Trauma in the Criminal Justice System

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Abstract

Trauma and its impact on the human brain is a growing area of research. The research is showing a link between trauma, its impact on the brain, and criminal justice involvement. This paper is an attempt to look at the impact of trauma and how that can impact criminal behavior. Potential trauma, beginning prenatally and going through childhood, is explored using research from the 1980's through 2014. Alfred Adler believed human behavior has a purpose, and that people strive to be significant. Criminality and trauma are explored as a means of understanding how Adlerian concepts apply in these cases. This topic was presented and recorded at a training for the American Institute for the Advancement of Forensic Studies in November of 2013.
Experiential Project

Alfred Adler believed that behavior has a purpose, and that people strive for significance. These beliefs are still upheld through Adlerian psychology. This can be challenging when looking at a criminal justice population. What is the purpose behind criminal behavior? This project was an effort to look at traumatic experiences in life as a way of understanding how individuals may become so discouraged that they give up on significance and turn to criminal behavior.

This topic was presented to a group of professionals in November, 2013. These professionals were from several fields, including law enforcement, probation, social services, and mental health. The goal of this presentation was to explore how trauma may impact criminal behavior. The subject of trauma beginning prenatally and going through the life span was included in the research. It was compiled in a 200 slide PowerPoint that was presented over a full day training.

The training went well, and I felt I was able to demonstrate how trauma can impact criminality. It was the goal of this project to help people look at those involved with the criminal justice system as real people with issues, rather than judge them negatively without knowing their story. It is not an excuse for criminal behavior, but rather an effort to explain some potential causes.

An Introduction to Trauma

Trauma is a complex issue, and its prevalence in the criminal justice system is alarming. One issue that arises when talking about trauma is how to define the term. Often individuals who experience abuse, neglect, a natural disaster, death of a loved one, or are victims of a crime feel the event was traumatic. However the degree to which any event impacts an individual is
unique. There is no event that is guaranteed to be traumatic - it is based on the perception of the individual.

One definition states that trauma is as “an event or condition where the individual’s ability to understand, process and cope with an emotional experience is overwhelmed as the individual experiences a threat to life, bodily integrity, or sanity” (Welfare & Hollin, 2012, p. 2). The perception of the individual is what defines the event as traumatic. While not all children who are abused feel traumatized by the event, the impact of abuse should be explored when examining mental health and criminal behavior.

According to the National Association of Counsel for Children, in the year 2004, 1,500 children died as a result of child abuse. If these are the deaths we recognize as abuse related, how many more are possibly related but were not recognized? There are several forms of abuse. Physical, sexual, and psychological are three major types. Another form of child maltreatment is neglect. Neglect is different than the other forms of abuse because it is not an act, but a lack of action. When examining abuse statistics, it is by far the most common form. Statistics for 2012 show, that of the children who were maltreated, 78.3% were neglected. Physical abuse was seen in 18.3%, sexual abuse in 9.3%, and psychological abuse in 8.5% (Child Help, 2013).

Neglect can raise issues for individuals and professionals due to its vague nature. What is neglect? Definitions can vary. There are basic needs that need to be met; food, clothing, and shelter. However, is that enough? Studies have shown (Mills et al., 2013) that people need interaction, love, and things beyond the basic needs of survival.

Also, statistics show a rising rate of death due to child abuse and neglect over the past 15 years (National Association of Counsel for Children, 2013). Is this a true rising rate, or is society better at recognizing deaths due to abuse? Neglect is rising in recognition in comparison to
abuse, and the impact is not fully understood. How long has the impact of neglect been understood, and how much neglect was culturally acceptable in the past? How has the view of abuse impacted the definition and statistics of abuse over the past 30 years?

Another point on abuse lies in who was the abuser. A 2005 study (Taylor et al., 2009) showed that 40% of the perpetrators were mothers acting alone, 18% were fathers acting alone, and 17% of abuse is perpetrated by both parents. This raises the question of whether mothers are the primary abusers? This author would suggest that these numbers are skewed based on single mother households, where a father figure is not present. How does this play into the role of trauma? Is it different based on who perpetrated the abuse?

