

Offending behaviour: the role of trauma and PTSD

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Research indicates an interlink between traumatic experiences and criminal behaviour (Ardino, 2011; Foy, Furrow & McManus, 2011; Weeks & Widom, 1998, 1989) revealing that offenders present a higher prevalence of Post-traumatic Stress Disorder (PTSD; APA, 1994) and associated symptoms when compared with the general population (Wright, Borrill, Teers & Cassidy, 2006). Available studies, however, rarely present data about specific trajectories that connect trauma and PTSD to criminal behaviour. This thematic cluster of articles—“Offending behaviour: the role of trauma and PTSD” aims to explore such trajectories and post-traumatic mechanisms in offenders.

Victims of violence are vulnerable to a constellation of outcomes including dissociation, substance abuse, depression, and PTSD (Foa, Ehlers, Clark, Tolin & Orsillo, 1999; Roth, Newman, Pelcovitz, Van der Kolk & Mandel, 1997). Chronic and prolonged exposure to violence may evolve into a dysfunctional *routine* perpetrated in both family and community contexts creating “a link between experiences of violence as victims and later experiences of violence as a perpetrator” (Garbarino, 2002) through which trauma consistently appears to be the connecting factor for multifaceted expressions of violence—endured or perpetrated (Ardino, 2011). A considerable body of literature has documented the relationship between trauma/child abuse and subsequent aggressive and criminal acts (Widom & Maxfield, 2001; Smith, Ireland & Thornberry, 2005; Showyra & Coccozza, 2006). Child abuse and neglect, poverty, sexual molestation, and witnessing violence are, among others, the most common risk factors for post-traumatic reactions, aggression, and antisocial behaviour (Dziuba-Leatherman & Finkelhor, 1994; Dong et al., 2004; Finkelhor, 2008; Hussey, Chang, & Kotch, 2006).

In 1989, Widom conducted a pioneering study on 900 individuals with experience of abuse prior to the age of 11 years, and she demonstrated a clear link between trauma and antisocial behaviour, showing that such children were at a greater risk of being arrested in adolescence (Maxfield & Widom, 1996). Early studies by Widom and colleagues have been supported by other

recent findings demonstrating that incarcerated male adolescents often have a history of trauma, including chronic victimization along with an intergenerational experience of violence (Burton, Foy, Bwanausi & Johnson, 1994; Erwin, Newman, McMackin, Morrissey & Kaloupek, 2000; McGruder-Johnson, Gleaves, Stock & Finch, 2000; Scarpa, 2001; Steiner, Garcia & Matthews, 1997; Vermeiren, 2003).

In adult populations, Browne, Miller, and Maguin (1999) have provided a detailed study of abuse in the lives of 150 female inmates. They reported that 70% of the women experienced severe physical violence from childhood caregivers or parents. Jordan, Schlenger, Fairbank, and Cadell (1996) reported that 78% of their sample of incarcerated women had experienced at least one event in their lives that met the DSM-IV-R criteria for an extreme event with the potential to predispose an individual to PTSD. Such studies sustain that offenders are very often exposed to traumatic events as a result of being—or having been—in a problematic social context (Garbarino, 1995).

The outlook of offenders’ contextual variables is mirrored in the high rates of PTSD, as highlighted in a review by Vermeiren (2003), ranging from 4% (Richards, 1996) to 65% lifetime PTSD (Cauffman, Feldman, Waterman & Steiner, 1998). A recent systematic review by Goff, Rose E, Rose S, and Purves (2007) found a prevalence of PTSD in sentenced prisoners ranging from 4% (Brink, Doherty & Boer, 2001) to 21.4% (Butler, Levy, Dolan & Kaldor, 2003). Other investigations examined the prevalence of PTSD among diverse forensic populations, such as incarcerated women (Brewer-Smyth, Burgess & Shults, 2004; Teplin, Abram & McClelland, 1996; Zlotnick, 1997) and incarcerated men (Gibson et al., 1999). Powell, Holt, and Fondacaro (1997) reported that 21% of their sample met 6-month criteria for PTSD, and 33% met lifetime PTSD criteria. A few studies have also investigated PTSD rates in co-morbidity with substance abuse demonstrating that incarcerated men with substance misuse problems and PTSD are more likely to have higher recidivism rates than those with only substance abuse disorders; and incarcerated women with

both disorders are more likely to relapse than are those with only SUD (Kubiak, 2004). Thus, incarcerated individuals with co-morbid PTSD and SUD are at higher risk for remaining entrenched in the criminal justice system (Ouimette, Finney & Moos, 1999).

