'm not like that now') contained in her discourse (second extract).

I think having confidence in my convictions has had a big impact because my dad was really strict and I, I had my own way of understanding the world around me and um and I trust my judgement.... So that's always had an impact; me having my own mind and challenging people and challenging authority.

I look back and I'm not proud of it, but I accept that, you know, at the time. We live and learn and, and we experience things and I look at my experiences as part of the learning process whether they're good experiences, bad experiences, experiences I wish I didn't have. I kind of, I've learnt from them so I don't totally wish them away, d'you know what I mean? I think they're lessons I, I do honestly look at them as lessons and um and at least I'm not like that now is what I kind of remind myself...

Geraldine's sense of self-efficacy appears to have developed later in life. In the first extract presented below, she seems to consider that she has taken control in the relationship with her biological father; while the second extract taken from her account portrays a sense of personal growth, which developed after she and her partner (father of her children) separated. The discourse in the third extract suggests an ability to take a positive view of her experiences.

...the way I look at is, if I can't sit in the same room as him [Geraldine's biological father] I've let him win.

In that two years, I learnt that I can be slightly independent. I don't need to rely on a man.

There's a difference saying I was abused and, and it's took over my life, and it hasn't.... And if I hadn't had him [biological father] do what he did, you know, I wouldn't have gone into care, I wouldn't have met Sister Alice* [social worker], I wouldn't have met my adoptive parents, I wouldn't have met friends I have now, because, you know. So that's the way I look at it. That one negative has given me these so many positives, you know.

Martina's narrative was very similar to Geraldine's in terms of a portrayal of autonomy and personal growth. Moreover, her discourse also suggests a positive outlook.

I'm not scared of doing things on my own; I've been on holiday on my own; I'll go to a pub on my own if I want to, you know, I don't necessarily have um issues with that kind of thing.

I've kind of come to terms with a lot of it. I'm, how can I put it? um I don't know, everybody's life is like a painting, there's so much in it and there's so many little details that you don't necessarily see and it's only when you stand back and you can, you know, have a good look at it um that you kind of understand it. And I think I, in the past couple of years I've actually been at the point where I've been standing back and, I've been able to understand it, so, on an emotional level I'm not going to go away from here and feel devastated.

The excerpts below pertain to the struggles experienced by Lauren and Jenny to overcome the sense of powerlessness that characterised their 'life-worlds' during childhood and adolescence. Lauren's discourse not only suggests that she attributes her current sense of self-sufficiency to her efforts to gain control over her environment, but also that she has gained some trust in herself; while Jenny's seems to illustrate transition and an associated sense of personal growth.

I feel like I'm glad I kept fighting. Because it means I've got a strong will... ...I know, if I set my mind to doing something, I will do it.

[Lauren]

And it doesn't feel, it doesn't have quite the power that it had before. That feeling, it, it's definitely not as strong, and the anxiety that I felt before as well um and just the worthlessness and, and the shame that I felt um it's not quite as powerful and not quite as damaging anymore.

[Jenny]

Expectances for the future

A sense of hope and optimism regarding the future emerged from all of the accounts; however, in some instances such factors appeared to be tempered somewhat by a sense of caution.

Jenny's discourse portrays a desire for closure. She seems to feel that her personal growth in terms of psychological well-being and sense of self is not only dependent on such a closure, but that her hopes are not likely to be realised in the near future. However, in spite of a slight ambivalence ('perhaps'), the second extract conveys a sense of progress in this regard.

I'm hoping, I really hope someday that I, I'll be able to put them [her memories] somewhere in my mind where they don't really have any effect on me anymore.

...now, yeah, it's really quite uplifting um and does really give me some hope for the future.... going forward, perhaps I can um really embrace life and really just really accept who I am um and just be me um which I do feel as though I'm sort of making some small steps towards now um which does feel really exciting, really exciting...

The focus of Geraldine's hope is that she will one day be able to re-establish a relationship with her children. Like Jenny, she seems to feel a cautious sense of optimism.

When they're [Geraldine's children] older, and hopefully, have their own children; have their own relationships, then they might start looking for me.....

Martina's hope is more immediate; she is struggling to cope in her present employment and is actively seeking an alternative position. However, like Geraldine and Jenny she also conveys a sense of cautious optimism.

It's an adventure. I actually don't, not apprehensive of the future.... I'm trying to go more into the research area um but I've also, just to get out of (employer), um I'm still applying for other jobs. So um yeah, keeping my fingers crossed for the future....

Lauren appeared to feel a greater sense of optimism than Jenny, Geraldine or Martina as illustrated in the following extract.

I'm always planning!... But, in the future, I don't know, I mean things are constantly getting better. I am financially in a more stable position. I've got a lot of good people in my life....

Like Lauren, Stacey seemed to be less guarded in her expectances for the future.

My future I, I envisage a future with me and my partner just being away from it all. Just away from um mortgages and bills. And just living somewhere hot in a little wooden cabin, hut, house, whatever building <laugh> um growing our own food, not getting caught up in the world so much, just more, at one with nature...

6.5.4.2 Discussion

Resilience has been defined as an individual's positive social, emotional, and psychological functioning despite the experience of negative events such as ACEs (Bonanno & Diminich, 2013). Most of the transcripts contained discourse that suggested factors that have been associated with resilience, such as autonomy (or self-reliance), self-esteem, optimism, a positive outlook and hope (Herrenkohl et al., 2012; Segovia et al., 2012; Walsh, 2003; Williams & Nelson-Gardell, 2012). The women's discourse relating to personal growth, improvements in psychological functioning, and (in most instances) behaviour modification, concur with studies that have identified resilience as a buffer between ACEs and depression (Wingo et al., 2010) posttraumatic stress (Fincham et al., 2009) and suicide behaviour (Roy et al., 2011). Nevertheless, with the exception of Stacey, such resilience appears to have developed later in life. However, unlike Stacey, these interviewee's 'life-worlds' during childhood (and in some instances in adulthood) were characterised by chronic adversity, which seems to be consistent with the view that children who have been exposed to multiple ACEs may not possess sufficient resources to develop resilience (Jaffee et al. 2007).

Conversely, Stacey's childhood experiences (parental bereavement) could arguably be described as acute rather than chronic stressors. Her narrative suggests that her resilience to such stressors could be explained in terms of attachment theory, given that self-reliance has been described as an adaptive element of the attachment system (e.g. Bretherton, 1997; Clark & Ladd, 2000). It has been argued that examination of the factors that might be involved in resilience to isolated acute stressors (or potentially traumatic events) is an area of research that is in its infancy and has received little attention to date (Bonanno & Diminich, 2013). Perhaps research examining resilience to acute stressors (particularly bereavement) might fruitfully explore such factors from an attachment perspective.

In order to comply with best practice in IPA (e.g. Brocki & Wearden, 2006) the next section commences with a reflection on the research, followed by the conclusions drawn from the current study.

6.6 Reflection

It is widely maintained that the researcher may exert an influence on a project in many ways: these include (but are not limited to) his or her experience (personal, educational, employment, and professional), preconceptions and epistemological perspectives (Malterud, 2001; Smith et al., 2009). In the event that researcher characteristics might have an impact on the analysis and interpretation of the data obtained in qualitative research, Brocki and Wearden (2006) have argued that such characteristics should be made apparent. To that end, many qualitative studies utilise reflexivity in order to augment the credibility, validity, and accuracy of such research (Hunter, 2010).

To some extent, there are elements of reflection throughout this chapter, particularly in terms of the theoretical perspective and the methodological and analytical approach (IPA) that was utilised in the study. Nevertheless, I must again acknowledge that the study was designed, and the transcripts analysed, within an attachment framework. An alternative theoretical position might have resulted in a different interpretation of the women's narratives. On the other hand, an attachment perspective was the most logical, given that one aim of the current programme of research concerned the utility of an attachment framework as an explanatory mechanism for gender-specific pathways from ACEs to negative outcomes. In the interests of transparency, the following paragraph provides a brief summary of my own experiences and characteristics that may have impacted on the analysis and interpretation of the interview transcripts.

I have a working-class background and spent my formative years living first on an RAF camp and then on a council estate. I have a large close-knit family (father, five sisters, and their respective partners and offspring) and a variety of social support networks. I worked for a motor manufacturing company for 31 years: first 'on the factory floor', then in various staff positions (accounts payable, accounts receivable, payroll) and finally in the human resources department as Human Resources Officer, before being made redundant in 2003. I attended university as a mature psychology student (between 2003 and 2007) and graduated in 2008, after which I was encouraged by one of my lecturers to embark on my present journey. I am married with no children. Between the ages of 16 and 18, I experienced psychological, emotional and physical abuse (perpetrated by a boyfriend) and the death of a friend. All these experiences contextualise my preconceptions and views about adversity, as well as the emotional and psychological consequences of such experiences.

With regard to the interviews, my role was relatively minimal. Indeed, with very little prompting, the women shared a great many details pertaining to the adversity that they had experienced in childhood and, in some instances, in adulthood. Additionally, a great deal of data emerged from the interview transcripts with regard to the women's subsequent emotional, psychological and behavioural responses to such experiences. Hunter (2010) has argued that the researcher should reflect on her (or his) own emotional responses to interviewee's accounts, since this will also have an effect on the final interpretation of the narratives. For my part, I found that my engagement with the data resulted in a sense of admiration and respect for the women who were involved in the study. I hope that I have conveyed the sense of courage, strength and resilience that often emerged from the interviewees' narratives.

6.7 Conclusion

The aim of the current study was to examine the subjective experience of women who have a history of ACEs and who have committed (or been convicted of) acts that constitute criminal behaviour. To that end, a purposive sampling strategy was utilised in order to recruit women who fit such a profile. Nonetheless, it should be noted that the interviewees involved in the study might be atypical of such a population, given that their narratives suggested a transition. Such transitions may have encouraged the women to take part in the research process. The intention of the present study was to gain some insight into the lived experience of the interviewees. In accordance with practice in the use of IPA, the number of interviewees was small. No claims can therefore be made regarding the representativeness of the sample.

Notwithstanding the comments made above, this study added a qualitative perspective to the, as yet, sparse literature regarding trajectories from attachment and multi-type ACEs to psychological distress and other negative outcomes in a population that has tended to be overlooked to date. Whilst firm causal interpretations cannot be made from the analysis, in general the discourse contained within the accounts accords with previous attachment and ACEs research, as well as with various elements of the attachment framework identified in chapter 1. For example, the women's escape narratives are consistent with the survival and autonomy aspects of the attachment system; while ACEs seemed to be associated with attachment representations and orientations, as well as with a sense of difference and isolation during childhood. For the majority of interviewees, maladaptive attitudes, elevated levels of negative affect and emotion regulation problems, and psychological distress all appeared to be attributed to multi-type ACEs. Indeed, in most instances, the women's discourse suggests the involvement of several factors that are concomitant with attachment theory (e.g. empathy, psychological distress, maladaptive attitudes, emotion regulation) in terms of pathways from

ACEs and attachment to negative outcomes (e.g. substance abuse, attempted suicide, risky sexual behaviour, and antisocial or offending behaviour). Resilience seemed to be a relatively recent development for interviewees who had been exposed to multi-type ACEs in childhood: a finding that concurs with the view that such individuals might not possess sufficient personal resources to develop such a trait (Jaffee et al., 2007). Moreover, the transcripts highlighted the potential buffering effect of social and emotional support on psychological functioning both during and after ACEs. Thus, to some extent, the study has provided support for the utility of an attachment framework as an explanatory mechanism for trajectories from ACEs to negative outcomes within the population of interest.

Some accounts facilitated links between theory and research and others extended previous findings. For instance, Martina's narrative indicated some links between theory and research regarding attachment, ACEs, substance abuse, and suicide ideation and attempts (e.g. Cassidy & Mohr, 2001; Dore et al., 2012; Fotti et al., 2006; Venta & Sharp, 2014). Similarly, Lauren's experience linked risky sexual behaviour with factors that have been examined individually in previous studies, such as ACEs, substance use, and attachment (Hillis et al., 2001; Ramiro et al., 2010; Sprecher, 2013) and Stacey's account provided a link between studies that have examined attachment and empathy (Mikulincer et al., 2001) and empathy and antisocial or offending behaviour (de Kemp et al., 2007; Jolliffe & Farrington, 2007). Interestingly, Jenny's attachment representation discourse included references to a somatic reaction to challenges to her negative representation of self, which extends previous theory and research relating to multi-type ACEs and attachment (e.g. Bowlby, 1991; Finzi et al., 2000; Pearce, 2010). Although Geraldine also referred to a somatic response to stress, her experience seemed to be associated with emotional suppression, which provides some further insight to emotion regulation processes (e.g. Stanton, Kirk et al., 2000; Stanton & Low, 2012).

In addition, unlike the other interviewees, Stacey's childhood experiences (parental bereavement) might arguably be considered acute stressors (Bonanno & Diminich, 2013) rather than chronic stress. Indeed, there was a distinct lack of references to psychological distress associated with childhood events in her narrative, which conveyed a sense of self-reliance and resilience. Her discourse suggested that aspects of the attachment system might be involved in psychological adjustment to a particular type of acute stress (i.e. parental bereavement). It has been maintained that resilience research has not tended to focus on the identification of the factors involved in resilience to acute stressors (Bonanno & Diminich, 2013); thus, Stacey's narrative suggests that parental bereavement research might benefit from the use of attachment theory as a framework to explore resilience to such experiences.

As mentioned above, four of the interviewees had experienced multiple ACEs during childhood and, to some extent, three of the narratives add support for the view that offending and substance abuse research should include measures of multiple ACEs (e.g. Sousa et al., 2011). These transcripts also provided some sense of variation in the depth and strength of individual psychological and emotional reactions to such experiences: a factor that quantitative studies often fail to capture. Despite many similarities, the psychological distress narratives revealed striking differences in terms of responses (e.g. emotional reactions, coping strategies, and outcomes) to such distress. For example, although three interviewees (Geraldine, Jenny, and Martina) appeared to experience dissociation as a response to psychological distress, such episodes seemed to be transitory for two of the women. In addition, contrary to typical conceptualisations of the fantasy-proneness model of dissociation, Martina's discourse suggests that such a response may be adaptive in some situations. The latter observation draws attention to the importance of context in such research.

In fact, the women's accounts frequently seemed to highlight the importance of context. One example is Stacey's self-attributed lack of empathy, which appeared to be associated with offending behaviour specifically. Other examples are contained within the emotion regulation narratives, which infer that the type of technique utilised by the women depended on the circumstances. Given that research has tended to overlook the role that context may play in emotion regulation to date (Aldoa, 2013) the interviewee's accounts have provided some insight into such processes.