There are various forms of maltreatment, with neglect, sexual abuse, physical abuse, and emotional/psychological abuse being the most commonly recognized. In the literature, sexual abuse and physical abuse are explored differently with qualitatively different effects. According to the National Association of Adult Survivors of Child Abuse (NAASCA), one in four girls and one in six boys will be sexually abused during childhood. Over 90% are victimized by someone they know, and two thirds never report the abuse. Of these, 20% will be victimized before age 8.

This paper is an examination of trauma in our criminal justice system. According to the 2012 National Crime Victimization Survey by the Bureau of Justice Statistics, 26 of every 1,000 people experienced violent crime. This includes a 15% increase in how many people reported being victims of assault, robbery, and rape. Crimes against property, including theft, burglary, and car theft, rose 12% (Bureau of Justice Statistics, 2012). The rate of violence is alarming, yet what are the causes? Do people decide one day they want to be a criminal, or is there a history that makes one more susceptible. Trauma can start in the womb and can occur throughout the
lifespan. Does a trauma background make one more likely to become involved with the criminal justice system? If so, what can be done to help reduce recidivism in these cases?

**Prenatal Trauma**

Trauma can start prenatally. When the fetus is in the womb it is exposed to several potential issues. Stress, drugs, alcohol, neglect, environmental chemicals, abuse and idiopathic issues all play a role even before the child is born. Microscopic changes to the placenta were found in one study from alcohol, tobacco, and cocaine (Ortigosa et al., 2012). Cocaine and tobacco were found to reduce birth weight and length. This is an issue, because low birth weight can contribute to higher rates of infant mortality and childhood handicap (Paneth, 1995). Alcohol use during pregnancy has been shown to cause issues in the child. Fetal alcohol spectrum disorders are a range of issues related to alcohol use during pregnancy. It has been linked to issues in executive functioning, impulse control, cognitive abilities, cross-brain communication, and more (May et al., 2013)

Another study (Barlow et al., 2010)) found alterations and changes in the brain from methamphetamine, cocaine, and alcohol. These were especially seen in the prefrontal cortex, white matter, cerebellum, and basal ganglia (especially from stimulants). Issues in the white matter, cerebellum, and basal ganglia can impact one's consciousness, motor control, and signal transmission within the brain. Problems in the prefrontal cortex can impact one's ability to plan and make decisions.

Other examples of prenatal trauma that could impact the individual for life are due to domestic violence. The rates of domestic violence are alarming, with nearly 30% of women being a victim at some point in their life (Menezes-Cooper, 2013). Women in poverty are at a higher risk. Gathering accurate statistics on domestic violence during pregnancy can be complex
due to a hesitancy to report. Studies show a range from 1-66% of women experiencing domestic violence during pregnancy (Menezes-Cooper, 2013)

Women can be hesitant to report due to fears of being alone, safety for her and her baby, as well as fears of child protection. When a woman reports abuse there are services that will help her, but often encourage her to leave the abusive situation. This could be scary for a new mother, as she would then be facing parenting the child alone. Also, domestic violence does not always end when the abused or abuser leaves the relationship. Perpetrators can threaten the safety of the victim if they were to leave. Also, this becomes complicated because injury both directly to the abdomen as well as things like reduced oxygen flow can impact the development of the fetus.

**Early Life Risks of Trauma**

Two common themes that arise from examining early life trauma are post-partum depression (PPD) and shaken baby syndrome/abusive head trauma (SBS/AHT). Research has found an impact in the infants whose mother experienced PPD (Fitelson, Baker, & Leight, 2011). These children are more likely than others to experience lower cognitive functioning, adverse emotional development, behavior problems, sleep issues, and a higher risk for affective, disruptive, and anxiety disorders. When the baby is not having its basic needs met early in life the brain struggles to develop. Infants need to feel safe, secure, and loved. This can create an issue in mothers with PPD who often feel helpless and unable to care for their baby. When working in cases with PPD it is important to emphasize outside help to ensure reduced impact for that child later in life.