European prevalence studies describe a higher prevalence of PTSD symptoms in prison populations than in clinical and community samples. A German study examined 54 delinquents detained in forensic psychiatric institutions and found a lifetime prevalence of 36% for PTSD and a point prevalence of 17% (Spitzer et al., 2001). In Switzerland, 86 offenders participated in a prevalence study and showed a point prevalence of PTSD that was conservatively estimated at 27% (Urbanik, Endrass, Noll, Vetter & Rossegger, 2007).

Limitations of current literature

Much of the research conducted on the relationship between trauma and criminal behaviour has focused upon incarcerated young offenders (Coleman, 2005; Welfare & Hollin, 2012). Also, the majority of studies are descriptive and rarely examine the psychological mechanisms intervening in a potentially specific trauma-offending trajectory. Evans and colleagues made an interesting attempt to fill the gap by investigating the nature of perpetrators' memories of violent crime (Evans, Ehlers, Mezey & Clark, 2007). The authors conducted semi-structured interviews with a representative sample of 105 young offenders convicted of serious violence, assessing intrusive memories, ruminations, and symptoms of posttraumatic stress disorder related to their violent crime. Participants described significant intrusive memories of the assault, and reported ruminations related to the assault. The intrusive memories tended to concern the moment when the event turned to the worse for the perpetrator demonstrating important implications for risk assessment and therapeutic interventions for violent offenders. In another study, (Evans, Mezey & Ehlers 2009) examined the prevalence and characteristics of amnesia in violent offenders; their findings showed a partial amnesia of offences associated with cognitive processing during the assault.

The importance of recognizing PTSD in offenders is underscored by personality assessment showing a negative effect of PTSD on impulsivity, aggression, negative emotions (see Cauffman et al., 1998; Steiner et al., 1997) and - in general - on affect dysregulation. Furthermore, self-regulation problems have also been consistently found to be related to re-offending risk (Andrews & Bonta, 1998; Friendship & Thornton, 2001; Grann & Wedin, 2002). In turn, such experiences may lead to both risky behaviours and to an increased risk of exposure to traumatic events and to subsequent PTSD. Very often, PTSD, in fact, may urge individuals to engage in greater risk taking behaviour or in seeking

out dangerous and sensational situations as part of compulsive re-exposure to trauma (Joseph, Dalgleish, Thrasher & Yule, 1997) and as an attempt to heal unresolved traumatisation through re-enactments of their early experiences of violence (Yoder, 2005). This characteristic of trauma is not specifically mentioned into official diagnostic systems; however, Van der Kolk and colleagues effectively explain the phenomenon as a "compulsion to the trauma" (Van der Kolk, 2007; Van der Kolk, McFarlane & Van der Hart, 2007). Such re-enactments may be mirrored into both "acting-in" behaviours, such as self-harm, suicide, or depression, and "acting-out" behaviours, such as harm to others and criminal activity (Yoder, 2005) highlighting that the antisocial acting out of unresolved childhood trauma may be a consistent feature in the behaviour of offenders. In this "on-off" mechanism of acting out and compulsive re-exposure to trauma, the significance of PTSD may be crucial in understanding how post-traumatic syndromes may be involved in maintaining a high risk of reoffending; however, this must be further investigated.

This thematic cluster of articles on trauma criminal behaviour attempts to explore further the issues related to trauma, PTSD and criminal behaviour by looking at the complex consequences in terms of psychological mechanisms, behaviour, and treatment.

Foy and colleagues (2012) have written a comprehensive review of the literature about the role of PTSD in young female offenders highlighting the high prevalence of PTSD and trauma histories in this population and the role of rehabilitation of young offenders who have had adverse childhood experiences. Miller and Najavits (2012) discuss a key point for the criminal justice system and the role of trauma-informed care in prison populations, and they put forward the centrality of trauma in the lives of inmates proposing the components of what they name *trauma-informed correctional care* (TICC). Because prison settings are *per se* a caveat of unavoidable triggers such as frequent discipline from authority figures and restricted movement (Owens, Wells, Pollock, Muscat & Torres, 2008) that are likely increase trauma-related behaviours and symptoms difficult for prison staff to manage. The authors describe the importance of introducing trauma-informed principles to manage triggers and to stabilise offenders. Furthermore, the authors suggest introducing trauma-oriented psychotherapies and describe the main goals of such therapies applied to settings such as public safety, safety of inmates in custody, rehabilitation and staff, and institutional security. There is a need for further research and implementation of rehabilitation programmes for offenders that focus on the potential role of unresolved traumas in the antisocial trajectories of the offenders. Policy-makers should challenge the debate about victim-perpetrator by

providing more insight into the deeper mechanisms that facilitate both victimisation and perpetration of violence.

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