Another feature that emerged from most of the transcripts was a perception that later life events had had an impact on psychological functioning or behavioural outcomes (i.e. engagement in risky sex, suicide behaviour, and antisocial or offending behaviour) or both. For instance, Stacey's engagement in risky sexual behaviour was perceived to be a consequence of previous relationship experiences and Martina appeared to make sense of her suicide attempts in adulthood in terms of the psychological health problems and financial and employment difficulties that she was experiencing at the time. Jenny's narrative suggested that adverse psychological responses to memories of ACEs had been triggered by the birth of her children, while Geraldine appeared to attribute her persistent offending behaviour to the psychological distress that she experiences as a consequence of the removal of her children from her care. Coupled with her discourse relating to her enduring problems with emotion regulation and to the maladaptive behavioural coping strategies that she utilises (excessive washing and cleaning or complete inactivity) Geraldine's narrative implied that medical and therapeutic (counselling and therapy) interventions have failed to ameliorate either her distress or her behaviour.

Indeed, although the theme relating to therapeutic experiences did not fit easily into the attachment framework, it emerged from four of the accounts

and thus warranted inclusion in the analysis. The narratives concerning such therapy provided some insight into the women's lived experience and meaning-making of interventions. In fact, with the exception of Lauren, whose experience was rather unorthodox, the women's initial experiences of therapy had been portrayed as ineffective. Perhaps more importantly, the majority of the women's accounts infer that the therapeutic interventions that they had received were either inadequate or inappropriate. Furthermore, as mentioned above, Geraldine's experience in particular adds some emphasis to the view that interventions may need to target emotion regulation deficits in order to buffer the potential negative outcomes (psychological distress and offending behaviour) of multiple ACEs.

Nonetheless, most of the women's accounts also conveyed a sense of transition and personal growth in terms of behaviour modification, emotion regulation, and emotion management strategies. Indeed, the women's discourse adds support for the view that recovery from traumatic experiences may depend on an integration of the experiences into one's meaning-making systems by way of an emotional engagement with the memories of such events (Wild & Paivio, 2003). For example, the women's narratives pertaining to a sense of emotional confusion during childhood and early adulthood suggested that, although they paid attention to such emotions, they were unable to understand or repair them at the time. These findings are in accord with the results from previous EI research, which suggests that individuals who display high levels of emotional attention and low levels of clarity and repair tend to report higher levels of psychological distress (Extremera & Fernández-Berrocal, 2006). Nevertheless, the emotion regulation and emotion management narratives implied that the use of aspects of EI and an emotional approach to coping may be adaptive strategies for coping with negative affect and psychological distress for these women. The ability to use such approaches appeared to be a relatively recent development for most

interviewees, which might accord with the contention that EI is malleable and may perhaps be enhanced through training programmes (e.g. Clarke, 2006; Castillo et al., 2013).

In conclusion, the current study has provided a somewhat broader insight into trajectories from ACEs and attachment orientations to negative outcomes within a population that has tended to be overlooked to date. For example, the accounts served to highlight the negative impact that later life-events might have on psychological well-being and behaviour; factors that might not be detected in cross-sectional research. As such, this study has extended the findings of the first two studies presented in this thesis. In comparison with acute stressors (i.e. parental bereavement) the women's discourse appears to concur with the contention that emotion regulation and subsequent psychological well-being may be more severely disrupted by exposure to multiple ACEs (Cloitre et al., 2009). By extension, such discourse also provided some support for the view that examinations of the impact (of ACEs) on negative outcomes might benefit from the inclusion of an assessment of multi-type ACEs (e.g. Sousa et al., 2011). Moreover, attention has been drawn to the importance of context in emotion regulation research (Aldao, 2013). Furthermore, the women's transition narratives seemed to indicate that an emotional engagement with memories of ACEs might ameliorate the psychological distress associated with chronic adversity. In addition, interviewee's experience of therapy, coupled with their discourse relating to emotion management and emotional coping, implies that interventions may need to target emotion regulation deficits in order to buffer the potential negative outcomes of ACEs, particularly for women who have experienced multiple ACEs. Relatedly, extracts regarding emotion management techniques suggested that the use of aspects of EI and an emotional approach to coping had been beneficial in terms of the women's psychological well-being.

The next chapter presents a general discussion of the findings from the present programme of research; how the research relates to, and builds upon, previous research, and the implications of the findings.

Chapter 7 General discussion

This chapter presents a general discussion of the findings that emerged from the current programme of research. It commences with a description of the aims of the thesis, followed by an outline of each study. Subsequent sections present a discussion of the findings that emerged from each stage of the research and the limitations of each study. The findings from each of the studies are discussed in combination as well as individually and the contributions made by the quantitative and qualitative elements of the research are also considered. The implications for practice are then discussed in light of such findings. The chapter concludes with suggestions for future research and a summary of the contribution that this thesis has made to current knowledge with regard to pathways between ACEs and negative outcomes.

7.1 Aims of the programme of research

The primary objective of the research presented in this thesis was to explore the roles that EI and related constructs might play in gender-specific pathways from ACEs to negative outcomes. In order to achieve this, the research aimed to: identify a suitable theoretical framework for the research; determine which factors (concomitant with the framework) are gender-specific and might predict AS/OB, first in a community sample and subsequently in a sample of females with a history of ACEs; and finally, to obtain an insight into how women with a history of ACEs and AS/OB make sense of their experiences.

Chapter 1 presented a brief review of some of the most prevalent theories of criminal behaviour in order to identify a potentially viable framework

within which to examine gender-specific pathways from adverse childhood experience (ACE) to negative outcomes (psychological distress and delinquency or offending). A framework based on attachment theory was identified as the most suitable mechanism to utilise in the current investigation for several reasons. First, the theory incorporates all of the main factors that are being examined in this thesis, i.e. ACEs, psychological distress and offending (Perrier et al., 2010; Pearce, 2010). Secondly, a plethora of evidence supports the view that attachment and family relationships play important roles in the development of psychological distress and offending behaviour after ACEs over time (e.g. Allen et al., 1996; Salzinger et al., 2007; Sanderson & McKeough, 2005; Sousa et al., 2011). Thirdly, the findings discussed in the review support the notion that a framework based on attachment theory might be an appropriate mechanism for the examination of gender-specific pathways to antisocial or offending behaviour (e.g. Salzinger et al., 2007; Sousa et al., 2011). The literature review in chapter 2 identified a range of variables concomitant with an attachment framework that may be involved in such pathways. The factors identified were: - maladaptive attachment representations (dysfunctional attitudes, just world beliefs and mastery), anger, empathy, emotion regulation, emotional intelligence and resilience. With the exception of resilience (preselected for inclusion in the second study) these factors were examined in the first study in this programme of research.

Chapter 4 reported the findings of the first study that was conducted in this programme of research. This study had two aims: first, to test the utility of an attachment framework as an explanatory mechanism for gender-specific pathways from multiple ACEs to psychological distress and antisocial or offending behaviour (AS/OB) in a community sample; secondly, to examine whether any of the factors identified within the framework might predict negative outcomes. Particular focus was placed on examining the factors that might mediate or moderate relationships

between multi-type ACEs and such outcomes. The second study, reported in chapter 5, examined the factors that were identified in study 1, together with attachment and resilience, within a population of females who had a history of ACEs, the majority of whom had committed or been convicted of an offence. The aim of the study was to investigate the role that emotion management and emotional coping might play in the pathway from multiple ACEs to negative outcomes in order to help inform interventions to reduce female antisocial or offending behaviour. In addition, several hypotheses based on the literature review and the findings from study 1 were tested with the aim of building on these findings. Chapter 6 details the third study which, in contrast to the first two studies presented in this thesis, utilised a qualitative design. This study involved semi-structured interviews with women who self identified as having a background of ACEs and antisocial or offending behaviour. The aim of this study was to gain a richer and more detailed insight into the lived experience of such individuals in order to enhance the findings from the quantitative phase of the research programme.

7.2 Study 1 (chapter 4)

As discussed in chapter 4 (p. 94), the findings that emerged from this study enabled some preliminary conclusions to be drawn with regard to gender-specific relationships between variables. For example, while males who experienced a greater number of ACE types were significantly less likely to catastrophise such events, females were more likely to do so (although the relationship was weak and did not reach significance). Moreover, unlike the female participants, males who reported higher levels of anxiety/depression also reported significantly more personal distress and were less likely to believe in a personal just world or to utilise a planning strategy to cope with their emotions. Similarly, in mediation models, the direct positive effect of anger on depression/anxiety and the negative effect of the fantasy aspect of empathy on male AS/OB were not replicated in the female models. Thus, the study has provided some

evidence to support the view that the route from ACEs to psychological distress and AS/OB is gender-specific. This is also in accordance with other research (e.g. Belknap & Holsinger, 2006).

With respect to the female data, the findings of Study 1 suggest that an inability to pay attention to one's feelings, or to clearly understand or repair (aspects of EI) negative emotions such as anger may be a vulnerability factor in the development of maladaptive attachment representations and psychological distress associated with chronic childhood adversity. Furthermore, dysfunctional attitudes were identified as a unique mediator of the effect of ACEs on female PTSD, which extends similar findings in previous research that has focused on the effects of abuse (as opposed to multiple ACEs) on such outcomes (e.g. Stovall-McClough & Cloitre, 2006).

With regard to female-perpetrated antisocial or offending behaviour, the findings from this study suggest that more involvement in such behaviour might be linked to an inability to empathically understand other people's feelings or to effectively manage or regulate the negative emotions and maladaptive beliefs associated with PTSD following ACEs. Specifically, a greater involvement in AS/OB was not only significantly associated with lower levels of aspects of empathy and EI, but also with more dysfunctional attitudes, posttraumatic stress symptoms and anger. In mediation analyses, both ACEs and psychological distress were associated with impoverished EI; while anger was identified as a mediator of the relationships between psychological distress (PTS symptoms and anxiety/depression) and AS/OB. The relationship between ACEs and AS/OB was also mediated by anger; to the extent that the total effect was reduced to insignificance.

7.3 Limitations to study 1

Although the findings from the first study identified some gender-specific factors in the relationships between ACEs, psychological distress and

offending, such findings should be considered in light of the limitations of the methods used. First, the male sample was small ($n=32$) in comparison to the female sample ($n=121$) and the majority of participants in the study were students (72%); thus the results cannot be generalised to other populations (e.g. male or female offenders). Secondly, the sample reported very low levels of criminal or antisocial behaviour, and data was skewed in terms of ACE, psychological distress and AS/OB. This means that any relationships emerging from the study should be treated with caution. It is also possible that the skewed nature of the data may have underestimated any associations found. Third, the correlational design rules out the ability to infer causality. Fourth, the use of self-report measures raises the question of validity (Mayer, 2001); however, the advantage of using self-report to assess antisocial or offending behaviour is that it captures data about offenders and offences that fall outside the criminal justice system (Farrington et al., 2006). Fifth, although the internet has become widely used in psychological research, its use clearly precluded individuals who do not have access to computers. Finally, it could be argued that measurement reactivity may have had an effect on participants' responses. For example, it is plausible that completing the adverse childhood experience measure first may have had an effect on participants' emotional reactions. This could have increased anxiety levels, which might have affected responses to the psychological distress and emotion management questionnaires (see French & Sutton, 2011 for a discussion of this issue). This effect may well have been avoided by the simple expedient of putting the adverse childhood experience (ACEs) questionnaire at the end of the survey or counterbalancing the order in which the questionnaires were presented. However, there were two arguments to support the ordering of the questionnaires. First, it was deemed necessary to focus participants' thoughts on their childhood experiences before assessing the emotion management constructs precisely because the aim of the research was to examine the role played by emotion management factors in the route from ACEs to negative

outcomes. Secondly, the ACEs questionnaire explored issues such as emotional, physical or sexual abuse and it was not considered to be moral or ethical to deprive participants of the chance to opt out of the survey sooner rather than later should they not wish to respond to questions that involve highly sensitive issues. Relatedly, reservations have been aired with respect to the reliability and validity of retrospective accounts of ACEs in terms of mental health outcomes; however, in a comparison between prospective and retrospective reports of ACEs in a large community based sample ($n=1,413$) Scott et al. (2012) found no significant difference between such methods with regard to the risk of increased levels of psychological distress associated with ACEs.

7.4 Conclusion

To the author's knowledge, previous research has not examined how EI and related concepts might intervene in gender-specific trajectories from multi-type ACEs to negative outcomes, particularly from within an attachment framework. In this study, some limited progress has been made with regard to elucidating the roles that might be played by emotion management and maladaptive attachment representations in pathways between multiple ACEs, mental health issues and female-perpetrated antisocial or offending behaviour. Indeed, the study has extended research that has tended to examine such outcomes either in terms of the effects of abuse (physical, sexual, or both) or in relation to a dichotomised measure of ACE (e.g. Nickerson et al., 2013; Scott et al., 2012; Young et al., 2007). Despite the limitations discussed above, some of the findings that emerged from the first study support the notion that pathways from ACEs to negative outcomes are gender-specific. Moreover, the findings suggest that an attachment framework might be an appropriate mechanism for the examination of female (but possibly not male) pathways from multiple ACEs to negative outcomes. Given that the aim was to test the viability of such a framework, the study has partially fulfilled the first aim of the current investigation. Furthermore, a range of factors

that might be involved in such pathways were identified; thus the second aim of the study was achieved.

7.5 Study 2 (chapter 5)

Building on the findings that emerged from the first study and those from previous research (Lee & Hankin, 2009; Sandberg, 2010) the results of the second study suggest that low levels of secure attachment may impact both on maladaptive attachment representations (dysfunctional attitudes) and on levels of psychological distress. Additionally, medium sized effects were found between high and low ACEs groups, which strongly suggest that a history of multi-type ACEs not only impacts on psychological distress, but that it is likely to be accompanied by maladaptive attachment representations in such populations. The results of the correlational analysis reflected the results from the first study and are also in accord with the notion that outcomes of trauma (such as ACEs) may depend on coping (Davidson et al., 2010) and emotion management skills (Hunt & Evans, 2004). For example, the findings suggest that women with a history of ACEs who lack the emotional resources (emotion coping and management) to cope with such experiences may be more likely to develop dysfunctional attitudes and psychological distress. Additionally, the positive correlations that were found between resilience, EI and emotional coping in this study might suggest that a tendency towards using emotion management and an emotional approach to coping may help to promote resilience to chronic childhood adversity.

The second study identified differences between anger-in (suppression of anger) and anger-out (outward expressions of anger) in terms of their relationships with the other variables within the theoretical framework. Specifically, anger-in was associated with more psychological distress and dysfunctional attitudes and with lower levels of EI, while the anger-out factor was associated with more resilience and higher (rather than lower) levels of EI. This finding extended the results from the first study, since the

use of a unidimensional measure of anger had precluded the detection of such differences. In addition, the results from this study suggested that an emotional expressive approach to coping was associated with lower levels of psychological distress and higher levels of offending. Although such findings accord with Cassidy's (2011) view that pathways to psychological distress may differ from pathways to offending, the correlations in this study may have been confounded by the inclusion of the non-offending group in the analysis. Specifically, the medium sized effects that were found in tests for differences between offending and non-offending groups suggest that the offending groups tended to be more likely than non-offenders to utilise an emotional processing (but not an emotional expression) approach to coping. To an extent, these findings support the notion that an excessive use of this particular approach to coping may be maladaptive (Stanton, Danoff-Burg, Cameron et al., 2000).