Shaken baby syndrome/abusive head trauma is another potential early life trauma. While there is research that states this disorder has been over-diagnosed and misdiagnosed (Buttram,
2006), there can be a negative impact when an infant's brain is shaken. Individuals with mental illness often have poor coping skills, and this can lead to increased rate of this disorder. While cases that reach a certain level of severity bring professional attention, others go undetected.

Research has found that 80% of shaken babies who survive suffer with permanent neurological damage (Morad, Wygnansky-Jaffe, & Levin, 2010). What happens to a young brain that is shaken, especially in someone who is already genetically prone to mental illness? When a baby is forcefully shaken the head rotates because the neck muscles are not strong enough to hold it up. This moves the brain back and forth within the skull. This movement can rupture blood vessels and nerves throughout the brain as well as tear brain tissue. It could also cause the brain to hit the inside of the skull, which can lead to bleeding and bruising on the brain (Nemours, 2014). Some common risk factors for perpetrators includes low socio-economic status, social isolation, domestic abuse, being a young parent, substance abuse, and single-mother households (Morad, Wygnansky-Jaffe, & Levin, 2010).

**Childhood Risk Factors**

Jenny (2011) stated that childhood trauma can come from sources including poverty, lack of food, maternal depression, stressful life events, and interpersonal violence. Childhood is an important time developmentally. For example, for babies to learn they need to be able to stretch, play, be stimulated, and be shown affection. This is not easy for everyone, especially when the family is in poverty. Couch hopping, homeless shelters, crisis housing, and other services can make it possible to protect a family from extreme weather conditions, but can be a challenge for an infant to have the stimulation it needs. If parents are concerned about how to get food on the table or a roof over their heads, the likelihood they have time to show the infant warmth is
diminished. Heidi and Solomon (2006) stated that this could lead to a sense of anger and mistrust in that child.

**Attachment, Trauma, and Criminal Behavior**

Attachment helps an individual feel safe and secure. A secure attachment early in life can increase the likelihood the child will feel securely attached later in childhood. They would have a sense of trust. Research has found a link between adolescents who do not have a secure relationship with their parents and high risk behaviors, such as the early initiation of sexuality and drug abuse (Jenny, 2011).

Secure relationships are key to how the individual processes trauma. A study by Moretti et al. (2012) showed that youth who have a secure attachment to a parent or caregiver had lower rates of depression following a traumatic event than those that did not. There are several times a person does not feel safe enough to report abuse. They might feel the allegations will be ignored, fear for their safety, or not know who to tell. At times, the victim might not realize the abuse is wrong. Perpetrators sometimes tell them it is acceptable, but should be a secret. At times, they make the individual fear for their safety if they tell, or tell everyone that nobody would believe the allegations. Also, they could make the victim believe the abuse is love, and they are doing it because they love the victim. Often times in these cases the abuse is repeated over a long period, something that could possibly be changed had the individual reported the abuse.

**The Impact in Childhood**

Trauma during childhood has been linked to several potential issues as an adult, and includes increased rates of depression, anxiety, substance use, suicide attempts, as well as sexually transmitted infections. According to James (1989), this can be due to several factors.
These can include a violation of basic trust that can disrupt attachment, interfere with the development of empathy, reduce inhibitions in crimes against others, impair social competence, increase aggressive behaviors, enhance intense fear and sadness, as well as a diminish the sense of future.

The practical applications of this is evident in increased rates of certain DSM diagnosis for individuals who suffered from childhood trauma, including major depressive disorder, ADHD, oppositional defiant disorder, conduct disorder, and PTSD. One specific form of trauma, childhood sexual abuse, has been linked to increased rates of depression, phobias, PTSD, dissociation, substance use problems, and borderline personality disorder.

A 2013 study by Rosenberg et al. examined youth in an inpatient facility for those that have had trouble with the law. They wanted to see if there was a correlation between trauma and criminal involvement. The rates of trauma in this facility were alarming, with 94% reporting at least one trauma occurrence. Almost half, 47%, had PTSD. Depression was seen in 49.2%, and substance abuse in 61.2%. While each disorder was seen in a large portion of these youth, over 26% had all three disorders (depression, substance use, and PTSD). This speaks to the importance of examining trauma in these cases. If these youth are entering the facility due to criminal activity and have these alarmingly high rates of trauma exposure and mental health issues, can future problems be reduced without getting to the cause of past behavior? Is it possible to help keep these children away from criminal activity if the root of the behavior is addressed?

A study by Wood et al. (2001) looked at anti-social youth and found high rates of exposure to trauma. Rates in this study varied from 24-65%. They cite earlier studies finding rates ranging from 70-90%. This is a wide range, and can be varied due to several reasons.
First, trauma is experienced individually. One cannot say what another person might find traumatic. Rates can also vary based on the assessment tool used, along with issues in assessor bias. The population can make a difference in assessment numbers, as anti-social youth may have a hesitancy to confess to trauma, as they want to appear tough, or not cooperate with the interview. Geography, specific age, gender, culture, and several other factors can play into this range as well.

However varied, it does seem to demonstrate a link between youth acting out in anti-social manners and trauma. In each of the studies mentioned above, the rates of trauma in youth involved in criminal activity are alarmingly high.

Environmental Factors

Early in life, the infant depends on a caregiver to fulfill certain needs. These include being exposed to sights and sounds to help vision and hearing, comfort when they need comforting, talk to them to teach them language and to show caring, and provide for basic needs (Nelson, 2014). When these needs are not met there can be issues in brain development, attachment, and mental health. The brain is developed over time, with genes providing the basic blueprint. The brain grows and changes with the individual throughout life, and the experiences of the individual play a role in how it develops.

Researcher William Greenough reported two ways in which experience impacts brain development (Nelson, 2014). The first is experience-expectant. This refers to the way experiences early in life impact development. They are common for everyone, and include seeing light, hearing speech, seeing faces, and hearing voices. The second is experience-dependant, and is the change that happens in the brain that is unique individually. Examples include learning and memory (Nelson, 2014).
There are several things to consider when looking at how experiences impact an individual. Experience is the interaction between the environment and the brain. When exploring how an experience may impact an individual, there are four considerations. First, the timing of traumatic events is something important to consider when looking at trauma. The sensory-processing areas of the brain develop much earlier than complex cognition, and this could impact how the individual interprets the event. The developmental stage of the child, the maturity of the brain, and the actual event can help explore how the event impacted the individual (Nelson, 2014)

**Trauma and the Brain**

Several studies have shown the impact of trauma on the brain. A study by Carrion and Wong (2012) examined brain development and trauma. They found that when youth experience traumatic stress that leads to post-traumatic symptoms they secrete higher levels of cortisol than individuals with no trauma history. Through animal research, they saw how this could lead to neurotoxicity in brain areas such as the hippocampus and prefrontal cortex. This can greatly impact memory and executive functioning, and demonstrates how PTSD can impact one's brain functioning.

Another study (Rinne, 2013) examined brain development and trauma. They found that children who were exposed to psychological trauma showed abnormalities in the corpus callosum, the area of the brain that impacts cross-brain communication. Issues in this area can create deficits in thinking and feeling, as well as how these are demonstrated in the individual. For example, when the thinking side of the brain is activated it could be a challenge for the individual to understand how they feel or to show emotion. The same can be said for the opposite, if the feeling side is activated it could be difficult to think rationally.
Hypersensitivity can be a common issue after trauma. The brain becomes more aware in an effort to keep the individual safe. However, this can lead to maladaptive behavior. Some issues can include the misinterpretation of social cues, heightened anger, and inappropriate acting out in a perceived effort to stay safe (Chemtob et al., 1997). For example, someone who has been violently attacked can have a heightened sense of arousal. This can lead them to be highly aware in certain environments. Someone doing something innocent could be perceived as threatening, so the person may act out in a way to protect themselves from the perceived threat. Also, this state of arousal could lead to acting out more aggressively than necessary given the threat.