7.6 Limitations to study 2

Some of the limitations mentioned with regard to the first quantitative study (small sample size, correlational data, self-report measures and the ordering of the questionnaires) were also relevant for the second quantitative study. Nonetheless, one limitation of the first study was addressed in this subsequent study. Specifically, the survey was also made available on paper since restricting the survey to an online format would have excluded potential participants who did not have access to a computer. Additionally, offending might have been examined in terms of dispositional (e.g. antisocial personality disorder or psychopathy) rather than situational factors. Rates of antisocial personality disorder (ASPD) and psychopathy are reportedly high in incarcerated populations (Craissati, Minoudis, Shaw, Chuan, Simons, & Joseph, 2011) although prevalence is much lower in females than males (e.g. Krastins, Francis, Field, & Carr, 2014). Psychopathy is considered to lie at the severe end of the antisocial personality disorder (ASPD) spectrum (Coid & Ullrich, 2010) and features a lack of anxiety among its key characteristics (Skeem,

Johansson, Andershed, Kerr, & Loudon, 2007). In contrast, a key risk factor for the development of ASPD is reported to be high levels of anxiety (Polier, Herpertz-Dahlmann, Matthias, Konrad, & Vloet, 2010), thus participants in this study might have been allocated to groups based on high or low scores on the GHQ-12. However, as has been illustrated in research with offender populations (e.g. Hewitt, Perry, Adams, & Gilbody, 2011) there may be a considerable variation in terms of an optimal cut-off score across different settings (Furukawa & Goldberg, 1999). In fact, due to the associated loss of information and statistical power, dichotomisation of continuous measures can rarely be justified, particularly in the context of criminal justice research (Iselin, Gallucci, & DeCoster, 2013). Moreover, given that mediation analyses utilising the measure as a continuous variable in this study failed to yield significant effects, it seems unlikely that dichotomisation would have produced any significant findings. A further limitation might be that women who have made an attempt to come to terms with earlier trauma (possibly through professional counselling or other interventions) may have been more likely to take part in the research. However, given that respondents' average scores for psychological distress were higher than the recommended cut-off scores for diagnosis (Blanchard et al., 1996; Goldberg et al., 1997) such a scenario seems unlikely.

7.7 Conclusion

The sample in the second study were recruited from among women who have a history of ACEs, offending, or both. Even though the sample was small and may not be representative of the wider population of women ex-offenders, a contribution to knowledge has been made with regard to the factors that may be involved in relationships between attachment, multi-type ACEs, psychological distress and female offending. To some extent, the results of the study provided further support for the use of an attachment framework in research that examines the negative sequelae of multiple ACEs. In addition, the study extended the results of the first study

and those of previous researchers by examining the factors concomitant with such a framework in a largely under-researched population.

7.8 Study 3 (chapter 6)

The findings of this study built on those emerging from the two quantitative studies in this programme of research. A qualitative perspective has been added to the hitherto limited corpus of literature relating to pathways from attachment and chronic childhood adversity to psychological distress and maladaptive behaviour in a somewhat neglected population. An IPA approach was utilised in order to provide a richer, broader and more detailed insight into the lived experience and meaning-making of women who self-identified as having a history of offending and negative childhood experiences. Generally concordant with various elements of the attachment framework, the women's discourse was also consistent with findings from previous attachment and ACEs research. Aspects of the attachment system that emerged from the women's accounts in terms of pathways from ACEs and attachment to negative outcomes (e.g. substance abuse, attempted suicide, risky sexual behaviour, and antisocial or offending behaviour) include survival and autonomy, attachment representations and orientations, empathy, psychological distress, maladaptive attitudes and emotion regulation problems. Moreover, the majority of the women clearly attributed such factors and outcomes to the chronic adversity that they had experienced in childhood. Indeed, the women's narratives add support for the view that offending and substance abuse research should include measures of multiple ACEs (e.g. Sousa et al., 2011). In addition, interviewees' discourse pertaining to the social and emotional support that was available to them (or not) both during and after negative childhood experiences served to emphasise the potentially protective nature of such support in terms of subsequent psychological functioning. Thus, the findings that emerged from this study have further endorsed the viability of using a framework based on

attachment theory in research that examines the negative sequelae of multiple ACEs, particularly within female ex-offending populations.

The women's accounts concurred with most of the results from the first two studies in this thesis in terms of relationships between factors, but extended them by providing richer narratives of lived experience. The factors involved in such relationships include multi-type ACEs, insecure attachment, maladaptive attachment representations, anger, and psychological distress. Moreover, extending the results of the first two studies, the discourse provided by two of the women suggested that a lack of empathic concern might be an enabling factor with regard to an engagement in aggressive or offending behaviour. On the other hand, there was also some evidence of an ability to take another individual's perspective: a cognitive aspect of empathy. In addition, several factors that were not detected by the quantitative studies also emerged from the analysis of the transcripts. One such factor concerned the sense of dissociation that was experienced in response to psychological distress. Previous research has linked dissociation with multiple ACEs and PTSD (e.g. De Bellis et al., 2013) and the construct has tended to be viewed from a psychopathological perspective (e.g. Dalenberg, 2012). Contrary to such a notion, Martina's narrative (provided in Chapter 6) suggested that the fantasy-proneness aspect of dissociation is a potentially adaptive response to stress under some circumstances and may actually be more indicative of the fantasy aspect of empathy (Davis, 1980). These findings indicate that, although some patterns can be determined from the accounts, the pathways from ACEs to distress and offending are somewhat individual. Martina's discourse also draws attention to the importance of context in such research. Indeed, context was frequently highlighted in the transcripts. For example, some attachment narratives suggested that attachment style and its implications depend on the nature of the relationship (e.g. familial or romantic). Moreover, the discourse concerning emotion regulation strategies inferred that the method utilised

by the women depended on the situation. This was an important finding given the dearth of research that has examined the role of context in such processes (Aldao, 2013).

Other features that emerged from the transcripts included a sense of transition, resilience, and the effect of life events on psychological functioning or behavioural outcomes. The sense of transition was particularly noticeable in narratives regarding emotions, emotion management and associated psychological distress and behaviour. For example, discourse pertaining to negative emotions such as anger and maladaptive emotion regulation strategies associated with ACEs was consistent with the findings from the first two studies in the present programme of research. Unlike these studies, however, the in-depth qualitative design allowed the interviewees to discuss their personal emotional journeys. For example, the emotional confusion narratives imply that, despite an awareness of their feelings during childhood and early adulthood, the women had lacked the wherewithal to understand or repair them at the time. Nevertheless, the transition and resilience narratives conveyed a sense of personal growth and implied an emotional engagement with the memories of ACEs and an integration of such experiences into the women's meaning-making systems (Wild & Paivio, 2003). Specifically, with one exception, the women's discourse inferred the use of aspects of EI (attention, clarity and repair) and an emotional approach to coping in order to regulate anger and the negative affect associated with psychological distress. As with resilience, the ability to use such approaches appeared to be a relatively recent development for most interviewees.

Narratives concerning conventional therapeutic interventions (as opposed to the unorthodox nature of Lauren's experience) portrayed a sense that such interventions were considered either inadequate or inappropriate. In addition, Geraldine's discourse suggested that such inadequacies also

extended to medical interventions she had received, since both medication and therapy have failed to ameliorate either her distress or her behaviour. Indeed, her continuing contact with the criminal justice system strongly suggests that emotion regulation deficits may be a particularly useful target for interventions. The women's narratives underscore the importance of early intervention in order to avoid the wide ranging negative consequences for women's wellbeing, personal relationships and social functioning.

7.9 Limitations to study 3

This study examined how women with a history of ACEs and offending made sense of their experiences. Some rich, in-depth data emerged from the interviews that have strong potential to enhance insight into women's experiences and, therefore, to inform interventions as well as future theoretical approaches. Nonetheless, interviewees' narratives suggested a transition and, to a degree, personal growth, which may have been a factor in the women's decision to participate in the study. A further limitation concerns the fact that reporting of ACEs relies on memory; the length of time that has passed since the events and the obvious trauma associated with such events may have impacted on the interviewees' ability to recall. It should also be noted that different experiences might have emerged from interviews with women who have been unable to come to terms with the trauma associated with chronic childhood adversity. For pragmatic reasons, however, it was difficult to access women with a history of ACEs and offending and future research might aim to conduct interviews with incarcerated, or recently released, women. It must also be acknowledged that the study was conducted from an attachment perspective; an alternative position might have resulted in a different interpretation of the data (e.g. it is feasible that a feminist pathways framework might have elicited themes centred on powerlessness and inequality). Nonetheless, this perspective emerged from existing theory and the findings of the first study presented in this

thesis. The small number of participants in this study precludes claims regarding the representativeness of the sample. On the other hand, Smith et al. (2009) have suggested that a theoretical transfer of the findings from qualitative research is possible; thus some speculation regarding the implications of such findings might be appropriate for other women with a history of ACEs who have committed or been convicted of antisocial or offending behaviour.

7.10 Conclusion

This study achieved the objective of obtaining a broader and deeper insight into trajectories from ACEs and attachment orientations to negative outcomes within a population that has tended to be overlooked to date. The study built upon the findings from the first two studies in terms of the identification of potential mediators and moderators of the relationships between multiple ACEs and negative outcomes such as psychological distress and offending behaviour. Most of the interviewees' accounts implied that they had been unable to understand or repair negative emotions during childhood and early adulthood. These findings are in accordance with previous research linking high attention and low clarity and repair with higher levels of psychological distress (Extremera & Fernández-Berrocal, 2006). Nevertheless, the transition and personal growth inferred by the emotion management narratives suggested that the women had developed an ability to use EI and an emotional approach to coping, which had been beneficial in terms of their psychological well-being. In addition, several factors that were not identified in the two quantitative studies emerged from the interviewee's accounts. For example, the negative impact that later life-events might have on psychological well-being and behaviour; the importance of context in emotion regulation research (Aldao, 2013); the potentially adaptive nature of fantasy in terms of coping with stress; and the perceived inefficacy of conventional therapeutic interventions for psychological distress associated with multiple ACEs: factors that might not have been detected

in quantitative research. In addition, the results with regard to aspects of empathy have highlighted the utility of multidimensional measures of key variables, since unidimensional measures would not have detected the more specific relationships and thus would not inform the development of precisely targeted interventions.

7.11 Implications for interventions

As discussed previously in this thesis, mental health care for community offenders has been reported to fall short of requirements (McArt, 2013) and the mental health needs of female offending populations has tended to be neglected to date (House of Commons Justice Committee, 2013). The high reconviction rates (Ministry of Justice, 2012b) and levels of ACEs and psychological distress found in female offending populations (e.g. Corston, 2007) underscore the importance of identifying factors that may exacerbate or suppress the effect that multi-type ACEs may have on psychological distress in such individuals. Moreover, it has been argued that therapeutic interventions have, to date, not tended to be based on evidence from appropriate samples (Lart et al., 2008). The current programme of research aimed to provide insight into the factors that might be useful targets for intervention in women offender populations with a history of multiple ACEs and associated psychological distress. To some extent, the studies conducted in the current programme of research have provided such an insight.

Coupled with the results from the first two studies, extracts from the women's transcripts relating to transition inferred that psychological distress associated with multiple ACEs might be attenuated by an emotional engagement with the memories of such experiences. Moreover, the narratives pertaining to emotion management, emotional coping techniques and interviewees' experiences of therapy suggest that interventions may need to target emotion dysregulation in order to address the potential negative sequelae of chronic childhood adversity. Relatedly,

discourse contained in the emotion management accounts suggested that EI and an emotional approach to coping would be useful targets for intervention, given that the women had found such techniques helpful in terms of their psychological well-being. These issues are discussed further below in the context of future research.

7.12 Future research

Given the small sample size and the low levels of ACEs, psychological distress and antisocial or offending behaviour that were reported by the male subsample in the first study, firm conclusions could not be drawn with regard to the utility of an attachment framework as a mechanism for the examination of factors involved in trajectories from multi-type ACEs to negative outcomes. Future researchers might consider an examination of the attachment framework in a male offending (or ex-offending) population with a history of multiple ACEs.

The findings from the qualitative study identified several factors that might usefully be included in future research with women who have a history of ACEs and who have been caught up in the criminal justice system. One such factor is an examination of the impact that later life events might have on psychological well-being and behaviour. Moreover, dissociation research might usefully explore the notion that fantasy-proneness may be a potentially adaptive aspect of empathy.

The importance of context in emotion regulation research was also highlighted by the findings from the qualitative study. Future research might consider the use of vignettes, which consist of short descriptions of events, people or situations (Alexander & Becker, 1978). Respondents are encouraged to offer contextual factors that would influence their judgements, attitudes or actions in the given situation (Barter & Renold, 2000). As mentioned in chapter 3 (p. 54), vignettes allow participants to talk about their own life experiences (Hughes, 1998), which may be an

advantage in situations where the research involves sensitive subjects (Barter & Renold, 2000; Schoenberg & Ravdal, 2000).

Consistent with previous research, the findings from the qualitative study suggest that high emotional attention, coupled with low levels of clarity and repair, may be detrimental with regard to psychological well-being (Extremera & Fernández-Berrocal, 2006). These authors suggested that future research might examine different constellations of the three sub-factors in order to determine the optimum levels of EI (e.g. high clarity and repair with medium attention) necessary for psychological well-being. The findings from the current programme of study suggest that such research might be used to inform interventions for women who are (or have been) caught up in the criminal justice system. For example, such interventions might focus on engendering moderate attention, but high clarity and repair.

Most of the research pertaining to EI training appears to focus on occupational interventions (e.g. Flowers, Thomas-Squance, Brainin-Rodriguez, & Yancey, 2014). Nonetheless, an assessment of a two-year EI training programme reported that the intervention had resulted in increased levels of empathy and reduced levels of aggression, anger and hostility (Castillo et al., 2013) and fewer mental health problems (Ruiz-Aranda et al., 2012) in a sample of adolescents. Whilst such results might not generalise to women offenders with a history of ACEs, the findings suggest that future research might usefully examine the effect of EI training on psychological distress and emotion dysregulation in such populations.

Relatedly, other research findings suggest that EI might be enhanced by mindfulness; a practice which involves an intentional, non-judgmental focus of attention on one's thoughts, emotions, bodily sensations and experience (Schutte & Malouff, 2011). For instance, in a Chinese adult population, the beneficial effect of mindfulness on psychological distress

was partially mediated by EI (Wang & Kong, 2014). Indeed, the positive effect of mindfulness training on mental health has been demonstrated in several randomised controlled studies. For example, compared to a control group, significant increases in EI and decreases in perceived stress and anxiety/depression were reported by a sample of Taiwanese students after an 8 week period of mindfulness-based training (Chu, 2010). Similar results (i.e. significant reductions in dysfunctional attitudes and anxiety/depression) were obtained by Kaviani, Hatami and Javaheri (2012) who randomly allocated sub-clinically depressed Iranian female students to an 8 week mindfulness-based cognitive therapy (MBCT) intervention. Additionally, a UK study examining the effect of MBCT on recurrent major depressive disorder found that the risk of relapse was significantly reduced for individuals with a history of ACEs (Williams et al., 2013). As with the findings from EI training research, these results might not be generalisable across populations; nevertheless, future research might fruitfully explore the potential efficacy of mindfulness-based interventions with incarcerated and community offender samples who have experienced chronic childhood adversity.

7.13 Conclusion

This thesis has provided evidence to support the notion that some factors involved in pathways from ACEs to psychological distress and antisocial or offending behaviour are gender-specific. This is consistent with previous research (e.g. Belknap & Holsinger, 2006). Support was also provided for the use of an attachment framework in research that examines the negative sequelae of multiple ACEs; a valuable finding that has the potential to inform future theoretical approaches. Moreover, several findings that emerged from the studies in this programme of research have direct implications for future research. For example, the findings not only highlighted the importance of assessing the effects of multiple ACEs (e.g. in comparison to dichotomous measures) on negative outcomes, but also revealed the impact that later life events might have on psychological well-

being and behaviour. More importantly, the findings that emerged from the qualitative study have strong potential to inform future interventions. Specifically, interviewees' experiences of therapy and their emotion management and emotional coping techniques strongly suggest that interventions may need to target deficits in emotion regulation in order to ameliorate the potential negative outcomes of chronic childhood adversity. Additionally, EI and an emotional approach to coping were identified as factors that were beneficial in terms of the women's psychological well-being; thus, such factors might be useful targets for intervention in women offender populations with a history of multiple ACEs and associated psychological distress.

Appendix 1

Survey Information

From adverse childhood experience to antisocial behaviour: the role of attitudes, beliefs, psychological well-being, and emotional intelligence and related concepts.

My name is Jacqui Hart and I am a PhD student at the University of Bedfordshire (UoB). Prof. Gail Kinman and Prof. Andy Guppy, who are also based at the UoB, are supervising my programme of research.

This study examines the predictors of antisocial behaviour, and investigates the roles played by attitudes and beliefs, stress-related psychological well-being and aspects of emotion management. Some questions touch on sensitive issues, such as stressful events that may have happened in the past, and it is possible that this may cause some people distress. In such a situation, it may be better to exit the survey. If you need help or advice relating to any of the issues raised in this survey, you may find it helpful to discuss these concerns with your GP (or clinician, if you have one). Alternatively, at the bottom of the page, is a list of information websites and contact numbers/help-lines

You may be concerned about providing such sensitive information. I can assure you that the survey is completely anonymous. You will not be identifiable in any way and it will not be possible to trace any information you provide back to you. Your participation in this study is voluntary and you may withdraw or terminate your participation at any time during the study by simply exiting the program (your data will not be saved). It will not be possible to withdraw from the study once you have submitted it because it is anonymous and we will not be able to identify your responses.

As a small thank you to those who participate, I am holding a raffle for the prize of a £100 voucher from Amazon. At the end of the survey, you will automatically be redirected to a new webpage (completely detached from this survey). If you wish to enter the raffle, type in the password given at the end of this survey and then input your contact details (e-mail address or phone number). If you do NOT wish to enter the raffle, simply exit the browser. **(Please note that the prize draw will only be available to participants who complete the full survey)**. Once again, I would like to reassure you that your contact details cannot be traced to any of the information you provide in the survey. The contact information will only be used for the purpose of the raffle and will be deleted once the raffle has taken place.

The survey takes approximately 25 to 30 minutes to complete.

If you have any questions or concerns about this study I can be contacted at the following e-mail address:- jacqui.hart@beds.ac.uk or you can contact Prof. Gail Kinman at gail.kinman@beds.ac.uk

Information websites and contact numbers/help-lines:-

- University counselling service. Counseling is free to all full time and part time registered students and is completely confidential.
Tel: 01582 489338. e-mail: counselling@beds.ac.uk
- NHS direct telephone helpline/health information service. Talk confidentially to a nurse or information officer.
Tel: 0845 4647.
- The Samaritans for confidential emotional support. It is available 24 hours a day for people who are experiencing feelings of distress.
Tel: 08457 90 90 90 e-mail: jo@samaritans.org
- MIND: www.mind.org.uk Infoline: 0845 766 0163 Mon-Fri 9:00am to 5:00pm. Helpline: (London) 020 8519 2122 (outside London) infoline number.

- SANE: www.sane.org.uk This is a confidential help line offering practical information, crisis care and emotional support.
Tel: 0845 767 8000 7 days a week (including public holidays)
6:00pm to 11:00pm.

If, when you start completing the survey, you feel that some of the experiences and behaviours mentioned do not apply to you, I would be grateful if you would please continue. Responses are needed from people from a wide range of backgrounds.

In order to aid in the improvement of questionnaires, some of your responses may be shared with the authors, but it will not be possible to identify individuals from the data. Any publications or presentations arising from this research will not disclose personal information or data from which you could be identified.

If you understand these statements and freely consent to participate in the study, please continue by clicking the "Next" button.

Clicking on the "Next" button below indicates that:

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by exiting the browser.

Submitting this survey is considered as consent.

Thank you for your time and cooperation.

Jacqui A. Hart

Demographic Information

The questions on this page request demographic information. It will not be possible to identify you from the answers that you give.

1. Please indicate your gender by clicking on the appropriate button

Male

Female

2. Please type in your age

Age (in years)

3. Occupation, please click on all that apply

Student

Employed

Unemployed

Self employed

Other

4. Please indicate the occupation of your father, mother, carer or guardian (whoever was the main income earner) when you were a teenager:

Manager or senior official

Professional

Associate professional or technical occupation

Administrative (e.g. clerical) or secretarial

Skilled trades

Personal or protective occupation

Sales or customer service

Machine, plant or process operative

Unemployed

Other

Not known

Childhood Experiences

Adverse Childhood Experience Questionnaire (adapted from Anda *et al*, 2009 & Dube *et al*, 2003)

These questions relate to the first 18 years of your life. Please answer as honestly as you can. There are no right or wrong answers.

Never Once or twice Sometimes Often Very Often

To the best of your knowledge.....

1.How often did a parent or other adult in the household swear at you or insult you

2.How often did a parent or other adult in the household put you down or act in a way that made you afraid that you might get physically hurt?

3.How often did a parent or other adult in the household push, grab, slap or throw something at you

4.How often did a parent or other adult in the household hit you so hard that you had marks or were injured?

5.Was your mother (stepmother/foster mother/father's girlfriend) ever pushed, grabbed, slapped, had something thrown at her, kicked, bitten or hit with a fist/something hard?

6.Was your mother (stepmother/foster mother/father's girlfriend) ever repeatedly hit over at least a few minutes, or threatened with, or hurt by, a knife or a gun?

7. Did a parent, other relative, family friend or stranger ever touch or fondle you in a sexual way or have you touch their body in a sexual way?

8. Did a parent, other relative, family friend or stranger ever attempt or actually have intercourse with you (oral, anal or vaginal)?

9. Were your parents ever separated or divorced?

Yes No

10. Was any member of the household ever depressed or mentally ill?

Yes No

11. Was any member of the household a problem drinker/alcoholic or a user of illegal drugs?

Yes No

12. Did any member of the household ever go to prison?

Yes No

13. Please read the following statements and tick the box that most closely corresponds to your experience at home before you were 18.

Make sure you tick a box for every statement.

Never true Rarely true Sometimes true Often true Very often true

a) There was someone in my family who helped me feel important or special

b) I felt loved

c) People in my family looked out for each other

d) People in my family felt close to each other

e) My family was a source of strength and support

f) I didn't have enough to eat

g) I knew there was someone there to take care of me and protect me

- h) My parents were too drunk or too high to take care of me
- i) I had to wear dirty clothes
- j) There was someone to take me to the doctor if I needed it

- Responses of “often” or “very often” to questions 1 and 2 indicate emotional abuse.
- “Sometimes”, “often” or “very often” to questions 3 and 4 indicate physical abuse.
- Any response other than “never” to questions 6 and 8 indicates sexual abuse.
- Emotional neglect questions 13a to 13e are scored :- “never true” = 5, “rarely true” = 4, “sometimes true” = 3, “often true” = 2 and “very often true” = 1. Scores of 15 or more indicate emotional neglect.
- Physical neglect questions 13f to 13j are scored in the same manner as emotional neglect. 13f, 13h and 13i are reverse scored and scores of 10 or more indicate physical neglect.
- Witnessing violence was measured by questions 5 & 7. Question 5 is scored in the same manner as physical abuse and question 7 in the same manner as sexual abuse.
- A “yes” answer to questions 9 to 12 indicate the presence of each particular adverse childhood experience.

The questionnaire has been scored both multidimensionally and as a total score. In this study, an integer count is used to calculate the total number of categories of negative experience that participants had been exposed to, with scores ranging between 0 and 10. Higher scores indicate experience of a greater number of categories of adverse childhood experience.

This questionnaire is part of the Adverse Childhood Experiences Study (n = 17,337) conducted between August 1995 and October 1997 in San Diego, California. Centres for Disease Control and Prevention. (1998).

Attitudes and Beliefs

Dysfunctional Attitude Scale (form A) Revised (de Graaf et al, 2009)

Below you will find various statements. Most likely, you will strongly agree with some statements, and strongly disagree with others. Sometimes you may feel more neutral. There are no right or wrong answers. Please read each statement carefully and decide to what extent you personally agree or disagree with it, then click on the appropriate button.

| Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|-------------------|-------------------|----------------------------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 |

1. It is difficult to be happy unless one is good looking, intelligent, rich, and creative.
2. If I do not do well all the time, people will not respect me.
3. If a person asks for help, it is a sign of weakness.
4. If I do not do as well as other people, it means I am a weak person.
5. If I fail at my work, then I am a failure as a person.
6. If you cannot do something well, there is little point in doing it at all.
7. If someone disagrees with me, it probably indicates (s)he does not like me.
8. If I fail partly, it is as bad as being a complete failure
9. If other people know what you are really like, they will think less of you.
10. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.
11. If I ask a question, it makes me look stupid.
12. My value as a person depends greatly on what others think of me.
13. It is awful to be disapproved of by people important to you.
14. If you don't have other people to lean on, you are bound to be sad.
15. If others dislike you, you cannot be happy.
16. My happiness depends more on other people than it does on me.
17. What other people think about me is very important

Just World Beliefs Scale (Dalbert, 1999)

| Strongly disagree | Slightly disagree | Disagree | Agree | Slightly Agree | Strongly Agree |
|-------------------|-------------------|----------|-------|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 |

1. I think basically the world is a just place.
2. I believe that, by and large, people get what they deserve.
3. I am confident that justice always prevails over injustice.
4. I am convinced that in the long run people will be compensated for injustices.
5. I firmly believe that injustices in all areas of life (e.g., professional, family, politics) are the exception rather than the rule.
6. I think people try to be fair when making important decisions.
7. I believe that, by and large, I deserve what happens to me.
8. I am usually treated fairly.
9. I believe that I usually get what I deserve.
10. Overall, events in my life are just.
11. In my life injustice is the exception rather than the rule.
12. I believe that most of the things that happen in my life are fair.
13. I think that important decisions that are made concerning me are usually just.

Items 1 – 6 assess General Just World Beliefs and Items 7 – 13 assess Personal Just World Beliefs

Pearlin Mastery Scale (Pearlin & Schooler, 1978)

| | | | |
|----------------------|----------|-------|-------------------|
| Strongly Disagree | Disagree | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 |

1. I have little control over the things that happen to me.
2. There is really no way I can solve some of the problems I have
3. There is little I can do to change many of the important things in my life
4. I often feel helpless in dealing with the problems of life
5. Sometimes I feel that I am being pushed around in life
6. What happens to me in the future mostly depends on me
7. I can do just about anything I really set my mind to

Items 6 and 7 should be reverse scored

General Health Questionnaire

GHQ-12 (Goldberg & Williams, 1988)

Please answer the following questions by clicking on the response that is most appropriate for you.

1. Have you recently been able to concentrate on whatever you are doing...

Better than usual. Same as usual. Less than usual Much less than usual

0 1 2 3

2. Have you recently lost much sleep over worry?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

3. Have you recently felt that you are playing a useful part in things?

More so than usual. Same as usual. Less useful than usual. Much less than usual.

0 1 2 3

4. Have you recently felt capable of making decisions about things...

More so than usual. Same as usual. Less so than usual. Much less capable.

0 1 2 3

5. Have you recently felt constantly under strain?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

6. Have you recently felt you couldn't overcome your difficulties?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

7. Have you recently been able to enjoy your normal day-to-day activities?

More so than usual. Same as usual. Less so than usual. Much less than usual.

0 1 2 3

8. Have you recently been able to face up to your problems?

More so than usual. Same as usual. Less able than usual. Much less able.

0 1 2 3

9. Have you recently been feeling unhappy and depressed?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

10. Have you recently been losing confidence in yourself?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

11. Have you recently been thinking of yourself as a worthless person?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

12. Have you recently been feeling reasonably happy, all things considered?

Not at all. No more than usual. Rather more than usual. Much more than usual.

0 1 2 3

Posttraumatic stress disorder

PTSD Checklist – Civilian version (PCL-C, Weathers et al, 1993)

Below is a list of problems and complaints that people sometimes have in response to adverse experiences or stressful events. Please read each statement carefully and click on the response that indicates how much you are bothered by that problem in terms of EITHER your adverse childhood event(s) (if you experienced any) OR your most stressful experience.

- | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|------------|--|------------|-------------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| 1. | Repeated, disturbing memories, thoughts, or images of the stressful experience(s)? | | | |
| 2. | Repeated, disturbing dreams of the stressful experience(s)? | | | |
| 3. | Suddenly acting or feeling as if the stressful experience(s) were happening again (as if you were reliving them/it)? | | | |
| 4. | Feeling very upset when something reminds you of the stressful experience(s)? | | | |
| 5. | Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminds you of the stressful experience(s)? | | | |
| 6. | Avoiding thinking about or talking about the stressful experience(s) or avoiding having feelings related to them/it? | | | |
| 7. | Avoiding activities or situations because they remind you of the stressful experience(s)? | | | |
| 8. | Trouble remembering important parts of the stressful experience(s)? | | | |
| 9. | Loss of interest in activities that you used to enjoy? | | | |
| 10. | Feeling distant or cut off from other people? | | | |
| 11. | Feeling emotionally numb or being unable to have loving feelings for those close to you? | | | |
| 12. | Feeling as if your future will somehow be cut short? | | | |
| 13. | Trouble falling or staying asleep? | | | |
| 14. | Feeling irritable or having angry outbursts? | | | |
| 15. | Having difficulty concentrating? | | | |
| 16. | Being "super-alert" or watchful or on guard? | | | |
| 17. | Feeling jumpy or easily startled? | | | |

Emotions and Emotion Management

Interpersonal Reactivity Index (IRI, Davis, 1980)

The following statements inquire about your thoughts and feelings in a variety of situations. Responses are on a 5-point scale and range from “Does not describe me well” to “Describes me very well”. For each item, indicate how well it describes you by clicking on the appropriate button. PLEASE READ EACH ITEM CAREFULLY BEFORE RESPONDING.

Does not describe
me well

Describes
me very well

1

2

3

4

5

1. I daydream and fantasize, with some regularity, about things that might happen to me.
2. I often have tender, concerned feelings for people less fortunate than me.
3. I sometimes find it difficult to see things from the "other guy's" point of view.
4. Sometimes I don't feel very sorry for other people when they are having problems.
5. I really get involved with the feelings of the characters in a novel.
6. In emergency situations, I feel apprehensive and ill-at-ease.
7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.
8. I try to look at everybody's side of a disagreement before I make a decision.
9. When I see someone being taken advantage of, I feel kind of protective towards them.
10. I sometimes feel helpless when I am in the middle of a very emotional situation.
11. I sometimes try to understand my friends better by imagining how things look from their perspective.
12. Becoming extremely involved in a good book or movie is somewhat rare for me.

13. When I see someone get hurt, I tend to remain calm.
14. Other people's misfortunes do not usually disturb me a great deal.
15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
16. After seeing a play or movie, I have felt as though I were one of the characters.
17. Being in a tense emotional situation scares me.
18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
19. I am usually pretty effective in dealing with emergencies.
20. I am often quite touched by things that I see happen.
21. I believe that there are two sides to every question and try to look at them both.
22. I would describe myself as a pretty soft-hearted person.
23. When I watch a good movie, I can very easily put myself in the place of a leading character.
24. I tend to lose control during emergencies.
25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
27. When I see someone who badly needs help in an emergency, I go to pieces.
28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

Fantasy

Items 1, 5, 7*, 12*, 16, 23, 26

Empathic Concern

Items 2, 4*, 9, 14*, 18*, 20, 22

Perspective Taking

Items 3*, 8, 11, 15*, 21, 25, 28

Personal Distress

Items 6, 10, 13*, 17, 19*, 24, 27

Reverse score items marked *

Trait Meta-Mood Scale (TMMS Salovey, Mayer, Goldman, Turvey, & Palfai, 1995)

Please read each statement and indicate the extent to which you agree with it.

Circle the number that most closely corresponds to your opinion.

| Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|----------------------|----------------------|-------------------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |

1. I try to think good thoughts no matter how badly I feel
2. People would be better off if they felt less and thought more
3. I don't think it's worth paying attention to your emotions or moods
4. I don't usually care much about what I'm feeling
5. Sometimes I can't tell what my feelings are
6. I am rarely confused about how I feel
7. Feelings give direction to life
8. Although I am sometimes sad, I have a mostly optimistic outlook
9. When I am upset I realise that the "good things in life" are illusions
10. I believe in acting from the heart
11. I can never tell how I feel
12. The best way for me to handle my feelings is to experience them to the fullest
13. When I become upset I remind myself of all the pleasures in life
14. My belief and opinions always seem to change depending on how I feel
15. I am often aware of my feelings on a matter
16. I am usually confused about how I feel
17. One should never be guided by emotions
18. I never give in to my emotions
19. Although I am sometimes happy, I have a mostly pessimistic outlook

20. I feel at ease about my emotions
21. I pay a lot of attention to how I feel
22. I can't make sense out of my feelings
23. I don't pay much attention to my feelings
24. I often think about my feelings
25. I am usually very clear about my feelings
26. No matter how badly I feel, I try to think about pleasant things
27. Feelings are a weakness humans have
28. I usually know my feelings about a matter
29. It is usually a waste of time to think about your emotions
30. I almost always know exactly how I am feeling

Subfactors

Attention

Items 2*, 3*, 4*, 7, 10, 12, 17*, 18*, 21, 23*, 24, 27*, 29*

Clarity

Items 5*, 6, 11*, 14*, 15, 16*, 20, 22*, 25, 28, 30

Repair

Items 1, 8, 9*, 13, 19*, 26

*Reverse score

Anger

Multidimensional Anger Inventory (MAI, Siegel, 1986)

Everybody gets angry from time to time. A number of statements that people have used to describe the times that they get angry are included below. Read each statement and click on the button that corresponds to how true you believe the statement is of you. There are no right or wrong answers.

| Completely Untrue | Mostly Untrue | Partly true/ Partly untrue | Mostly True | Completely True |
|----------------------|------------------|-------------------------------|----------------|--------------------|
| 1 | 2 | 3 | 4 | 5 |

1. I harbour grudges that I don't tell anyone about.
2. I try to get even when I'm angry with someone.
3. When I am angry with someone I let that person know.
4. When I am angry with someone, I take it out on whoever is around.
5. Once I let people know I'm angry, I can put it out of my mind.
6. Even after I have expressed my anger, I have trouble forgetting about it.
7. When I hide my anger from others, I think about it for a long time.
8. When I hide my anger from others, I forget about it pretty quickly.
9. I try to talk over problems with people without letting them know I'm angry.
10. If I let people see the way I feel, I'd be considered a hard person to get along with.
11. I am on my guard with people who are friendlier than I expected.

Reverse score items 8, 9

Emotion Regulation

Cognitive Emotion Regulation Questionnaire – Short Form (Garnefski & Kraaij, 2006)

Sometimes people have different strategies for dealing with stressful situations. Please read each statement and indicate the extent to which you agree with it in terms of EITHER your adverse childhood experiences (if you experienced any) OR your most stressful situation. Click on the button that most closely corresponds to your opinion.

| Strongly Disagree | Somewhat Disagree | Neither agree nor Disagree | Somewhat Agree | Strongly Agree |
|----------------------|----------------------|-------------------------------|-------------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |

1. I feel that I am the one who is responsible for what happened
2. I think that basically the cause must lie within myself
3. I think that I have to accept that these things have happened
4. I think that I have to accept the situation
5. I often think about how I feel about what I have experienced
6. I am preoccupied with what I think and feel about what I have experienced
7. I think of pleasant things that have nothing to do with my experiences
8. I think of something nice instead of things that have happened
9. I think about how to change the situation
10. I think about a plan of what I can do best
11. I think I can learn something from the situation
12. I think that I can become a stronger person as a result of what has happened
13. I think that it hasn't been too bad compared to other things
14. I tell myself that there are worse things in life
15. I keep thinking about how terrible it is what I have experienced
16. I continually think how horrible the situation has been
17. I feel that others are responsible for what happened
18. I feel that basically the cause lies with others

Self Blame 1 & 2; Acceptance 3 & 4; Rumination 5 & 6

Positive Refocus 7 & 8; Refocus Planning 9 & 10; Positive Reappraisal 11 & 12;

Perspective Taking 13 & 14; Catastrophising 15 & 16; Other Blame 17 & 18

Antisocial Behaviour

Antisocial Behaviour Questionnaire (Adapted from Home Office Research - Budd *et al*, 2005; and plagiarism questionnaire – Selwyn, 2008)

Please read the following and indicate by clicking on the relevant box how often (if at all) in the last 2 years you have engaged in the acts described below:

| Not at all | Once | Twice | Three or more times |
|------------|------|-------|---------------------|
| 0 | 1 | 2 | 3 |

1. Been drunk and disorderly?
2. Used illegal drugs?
3. Vandalism, graffiti or minor damage to property?
4. Been reported as a nuisance neighbour?
5. Shoplifted/stolen something from a shop?
6. Physically attacked someone you know (without injury)?
7. Physically attacked someone you know (with injury)?
8. Physically attacked a stranger (without injury)?
9. Physically attacked a stranger (with injury)?
10. Criminal damage (to vehicles, property)?
11. Burglary from a house/halls (something taken)?
12. Burglary from a house/halls (nothing taken)?
13. Indecent assault (on a stranger or someone you know)?
14. Attempted theft of / from a vehicle?
15. Actual theft from a vehicle?
16. Actual theft of a vehicle?
17. Robbery (e.g. mugging, theft from a person, snatch theft)?
18. Copied substantially from a book, article or the internet (website or online source) into an essay/assignment without citing the source in the text or reference list?
19. Paid for someone to write an essay/assignment or paid for an essay / assignment from the internet (website or online source)?

20. Downloaded music, a film or a text-book from the internet without paying for it (e.g. using file-sharing software?)

End of Survey

Thank you for taking part in this survey.

If you would like information regarding the survey, please contact me at:

jacqui.hart@beds.ac.uk

If you wish to take part in the raffle, please make a note of the password below. On clicking the “done” button, you will automatically be directed to a new webpage (completely unconnected to this survey). Once you enter the password, another page will appear. Type your preferred contact details in the appropriate box. If you do NOT wish to enter the raffle, simply exit the browser.

Password:

If you have any questions or concerns about this study, I can be contacted at the following e-mail address:-

jacqui.hart@beds.ac.uk

Information websites and contact numbers/help-lines:-

- University counselling service. Counseling is free to all full time and part time registered students and is completely confidential.
Tel: 01582 489338. e-mail: counselling@beds.ac.uk

- NHS direct telephone helpline/health information service. Talk confidentially to a nurse or information officer.
Tel: 0845 4647.
- The Samaritans for confidential emotional support. It is available 24 hours a day for people who are experiencing feelings of distress.
Tel: 08457 90 90 90 e-mail: jo@samaritans.org
- MIND: www.mind.org.uk
Infoline: 0845 766 0163 Mon-Fri 9:00am to 5:00pm.
Helpline: (London) 020 8519 2122 (outside London) infoline number.
- SANE: www.sane.org.uk This is a confidential help line offering practical information, crisis care and emotional support.
Tel: 0845 767 8000 7 days a week (including public holidays)
6:00pm to 11:00pm.

Appendix 2

INFORMATION FOR PARTICIPANTS – PLEASE KEEP THIS PART IN A SAFE PLACE

My name is Jacqui Hart and I am a PhD student at the University of Bedfordshire (UoB). I am being supervised by Gail Kinman and Andy Guppy, who are also based at the UoB.

What is the survey about?

I am asking about things that might have happened at home when you were young (up to 18 years old). I want to find out how you feel about the things that happened, your general well-being and how you manage your feelings. There are also questions that ask about things you have done that caused (or could have caused) you to be in contact with the police / criminal justice system.

Who can take part?

Girls or women (aged 18 years or over) who have been involved in the criminal justice system / with the police, or who have done things that could have resulted in criminal charges.

What are the risks in taking part?

Some of the questions ask about sensitive issues (things that may have happened to you). For example, there are two questions which ask if someone you lived with

- a) hurt or threatened to hurt you or**
- b) tried to have sex with you or touch you in a sexual way.**

It is possible that some people might feel upset. If you do feel upset, it may be better to stop answering the questions. If you need help or advice relating to any of the issues raised in this survey, you may find it helpful to talk about them with your doctor (or counsellor, if you have one.)

If you do not want to talk to your doctor, there is a list of contact numbers/help-lines at the bottom of the page.

Confidentiality

Information that you give will not be passed on to anyone else.

Taking part in this survey is voluntary. You can withdraw or stop before finishing the survey and destroy the questionnaire. There are 2 copies of this consent form, please keep your copy, which has a number on it. If you later decide that you want your information withdrawn, you will need to let your contact at the charity know what that number is so that I can destroy the survey. Withdrawal will not be possible once the survey has been closed. The number will also be used in the prize draw if you want to enter.

Entry to Prize draw

As a small thank you to those who complete the survey, I am holding a prize draw for four prizes of a £25 voucher from a high street store. If you want to enter the draw, tick the box on the consent form. Please make sure you keep your copy of this form, which has your number on it.

(PLEASE NOTE THAT THE PRIZE DRAW WILL ONLY BE AVAILABLE TO PEOPLE WHO COMPLETE THE FULL SURVEY).

How will I let you know if you have won a prize?

Once the winning numbers have been drawn, I will send the vouchers to the charity together with the winning numbers.

How long will the survey take?

The survey will take about 25 to 30 minutes to complete.

YOUR
NUMBER

Contact details

If you have any questions or concerns about this survey, I can be contacted at the following e-mail address:-

jacqui.hart@beds.ac.uk

or you can contact Gail Kinman at:-

gail.kinman@beds.ac.uk

or you can write to me at this address:-

Room A208
University of Bedfordshire
Park Square
Luton
Bedfordshire
LU1 3JU

Information websites and contact numbers/help-lines:-

- NHS Direct telephone helpline/health information service. Talk confidentially to a nurse or information officer.

Tel: 0845 4647

- The Samaritans for confidential emotional support. It is available 24 hours a day for people who are experiencing feelings of distress.

Tel: 0845 90 90 90

- MIND

Infoline: 0300 123 3393 Mon-Fri 9:00am to 6:00pm

- SANE is a confidential help line offering practical information, crisis care and emotional support.

Tel: 0845 767 8000 7 days a week (including public holidays) 6:00pm to 11:00pm

In order to aid in the improvement of questionnaires, some of your responses may be shared with the authors, but it will not be possible to identify you from the data.

I would like to thank you very much for taking part in this research.

Jacqui A. Hart
MBPsS

Demographic information

1. Please write in your age (in years) _____

2. What is your current status?

Single, never married

Married without children

Married with children

Divorced

Separated

Widowed

Living with partner

3. Occupation, please tick all that apply

Employed

Unemployed

Self-employed

Student

Other

4. Please indicate the occupation of your father, mother, carer or guardian (whoever was the main income earner) when you were a teenager: Please tick "care/foster home" if you were in a care home, or in several different foster homes

Manager or senior official

Professional

Associate professional or technical occupation

Administrative (e.g. clerical) or secretarial

Skilled trades

Personal or protective occupation

Sales or customer service

Machine, plant or process operative

Unemployed

Care / foster home

Other

Not known

5. Please indicate your ethnic origin

Mixed race.

Please write your origin in the box

African

Arab

Asian

Bangladeshi

Caribbean

Chinese

Indian

Pakistani

White

Other.

Please write your origin in the box

6. What is the highest level of education you have completed?

Less than Secondary School

Secondary School

NVQ

BSc

Masters Degree

Doctoral Degree

Professional Degree (JD, MD)

Relationship Questionnaire – Clinical Version

Relationship questionnaire – clinical version (RQ-CV, Holmes & Lyons-Ruth, 2006) based on the Relationship questionnaire (RQ, Bartholomew & Horowitz, 1991).

The following statements describe relationship styles. Please tick the circle that best describes how much each description is like you.

| Not at all | | | Somewhat | | | Very much |
|------------|---|---|----------|---|---|-----------|
| Like me | | | Like me | | | Like me |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

- 1) It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- 2) I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- 3) I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
- 4) I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.
- 5) I think it's a mistake to trust other people. Everyone's looking out for themselves, so the sooner you learn not to expect anything from anybody else, the better.

The scale was designed to examine the dimensionality of attachment style in order to provide a profile of the respondent (Holmes & Lyons-Ruth, 2006). This measure can also be utilised to categorise participants; specifically, the attachment style that is endorsed with the highest rating is utilised to classify each respondent (Bartholomew & Horowitz, 1991).

Childhood Experiences

Adverse Childhood Experience Questionnaire (adapted from Anda *et al*, 2009 & Dube *et al*, 2003)

These questions relate to the first 18 years of your life. Please answer as honestly as you can. There are no right or wrong answers.

Never Once or twice Sometimes Often Very often

To the best of your knowledge.....

1 How often did a parent or other adult in the household swear at you or insult you?

2 How often did a parent or other adult in the household put you down or act in a way that made you afraid that you might get physically hurt?

3 How often did a parent or other adult in the household push, grab, slap or throw something at you?

4 How often did a parent or other adult in the household hit you so hard that you had marks or were injured?

5 Was your mother (stepmother/foster mother/father's girlfriend) ever pushed, grabbed, slapped, had something thrown at her, kicked, bitten or hit with a fist/something hard?

6 Was your mother (stepmother/foster mother/father's girlfriend) ever repeatedly hit over at least a few minutes, or threatened with, or hurt by, a knife or a gun?

7 Did a parent, other relative, family friend or stranger ever touch or fondle you in a sexual way, or have you touch their body in a sexual way?

8 Did a parent, other relative, family friend or stranger ever attempt or actually have intercourse with you (in your mouth, vagina or bottom)?

These questions also relate to the first 18 years of your life. Please answer as honestly as you can. There are no right or wrong answers

9 Did you lose a parent or close family member/friend due to bereavement?

Yes No

10 Was any member of the household ever diagnosed with depression or mental illness?

Yes No

11 Was any member of the household a problem drinker/alcoholic or a user of illegal drugs?

Yes No

12 Did any member of the household ever go to prison?

Yes No

13 Were your parents ever separated or divorced?

Yes No

14 Please read the following statements and tick the box that most closely corresponds to your experience at home before you were 18. Make sure you tick a box for every statement.

| Never | Rarely | Sometimes | Often | Very often |
|-------|--------|-----------|-------|------------|
| True | True | True | True | True |

1) There was someone in my family who helped me feel important or special

2) I felt loved

3) People in my family looked out for each other

4) People in my family felt close to each other

5) My family was a source of strength and support

6) I didn't have enough to eat

7) I knew there was someone there to take care of me and protect me

8) My parents were too drunk or too high to take care of me

9) I had to wear dirty clothes

10) There was someone to take me to the doctor if I needed it

Questionnaire Scoring Details

- Q1 and Q2 Responses of “often” or “very often” indicate emotional abuse.
Q3 and Q4 “Sometimes”, “often” or “very often” indicate physical abuse.
Q5 “Sometimes”, “often” or “very often” indicate witnessing violence.
Q6 Any response other than “never” indicates witnessing violence.
Q7 and Q8 Any response other than “never” indicates sexual abuse.

A “yes” answer to the statements in questions 9 to 13 indicate the presence of each particular adverse childhood experience.

The scoring for question 14 is as follows;-

The first 5 statements assess emotional neglect and are scored as follows: -
“never true” = 5, “rarelytrue” = 4, “sometimes true” = 3, “often true” = 2 and
“veryoften true” = 1.

Scores of 15 or more indicate emotional neglect

Statements 6 to 10 assess physical neglect and are scored in the same manner
As emotional neglect.

The 6th, 8th and 9th statements are reverse scored and scores of 10 or more
Indicate physical neglect.

Offending questionnaire

Derived from Home Office research (Flood-Page, Campbell, Harrington, & Miller, 2000)

Please indicate how often in your entire life (in the last year) you have engaged in the acts described.

“Not at all”=0 (last year only), “Sometimes”=1, “Often”=2, “Very often”=3. Higher scores indicate more involvement in offending behaviour.

Please indicate in years “For about how many years you did this?” and “About how old you were when you last did this?”

- 1) Smoked cannabis, marijuana, hashish or skunk
- 2) Sold cannabis, marijuana, hashish or skunk
- 3) Taken hard drugs e.g. ecstasy, LSD, cocaine, heroin
- 4) Sold hard drugs e.g. ecstasy, LSD, cocaine, heroin
- 5) Stolen money from a gas or electricity meter, public telephone, vending machine, video game or fruit machine
- 6) Stolen anything from a shop, supermarket, or department store
- 7) Stolen anything from school or a place that you have worked worth more than £5
- 8) Stolen anything worth more than £5, not mentioned already (e.g. from a hospital, youth club, sports centre, pub, building site etc.
- 9) Pick-pocketed anything from anybody
- 10) Snatched a purse, bag, or something else from someone
- 11) Handled (bought or sold) stolen goods
- 12) USED a chequebook, credit card or cash-point card (ATM card) that you knew or believed at the time to be stolen.
- 13) SOLD a chequebook, credit card or cash-point card (ATM card) that you knew or believed at the time to be stolen.

- 14) Threatened someone with a weapon or with beating them up to get money or valuables from them
- 15) Sneaked into someone's garden, house or building intending to steal something.
- 16) Deliberately damaged or destroyed something not belonging to you
- 17) Set fire to something not belonging to you
- 18) Stolen or tried to steal anything out of or from a car
- 19) Taken or tried to take a bicycle without the owner's permission, not intending to give it back
- 20) Taken or tried to take a moped or a motorcycle without the owner's permission, not intending to give it back
- 21) Taken away a car without the owner's permission, not intending to give it back
- 22) Hurt, or attempted to hurt someone with a knife, stick, or other weapon
- 23) Beaten up someone NOT belonging to your immediate family to such an extent that you think or know that medical help or a doctor was needed
- 24) Beaten up someone belonging to your immediate family to such an extent that you think or know that medical help or a doctor was needed
- 25) Taken part in fighting or disorder in a group in a public place (e.g. railway station, music festival, riot, demonstration)
- 26) Made a false claim on an insurance policy
- 27) Claimed social security benefits to which you knew that you were not entitled
- 28) Made an incorrect tax return
- 29) Claimed more than £5 in expenses that you knew you were not entitled to
- 30) Other acts that could (or have) resulted in criminal charges

Interpersonal Reactivity Index

The following statements inquire about your thoughts and feelings in a variety of situations. Responses are on a 5-point scale and range from "Does not describe me well" to "Describes me very well" For each item, tick the circle that best describes you. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

| A | B | C | D | E |
|------------------------------|---|---|---|---------------------------|
| Does not describe me well | | | | Describes me very well |
| 1 | 2 | 3 | 4 | 5 |

1. I often have tender, concerned feelings for people less fortunate than me.
2. I sometimes find it difficult to see things from the "other guy's" point of view.
3. Sometimes I don't feel very sorry for other people when they are having problems.
4. I try to look at everybody's side of a disagreement before I make a decision.
5. When I see someone being taken advantage of, I feel kind of protective towards them.
6. I sometimes try to understand my friends better by imagining how things look from their perspective.
7. Other people's misfortunes do not usually disturb me a great deal.
8. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
9. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
10. I am often quite touched by things that I see happen.
11. I believe that there are two sides to every question and try to look at them both.
12. I would describe myself as a pretty soft-hearted person.
13. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
14. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

NOTE: (*) denotes item to be scored in reverse fashion

Empathic concern items

1, 3*, 5, 7*, 9*, 10, 12

Perspective taking items

2*, 4, 6, 8*, 11, 13, 14

Anger Scale

State-Trait Anger Expression Inventory (STAXI-2, Spielberger, 1999)

Everyone feels angry or furious from time to time, but people differ in the ways that they react when they are angry. A number of statements are listed below which people use to describe their reactions when they feel angry or furious. Please read each statement and tick the circle that best describes how often you generally react or behave in the manner described when you are angry or furious. There are no right or wrong answers. Do not spend too much time on any one statement.

| Almost never | Sometimes | Often | Almost always |
|--------------|-----------|-------|---------------|
| 1 | 2 | 3 | 4 |

1. I express my anger
2. I keep things in
3. If someone annoys me, I'm apt to tell him or her how I feel
4. I pout or sulk
5. I lose my temper
6. I withdraw from people
7. I make sarcastic remarks to others
8. I boil inside, but I don't show it
9. I do things like slam doors
10. I tend to harbour grudges that I don't tell anyone about
11. I argue with others
12. I am secretly quite critical of others
13. I strike out at whatever infuriates me
14. I am angrier than I am willing to admit
15. I say nasty things
16. I'm irritated a great deal more than people are aware of

Anger out items

1, 3, 5, 7, 9, 11, 13, 15

Anger in items

2, 4, 6, 8, 10, 12, 14, 16

Emotional Approach Coping Scale

(Stanton, Kirk, Cameron, & Danoff-Burg, 2000)

Please read each statement and indicate the extent to which you agree with it.
Tick the circle that best describes you.

| I usually don't do this at all | | | | | I usually do this a lot |
|-----------------------------------|---|---|---|--|----------------------------|
| 1 | 2 | 3 | 4 | | |

1. I take time to figure out what I am really feeling
2. I delve into my feelings to get a thorough understanding of them
3. I realize that my feelings are valid and important
4. I acknowledge my emotions
5. I let my feelings come out freely
6. I take time to express my emotions
7. I allow myself to express my emotions
8. I feel free to express my emotions

| Emotional processing items | Emotional expression items |
|----------------------------|----------------------------|
| 1, 2, 3, 4 | 5,6,7,8 |

Resilience Scale

14-item Resilience Scale (RS-14, Wagnild & Young, 1993)

Please read the following statements and tick the circle that best describes your feelings about that statement

| Strongly disagree | Disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Agree | Strongly agree |
|-------------------|----------|-------------------|----------------------------|----------------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1. I usually manage one way or another
2. I feel proud that I have accomplished things in life
3. I usually take things in stride
4. I am friends with myself
5. I feel that I can handle many things at a time
6. I am determined
7. I can get through difficult times because I've experienced difficulty before
8. I have self-discipline
9. I keep interested in things
10. I can usually find something to laugh about
11. My belief in myself gets me through hard times
12. In an emergency, I'm someone people can generally rely on
13. My life has meaning
14. When I'm in a difficult position, I can usually find my way out of it

What the survey is about (Debrief information)

In the survey I have asked about:-

- What sort of relationship you usually have with other people.
- Things that might have happened at home (inappropriate sexual acts or physical assault; someone being sent to prison; the well-being of the people with whom you lived) and how you were looked after.
- What you feel about the things that happened.
- Your well-being.
- How you feel when things happen to other people.
- How you cope.
- How you usually feel.
- How you manage your feelings (e.g. anger).
- Things that you have done that might be considered antisocial or criminal behaviour or that resulted in you being involved with the police or being sent to court.

I am interested in finding out if there are any connections between these things.

Thanks again for filling out this survey, it really is very helpful.

If you feel you want to talk to someone about any of the things that are in the survey, I have put a list of help lines/websites below.

NHS direct telephone helpline / health information service. Talk confidentially to a nurse or information officer. Tel: 0845 4647

The Samaritans for confidential emotional support. It is available 24 hours a day for people who are experiencing feelings of distress. Tel: 08457 90 90 90

MIND: Infoline: 0845 766 0163 Mon-Fri 9:00am to 5:00pm.

Helpline: (London) 020 8519 2122 (outside London) use the infoline number

SANE: This is a confidential help line offering practical information, crisis care and emotional support. Tel: 0845 767 8000 7 days a week (including public holidays) 6:00 pm to 11:00 pm

If you have any concerns about this survey or you would like more information, you can contact either me or my supervisor:-

jacqui.hart@beds.ac.uk gail.kinman@beds.ac.uk

Thank you once again

Jacqui

Appendix 3

Dear XXX

My name is Jacqui Hart and I am a PhD student at the University of Bedfordshire (UoB). I am researching adverse childhood experiences, attachment, beliefs, emotional intelligence/management and levels of psychological distress in women who have been in contact with the criminal justice system.

The research has the potential to improve current practice in terms of intervention programmes with women involved in the criminal justice system.

As I am sure you are aware, mental health problems (particularly related to adverse childhood experience) are much higher in women offenders than in males, or in the community. Perhaps because research to date has tended to neglect women caught up in the criminal justice system, current interventions tend to be based on evidence from male offender research. These interventions fail to target the psychological and emotional issues that are specific to women. Research examining these issues is sorely needed.

Potential utility of findings

Given that previous research suggests that emotional intelligence can be enhanced through training programmes, it is anticipated that the findings of my research will help to inform interventions.

What am I asking you to do?

It would be really helpful if I could post a link on your website to a survey that I have compiled; together with my contact details at the university (in order to include potential volunteers who would prefer to contact me to obtain a printed version of the questionnaire.)

Participants

I want to recruit female participants who have been involved in the criminal justice system (ex-offenders) to complete a questionnaire, which assesses the factors

mentioned above. Participants have the choice of completing an internet or a paper version. Paper questionnaires can be couriered to your organisation and will include reply-paid envelopes.

Participation is voluntary and participants have the right to withdraw at any time. Each questionnaire will be given a unique participant code number in order to maintain anonymity. The code number will also enable participants to withdraw their data (should they wish to) after submission.

The survey is anonymous and all information collected will be completely confidential. Only aggregate data will be reported.

Participants who complete the full questionnaire will be offered the chance to take part in a raffle (4 prizes of £25 worth of vouchers from High Street stores).

Benefits for XXXX

- You will receive a summary of my research findings and I will also be happy to talk to you about the results of the research.
-
- I will also provide findings of the research to interested participants, which may help to validate their experiences.

Prof. Gail Kinman and Prof. Andy Guppy (also at the UoB) are supervising my programme of research. Ethical approval has been given by the Research Centre for Applied Psychology (UoB).

I am happy to talk to you further about the research, so please feel free to contact me if you have any questions.

I can be contacted via e-mail at the following address:-

Jacqui.hart@beds.ac.uk

Thank you very much in advance for your help.

| Charities contacted | Name of contact | Method | Date | Follow-up | Response date | Comments | Follow-up | Completed |
|------------------------------------|-----------------|--------|------------|------------|---------------|--|------------|------------|
| CAST | Rukia Begum | E-mail | 12/06/2012 | 24/07/2012 | | | | |
| Clean Break | Lucy Perman | E-mail | 12/06/2012 | 24/07/2012 | | | 16/04/2013 | |
| Women in Prison | Laurel Townhead | E-mail | 12/06/2012 | | 10/07/2012 | Sent survey, summary of research, info & debrief sheets. Waiting for reply. | | 24/07/2012 |
| NACRO | Graham Beech | E-mail | 14/06/2012 | 31/07/2012 | | | | |
| Advance Minerva Platform 51 | Admin | E-mail | 14/06/2012 | 31/07/2012 | 31/07/2012 | Passed my request to Minerva team | | |
| | | E-mail | 14/06/2012 | 02/08/2012 | | | | |
| Revolving Doors | Amarjit Kaur | E-mail | 19/06/2012 | 02/08/2012 | 02/08/2012 | Offered to put a 300 word article in newsletter (end Aug) to call for participants. | | 02/08/2012 |
| Startup | Tanya Tracey | E-mail | 09/08/2012 | | | | | |
| Together Women | Admin | E-mail | 09/08/2012 | | | | 16/04/2013 | |
| User voice | Admin | E-mail | 09/08/2012 | | | | 16/04/2013 | |
| Centre for women in transition | via LinkedIn | | 01/08/2012 | | | | 03/04/2013 | |
| No Offence CIC | via LinkedIn | | 01/08/2012 | | | | 03/04/2013 | |
| Social Psychology Group | via LinkedIn | | 01/08/2012 | | | | 03/04/2013 | |
| Women (subgroup of No Offence CIC) | via LinkedIn | | 01/08/2012 | | | | | |
| BPS | via LinkedIn | | 01/08/2012 | | | | | |
| No Offence CIC | Twitter | | 02/08/2012 | RT | 02/08/2012 | | | |
| BPS | Twitter | | 02/08/2012 | RT | 02/08/2012 | | | |
| ProbationAssoc | Twitter | | 06/08/2012 | RT | 06/08/2012 | | | |
| Nacro | Twitter | | | | | | | |
| Catch22charity | Twitter | | 06/08/2012 | RT | 06/08/2012 | | | |
| CleanBrk | Twitter | | | | | | | |
| CleanSheetUK | Twitter | | 06/08/2012 | RT | 06/08/2012 | | | |
| MervynBarrett | Twitter | | 07/08/2012 | RT | 07/08/2012 | | | |
| GeoffBaxter | Twitter | | 09/08/2012 | | | | | |
| outoftrouble | Twitter | | 09/08/2012 | | | | | |
| Women in Prison | Katie Fraser | e-mail | 18/12/2012 | 07/03/2013 | 07/03/2013 | Agreed to help recruit. | | |
| One Three One Nine | Laura Salter | e-mail | 18/12/2012 | 03/04/2013 | | Telcon. 03/04/13. Laura will ask her service users if they are interested in taking part in interview. | | |

Appendix 4



Research Information Sheet

My name is Jacqui Hart and I am investigating how negative experiences in childhood and the feelings about these experiences may affect later behaviour. I am looking for girls/women to interview for a study that is being conducted as part of a PhD research programme at the University of Bedfordshire (UoB). The research programme is being supervised by Gail Kinman, Andy Guppy and Nadia Wager who are also based at the UoB.

It is important that you understand what will be involved before you decide whether or not you would like to take part in the research.

What is the research about and what will it involve?

The research will involve a one-to-one interview in which I will ask you to tell me a bit about your childhood (up to about 18 years old) and the sort of relationships that you had at that time. I will also ask you who, or what, had the biggest influence on how your life has turned out; how you felt about that person or the things that happened, how you feel about them now and how you manage your feelings.

The interviews will take approximately one hour to one and a half hours. If you decide to take part in an interview, I will send you an information sheet to keep and a consent form, which you will be asked to sign and return to me. I will also send you a copy of the type of questions that I will be asking. I will then arrange a location and time for the interview that is convenient to you. If you change your mind at any time before I write up the research, you are free to withdraw without giving a reason.

Once your interview has been typed up, I will send it to you so that you can let me know if you want to add, delete or change anything that you said.

Who can take part?

Girls or women (aged 18 years or over) who have been involved in the criminal justice system / with the police, or who have done things that could have resulted in criminal charges.

What are the risks in taking part?

You may be asked about sensitive issues (things that happened to you or things that you have done). It is possible that some people might feel upset. If you start to feel upset, we can stop for a break or stop the interview at any time. You will not be asked to give a reason if you want to withdraw.

NB. Please be aware that, although I have a degree in psychology and some experience in workplace counselling, I am not trained as a counsellor.

If you need to talk to someone about any of the issues raised in the interview, you may find it helpful to talk about them with your doctor (or counsellor, if you have one.) If you would like to talk to somebody else, there is a list of contact numbers/help-lines at the bottom of the page.

Confidentiality

The interview will be recorded and the recordings will be typed onto a computer. The recordings will be stored on an encrypted USB memory stick and the computer data will also be security protected. When the interviews are put on the computer, everyone who takes part in the study will be identified only by coded letters/numbers or false names. You will therefore remain anonymous. The transcripts of the interviews will be analysed by myself and validated by an independent researcher, who will not have access to your name or personal details. Your responses will remain anonymous.

When the research is completed, I will write a report. The report may be published in a peer reviewed academic journal or presented at conference, but no-one will be able to identify you from any information I provide.

If you would like a summary of the report, please contact me with either an email or postal address and I will send a copy to you.

Contact details

If you have any questions or concerns about the research, I can be contacted at the following e-mail address:-

jacqui.hart@beds.ac.uk

or you can contact Gail Kinman at:-

gail.kinman@beds.ac.uk

or Nadia Wager at:-

nadia.wager@beds.ac.uk

or you can write to me at this address:-

Room A208
University of Bedfordshire
Park Square
Luton
Bedfordshire
LU1 3JU

This study has been reviewed and approved by the Research Centre for Applied Psychology Ethics Committee, University of Bedfordshire and complies with the guidelines of the British Psychological Society. If you have any queries or would like any further information, please do not hesitate to contact me.

Jacqui A Hart
University Of Bedfordshire

Information websites and contact numbers/help-lines:-

- *NHS Direct telephone helpline/health information service. Talk confidentially to a nurse or information officer.*

Tel: 0845 4647

- *The Samaritans for confidential emotional support. It is available 24 hours a day for people who are experiencing feelings of distress.*

Tel: 0845 90 90 90

MIND for confidential emotional support, they will give information to help you understand your feelings and will advise what you can do to get support.

Infoline: 0300 123 3393 Mon-Fri 9:00am to 6:00pm

- *SANE is a confidential help line offering practical information, crisis care and emotional support.*

Tel: 0845 767 8000 7 days a week (including public holidays) 6:00pm to 11:00pm

Interview schedule

Explain rationale and procedure

Ensure that participant has signed the consent form

Ask participant if she has any questions

1. Starting from the earliest time that you can remember, can you tell me a bit about your childhood and the sort of relationships that you had with your family or carers (up to about age 18)?

Prompts:

Could you tell me a bit about the best relationship?

What was it about the relationship that made it good?

What sort of impact do you think this had on your life at the time?

What about now?

And in the future?

2. Can you tell me about anything or anyone that has had a really good influence on your life?

Prompts:

In what way did they influence you?

How do you feel about that?

3. Can you tell me about the most difficult relationship that you had when you were growing up?

Prompts:

What sort of impact do you think this had on your life?

How do you feel about that?

4. Can you tell me who, or what, you think had the worst impact on your life

Prompts:

How did he/she/it influence you?

What effects do you think this had?

Why?

5. How did you feel about that at the time?

Prompts:

Can you give me some words that describe your feelings at the time?

What were the worst feelings that you had?

6. Sometimes people behave in ways that they are not proud of or that they don't feel good about when they are feeling bad about difficult times/relationships – it's a normal reaction. Can you tell me about a time when thinking about the event/person has made you feel bad?

Prompts:

What happened?

How did you feel?

What did you do to cope with those feelings?

7. To what extent did you manage those feelings?

8. At that time, did thinking about the event(s) or person cause you other problems?

Prompts:

Could you give me some examples?

How do you think this has affected your life?

Do you still have problems with these feelings?

Can you give me some examples?

9. How do you feel about it/him/her now?

10. As I said earlier, people deal with bad feelings in different ways – not always good ways – it's natural. What do **you** do now to manage those feelings?

11. To what extent do you think you will have problems in the future?

Prompts:

How do you think you will manage those feelings?

12. Is there anything else that you would like to share?

General prompts: Can you tell me more about that?

Probes: You mentioned.....what do you mean by that?
In what way?

Participant Consent Form

Jacqui A Hart, Department of Psychology, Research Centre for Applied Psychology,
Institute for Applied Social Research, University of Bedfordshire, Park Square, Luton,
Bedfordshire, LU1 3JU

e-mail: jacqui.hart@beds.ac.uk

Age in years.

Ethnic origin

Please initial box

- I agree to take part in the above study.
- I have read and understood the information sheet and the interview guide and have been given the opportunity to ask questions.
- I understand I am taking part in the study voluntarily and that I can withdraw at any time without giving an explanation.
- I agree to the interview being recorded

Please tick box

Yes

No

- I agree that anonymous quotes can be used in publication

Name

Signature

Date

Researcher

Signature

Date

Appendix 5

Dear XXXX

I am a PhD researcher based at the University of Bedfordshire. I am researching adverse childhood experiences, attachment, beliefs, emotional intelligence/management and levels of psychological distress in women. I am interested in interviewing women who have experienced adversity in childhood, particularly those who have been in contact with the criminal justice system (e.g. ex-offenders).

My research has the potential to inform interventions which (together with the practical help offered by organisations such as yours) may assist in reducing 'the revolving door' effect. However, gaining access to this minority group is nigh impossible and I need help from people like you. It would be really helpful if you could ask if any of your service users would be willing to take part in an interview.

My research is being supervised by Prof. Gail Kinman, Prof. Andy Guppy and Dr. Nadia Wager who are also based at the UoB.

I am self-funded so my research is not subject to any influence from an interested party (i.e. sponsoring organisation).

If you are willing to help I can send further details (an information sheet, an interview schedule and a consent form, together with a brief summary). I am also happy to meet with you if you would like to discuss this in further detail. In any event, if you have any queries or would like me to send anything further, please do not hesitate to contact me.

E-mail address: jacqui.hart@beds.ac.uk

Your help really would be greatly appreciated

Kind regards

Jacqui

Summary of Research

Aims of the research

This programme of research aims to investigate the pathway between adverse childhood experiences (ACE), psychological distress and female offending. Within an attachment framework, the role played by emotion management (sometimes termed emotional intelligence or EI) will be examined.

EI refers to individual differences in how people think about, understand, and manage their emotions.

Resources (what I am asking the agency to do/provide)

I am asking you to pass my details, with an information sheet, interview guide and a consent form to potential participants.

Depending on where potential participants would prefer to be interviewed, I may ask if it is possible to have access to a room (although I will make alternative arrangements if this is not possible) – approx. 1 to 2 hours per participant.

Participants

I want to interview between 2 and 5 girls or women (aged 18 years or over) who have been involved in the criminal justice system / with the police, or who have done things that could have resulted in criminal charges and/or who have experienced dysfunctional childhoods (e.g. neglect, abuse, witnessing violence, bereavement of someone close, or who lived with someone (up to age 18) who spent time in prison, or who had a problem with depression/anxiety or with alcohol/drugs).

Potential findings

Although this will depend on the constructs/themes evinced from the interviews, I would expect to find lower levels of understanding and management of emotions in participants who have insecure attachment relationships, adverse childhood experience and psychological distress.

Potential utility of findings

- Current interventions are not gender-specific. Furthermore, they fail to target maladaptive emotional coping or impoverished emotion management concomitant with psychological distress.
- Since research suggests that EI can be enhanced through training programmes, the findings may help to inform interventions, potentially improving current practice with this particular group of service users.
- I am happy to share my findings and talk to the agency about the results of the research. I will also send a copy of the report if desired.

Potential utility of findings for participants

Participants in this type of research (e.g. ACE) have reported positive reactions (benefits) to face-to-face interviews. In particular, participants have reported experiencing personal gain from the sharing of his or her story and for having an opportunity to have his or her voice heard.

I will provide findings of research to participants if desired, which may help to validate their experiences.

GIRLS/WOMEN AGED 18 OR OVER WANTED FOR RESEARCH!

Did you experience events such as bereavement, neglect, abuse or witnessing violence in your childhood (up to about 18)? OR Did someone you lived with (up to about 18) spend time in prison or have a problem with depression/anxiety or with alcohol/drugs?

Are you willing to take part in an anonymous and confidential interview?

Who can take part?

Girls/women who have done things that could have resulted in criminal charges or who have been involved in the criminal justice system/with the police.

What is the research about and what will it involve?

The research will involve a one-to-one interview in which I will ask you to tell me a bit about your childhood (up to about 18 years old) and the sort of relationships that you had at that time. I will also ask you who, or what, had the biggest influence on how your life has turned out; how you felt about that person or the things that happened, how you feel about them now and how you manage your feelings.

The interviews will take approximately one hour to one and a half hours. If you decide to take part in an interview, I will send you an information sheet to keep and a consent form, which you will be asked to sign and return to me. I will also send you a copy of the type of questions that I will be asking. We can then arrange a location and time for the interview that is convenient to you. If you change your mind at any time before I write up the research, you are free to withdraw without giving a reason.

INTERESTED?

Please contact me on :- jacqui.hart@beds.ac.uk

Your help really would be appreciated.

Appendix 6

Study 1 - Male Participants

Empathy – Empathic concern subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|--------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| EMPEC1 | 22.72 | 12.660 | .433 | .585 |
| EMPEC2 | 23.16 | 13.297 | .250 | .650 |
| EMPEC3 | 22.00 | 15.032 | .191 | .652 |
| EMPEC4 | 22.91 | 12.346 | .451 | .578 |
| EMPEC5 | 22.22 | 13.209 | .513 | .573 |
| EMPEC6 | 22.66 | 12.620 | .389 | .599 |
| EMPEC7 | 22.59 | 13.862 | .312 | .622 |

Empathy – Perspective taking subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|--------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| EMPPT1 | 21.94 | 9.415 | .527 | .407 |
| EMPPT2 | 21.91 | 11.830 | .126 | .565 |
| EMPPT3 | 21.94 | 10.125 | .507 | .432 |
| EMPPT4 | 22.44 | 12.319 | .052 | .591 |
| EMPPT5 | 22.00 | 10.065 | .431 | .450 |
| EMPPT6 | 22.78 | 10.628 | .165 | .570 |
| EMPPT7 | 22.81 | 11.060 | .245 | .522 |

Emotion Regulation – Acceptance subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| EmoReg3 | 4.00 | 1.097 | .316 | . |
| EmoReg4 | 4.19 | .609 | .316 | . |

Emotion Regulation – Rumination subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| EmoReg5 | 3.00 | 1.290 | .104 | . |
| EmoReg6 | 3.91 | .668 | .104 | . |

Emotion Regulation – Positive reappraisal subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|----------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| EmoReg11 | 4.09 | .797 | .404 | . |
| EmoReg12 | 4.13 | 1.081 | .404 | . |

Anger-In subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|----------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| AngerIn1 | 16.22 | 11.209 | .398 | .596 |
| AngerIn2 | 15.41 | 11.475 | .397 | .596 |
| AngerIn3 | 15.09 | 10.346 | .670 | .495 |
| AngerIn4 | 16.28 | 14.531 | .068 | .694 |
| AngerIn5 | 16.47 | 11.999 | .301 | .634 |
| AngerIn6 | 16.16 | 11.168 | .458 | .573 |

Anger-Out subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|-----------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| AngerOut1 | 11.38 | 3.403 | .172 | -.423 ^a |
| AngerOut2 | 10.59 | 4.443 | -.071 | -.022 ^a |
| AngerOut3 | 11.72 | 4.402 | -.005 | -.113 ^a |
| AngerOut4 | 10.88 | 4.371 | -.043 | -.063 ^a |
| AngerOut5 | 11.06 | 4.770 | -.182 | .155 |

a. The value is negative due to a negative average covariance among items. This violates reliability model assumptions. You may want to check item codings.

Study 1 - Female participants

General Just World Beliefs scale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|-------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| GJWB1 | 17.08 | 15.660 | .110 | .639 |
| GJWB2 | 16.82 | 14.083 | .325 | .530 |
| GJWB3 | 17.40 | 12.493 | .611 | .401 |
| GJWB4 | 16.83 | 13.822 | .347 | .520 |
| GJWB5 | 17.18 | 14.783 | .390 | .508 |
| GJWB6 | 16.50 | 16.569 | .204 | .575 |

Anger-In subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|----------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| AngerIn1 | 16.45 | 10.799 | .373 | .568 |
| AngerIn2 | 15.36 | 9.750 | .568 | .487 |
| AngerIn3 | 15.12 | 11.053 | .432 | .550 |
| AngerIn4 | 16.26 | 13.409 | .069 | .667 |
| AngerIn5 | 16.47 | 10.601 | .327 | .590 |
| AngerIn6 | 16.26 | 10.509 | .370 | .570 |

Anger-Out subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|-----------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| AngerOut1 | 11.95 | 5.648 | .334 | .105 |
| AngerOut2 | 10.97 | 6.099 | .270 | .173 |
| AngerOut3 | 11.71 | 6.241 | .162 | .263 |
| AngerOut4 | 11.32 | 7.604 | -.049 | .436 |
| AngerOut5 | 11.17 | 6.511 | .096 | .324 |

Emotion Regulation – Ruminating subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Cronbach's Alpha if Item Deleted |
|---------|----------------------------|--------------------------------|----------------------------------|----------------------------------|
| EmoReg5 | 2.52 | 2.002 | .526 | . |
| EmoReg6 | 3.66 | 1.526 | .526 | . |

Study 2

Empathy – Empathic concern subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|-------------|----------------------------|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| EmoConcern1 | 23.91 | 17.277 | .544 | .629 | .583 |
| EmoConcern2 | 24.65 | 21.042 | -.001 | .123 | .725 |
| EmoConcern3 | 23.95 | 16.379 | .544 | .641 | .573 |
| EmoConcern4 | 24.49 | 19.018 | .188 | .189 | .676 |
| EmoConcern5 | 23.86 | 19.409 | .270 | .164 | .648 |
| EmoConcern6 | 24.49 | 14.922 | .552 | .582 | .559 |
| EmoConcern7 | 24.47 | 14.255 | .586 | .474 | .544 |

Empathy – Perspective-taking subscale

Item-Total Statistics

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|--------------|----------------------------|--------------------------------|----------------------------------|------------------------------|----------------------------------|
| PerspTaking1 | 21.67 | 23.558 | .408 | .337 | .763 |
| PerspTaking2 | 21.56 | 23.538 | .450 | .445 | .753 |
| PerspTaking3 | 21.53 | 21.969 | .598 | .466 | .723 |
| PerspTaking4 | 22.19 | 26.203 | .204 | .231 | .800 |
| PerspTaking5 | 21.40 | 22.102 | .700 | .727 | .708 |
| PerspTaking6 | 22.42 | 21.773 | .558 | .454 | .731 |
| PerspTaking7 | 22.02 | 21.833 | .599 | .631 | .722 |

Factor analysis – Empathy subscales

Pattern Matrix^a

| | Component | | | |
|--------------|-----------|------|-------|-------|
| | 1 | 2 | 3 | 4 |
| EmoConcern6 | .847 | | | |
| EmoConcern7 | .831 | | | |
| EmoConcern3 | .673 | | | |
| EmoConcern1 | .643 | | -.450 | |
| EmoConcern5 | | .838 | | |
| PerspTaking1 | | .738 | | |
| PerspTaking4 | | .693 | | |
| EmoConcern4 | | .508 | | .423 |
| PerspTaking7 | | | -.902 | |
| PerspTaking6 | | | -.812 | |
| PerspTaking5 | | | -.657 | |
| PerspTaking3 | .459 | | -.560 | |
| EmoConcern2 | | | | .874 |
| PerspTaking2 | | .474 | | -.518 |

Extraction Method: Principal Component Analysis.
 Rotation Method: Oblimin with Kaiser Normalization.

a. Rotation converged in 14 iterations.

Appendix 7

| <u>Master theme - Childhood</u> | | |
|---|--|--|
| <u>Super-ordinate theme 1.1 - Attachment and relationships [Jenny's transcript]</u> | | |
| Secure vs insecure | I really struggled with it, And that is exactly what happened to me when I read those two questions and I thought actually I'd be okay because usually I say, Oh, yeah I had a difficult childhood, you know... but, I just, I really struggle, and it's really, the best relationship, and I kept thinking about, so we're talking about family.... OK um because the only person that came to mind was a friend, but I really struggled with it... | Clarifying the type of relationship. If it's about family that is the difficulty |
| Difference vs fitting in | I met her at secondary school um when I was about twelve um and actually her and I we were, we sort of got on ok with a bigger group of people at school, but also, but we were quite isolated, not also, but um yeah we were quite isolated, so it was just the two of us.... | They weren't part of the 'in-crowd' Sense of being apart. |
| Acceptance vs rejection | I suppose she was the only one really, that I felt that I could, I was gonna say be as open as I could.... So um I suppose the fact that she did, yeah she was quite open-minded I suppose and, you know, I just lived with my dad and things were difficult there at times, if the electricity cut off um and she knew some of that stuff and actually she was still quite accepting of me as a human being yeah.... | Sharing of inner thoughts and feelings not usual. 'Open' or 'opening up' fear of rejection? |
| Social and emotional support | Oh bless them, they really did look, oh I hadn't really appreciated that until now, actually, they really, they yeah really looked after me yeah. They gave me, yeah, there was a, there was a sort of towelling dressing gown for when you come out of the shower and, you know, and um a flannel and toothbrush and, you know, just sort of, you know, stuff like that when I went to stay.... | Pleasantly surprised. This is unlike home life. Unusual to feel looked after. |
| <u>Super-ordinate theme 1.2 - Survival and control [Lauren's transcript]</u> | | |
| Chaos vs stability | I would say there was an attempt to like create stability in some ways, you know. It was a secure house, the bills were going to be met; it was all secure in that way. Like there were rules, like what time we were meant to go to bed and, you know, we were going to be fed and we got our school uniforms and, you know, in some ways I would say they did their best. | Surface impression not reality. Seems to portray stability, but 'in some ways'. |
| Insecurity vs control | We'd all gone on a family holiday abroad for the first time and what had happened was it [the door] was on a lock, so I'd gone up and I'd put the bath on, and they were all downstairs in the bar, and I'd come out for some reason, I'd forgot the keys and it had locked behind me. And because I was so frightened of what my mum would do, coz I'd left the tap on, I got into a really bad state, I was really worried, and I got really upset about it <visibly upset>. [Me: When you think about your childhood .. can y-can you kind of give me some words that sort of give a kind of feel for how you felt at the time?] Angry, scared. It was unpredictable, constantly walking on egg-shells... | Intense emotions re: potential repercussions. Fears for safety. Clearly distressed. Feelings persist. Sense of insecurity. 'walking on egg shells' |
| Escape | My relationship with my mum was very bad. She was quite angry a lot of the time.... So, I mean I didn't like being in the house... that's why I loved summer because you could be out longer. | Wanting to avoid close proximity. |

| Master theme 2 - Outcomes of ACEs [Martina's transcript] | | |
|---|---|--|
| Super-ordinate theme 2.1 - Impact on attachment representations and relationships | | |
| Representations of self | And also I was a bit of a <laughs> mental case as a child um in the fact that I'd believed in reincarnation and I was convinced that I'd lived before.... I suppose at, at that age I, I was a bit of a, lived in a bit of a fantasy world um because I think it, it got me through everything, sort of, what was going on... | Self-identity 'mental case'. Embarrassment? Are others' perceptions important? |
| Representations of others | When my mum came in from work she was just, oh, you know, I can't be both-I can't be bothered. I've had a hard day; I've been working blah, blah. So I didn't tell her. Also she was freaking out because I wasn't eating properly and I just lost a lot of weight, but it was because everything in the fridge and the freezer was somebody else's um and she, she was more panicking over the fact that she thought I was anorexic, and I wasn't! | uncaring parent. Context? Sexual assault (uncle's friend) Unjust response |
| Unsafe world vs survival | It's funny because, in those; sort of, right up until, sort of my twenties, I was <sighs> never scared to sort of go wandering around in the woods on my own or go out on my own or do anything like that on my own. Never had that sort of um fear.... | Fear of what? Unsafe. Temporal aspect. Developed later. |
| Attachment style | ...in my personality, it's quite obvious that my past has had an impact, especially in the way that I conduct social relationships... and it also has damaged the way that I conduct friendships as an adult um and my family relationships. I do find relationships very interchangeable, I'm not so sorrowful about ending them um I'm not so um I'm not so bothered if people can't get on with me. | 'obvious' 'Damage' Attributes to ACEs. Avoidant attachment? |
| Super-ordinate theme 2.2 - Impact on psychological well-being | | |
| Psychological distress | And I, I did have, I have had problems. I've had to see um a psychiatrist um I did regularly see a psychiatrist <sighs> up until my twenties and then I had my son and then suffered from post-natal depression so I was back um seeing a psychiatrist. | Did have, still have. Continuing psych problems. Later event had impact. Catalyst. |
| Maladaptive vs adaptive attitudes and beliefs | ...because I've been through motherhood, you know, and I've made mistakes, God, I'm sure my son'll have me on Jeremy Kyle when I'm older but it's, you know, it's one of those things you can't, nobody's a perfect parent and unfortunately your own issues make you the kind of parent you are. Um and my mum had issues and my dad had issues and I can't blame them anymore because, as I say, I've been on the other side of the fence. | Altered perception. Insight? Taking perspective 'other side of fence'. Transition No longer blames parents. Personal growth? |
| Experience of therapy | I was on and off with the psychiatrist going onto diff-he diagnosed me with a hundred different things, it was just absolutely ridiculous. um he told me I was bipolar and I wasn't um he told me I was schizophrenic and describe, um prescribed me these um drugs that was making me sleep for so long, so many hours a day and even when I woke up I was living in a cloud. It was horrible. | 'ridiculous' exasperation with therapy. Arbitrary diagnosis. Also dissociation 'living in a cloud' Not a good experience. Ineffective. |

| <u>Super-ordinate theme 2.3 - Impact on emotional expression and management</u> | | |
|---|--|---|
| Emotions, emotional expression and coping with emotion | I remember going into um because, you know, I still don't handle some sort of emotions very well um at, at that particular time I went into laughing fits, I couldn't stop laughing, or joking, because my sense of humour just kind of, kind of escalated... at the time it was very, I didn't know where I was.... And, as I say, it didn't, it didn't really sort of seem quite real. | later life-event. Inappropriate response. Unable to control emotions at the time or now 'still don't'. Sense of dislocation - not real. Confusion? |
| Emotion management | ...so I've had a couple of shouting matches in the past couple of weeks, but I can pull myself back and say, right, this is, you know, this is getting out of hand. We need to start, start sorting this out, you know... so I, I can pull myself back and I can control um you know, my anger and my um my depression a lot more. | Control. Sense of EI - pays attention to, clarity and repair. Context also important. See 1222-1229. |
| <u>Super-ordinate theme 2.4 - Behavioural outcomes [Geraldine's transcript]</u> | | |
| Maladaptive behaviour | I'm only now getting complaints because of me ending up in hospital; because an ambulance and the police have had to turn up... I'm going to hopefully get higher medication to calm it down for this next year because I think the trauma of *Nicholas [Geraldine's fifth child] has really hit the trauma of the other four. Because I think, in my head, 'What more can I do?' | violent response 'hit the trauma' Later event. Medical intervention not enough 'calm it down'. Sense of hopelessness. Unable to control emotions or behaviour |
| Behaviour modification | I do go out drinking, I do fall off, you know, as people say 'fall off the wagon' and get silly sometimes, but it's not because I'm hiding, I'm drinking just to hide things.... But the last time I did that was about a month and a half back, when I'd been out 'til two in the morning. But I'd gone out and, you know, I wasn't completely out of my face, I w-I didn't get in trouble with the police, I didn't get arrested, I come back and went to bed. | 'fall off the wagon' but not to escape thoughts? Transition. Different outcomes. But see maladaptive behaviour. |
| <u>Master theme 3 - Present and future</u> | | |
| <u>Super-ordinate theme 3.1 - Resilience [Stacey's transcript]</u> | | |
| Autonomy, a positive outlook and personal growth | I think having confidence in my convictions has had a big impact because my dad was really strict and I, I had my own way of understanding the world around me and um and I trust my judgement.... So that's always had an impact; me having my own mind and challenging people and challenging authority. | 'confidence in my convictions' Autonomy? Trusts own judgement Sense of self-efficacy. |
| Expectancies for the future | My future I, I envisage a future with me and my partner just being away from it all. Just away from um mortgages and bills. And just living somewhere hot in a little wooden cabin, hut, house, whatever building <laugh> um growing our own food, not getting caught up in the world so much, just more, at one with nature... | Another form of escape? Or a personal goal. Positive view. |

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