A 2006 study (Heide et al.) claims that this should be a consideration when looking at violent offenders. Law enforcement often looks at the degree of crimes, such as assault. The degree to which a person offends (ex: creating a bruise or breaking a bone) can help determine sentences for perpetrators. One consideration could be the private logic behind these crimes. Was the individual acting out to that degree due to an enjoyment of inflicting pain, or was the person feeling unsafe and wanted to protect themselves.

A study by Beaty et al. (1996) examined the multi-faceted impact of trauma on the brain. They found generalized hyper-arousal and issues in modulating arousal. This was seen in aggression against self and others, issues in controlling sexual impulses, as well as issues in social attachment. Adler believed that feeling like a part of a community was an essential aspect of mental health. However these individuals have been taught that is not safe, so they isolate in an effort to avoid re-victimization.
Another issue they found was in neurobiological processes. There are physical changes in the brain that come from trauma. It can be seen in issues with attention, concentration, somatization, and disassociation.

Finally, the brain can learn a conditioned fear response. This can be seen in a loss of hope, trust, and sense of personal agency. Social avoidance and lack of preparation for a meaningful future are common as well. The lack of preparation for a positive future can be a link to poverty. If a person has no hope and does not see the possibility of a bright future, their risk factors for poverty are increased.

A study by Wirtz et al. (2013) examined more neurological changes from trauma. They found issues in the hypothalamus, inflammation, and increased rates of cortisol. These issues can greatly impact functioning as well as contribute to physical issues, such as obesity and diabetes.

**Trauma and Co-occurring Disorders**

Individuals with co-occurring mental health disorders and a co-occurring substance use disorder (SUD) have high rates of criminal justice involvement. This is often seen due to impulse control issues, criminality to support the substance use disorder, and other potential factors. Individuals with co-occurring mental health and SUD's also have higher than average rates of reported trauma. One study (Benton et al., 2012) found that over 2/3 of individuals with this co-occurrence report at least one traumatic event. Also, these individuals have 2-3 times the rate of reporting they have witnessed serious injury or death of others, as well as having experienced a physical assault.
This raises several questions about the current treatment of our MI/CD individuals in a prison population. Are these programs looking at trauma? Can working on trauma help reduce recidivism, mental health relapse, and CD relapse?

**Poverty**

Poverty is another issue commonly seen in our criminal justice system. A 2013 study by Roach looked at inner city populations to examine this link. He found significantly higher rates of experiencing or seeing a trauma. Also, these individuals are more likely to have had direct exposure to community violence, and have anger and hostility present as prominent symptoms.

A study in Fresno, California examined poverty and its potential correlation to criminal activity. They found significantly higher rates of violent crime in single male or single female households with children under 18. There were also higher rates of crime in rented houses. The age of men and violence were positively correlated. Younger males showed lower levels of violence, and older males showed higher rates of violence. However homicide and rape were more common in younger males. There was also a positive correlation between ethnic minority population and violent crime. Finally, they found a significant negative correlation between income and violent crime (Gantes, 2013).

These statistics demonstrate a link between criminal activity and poverty. Single-parent households are more likely than dual parent households to be in poverty. Also, impoverished areas have higher than average rates of minority populations (Gantes, 2013). The individuals in these situations often feel little sense of hope for the future, a desperate need to fulfill basic needs, and have high rates of drug abuse. All of these factors can contribute to criminal behavior. Growing up in these environments can increase the likelihood of being exposed to violence, and this violence can be perceived as traumatic. It can create a circular effect, the child
sees violence, is impacted by this exposure, and then ends up in a similar situation in adulthood. They see violence and it becomes a part of their daily life.

**Father-Absent Homes**

While growing up in a father absent home is far from a guarantee that the child will grow into issues with the criminal justice system, there is a disproportionate representation of individuals in prison who come from father-absent homes. While divorce may contribute some to this number, these statistics are looking at fathers who are completely absent and do not share custody. Research has found that individuals from father-absent homes experience lower rates of overall well-being, academic achievement, and cognitive ability. They are at increased risk to drop out of school, become delinquent, or become pregnant as a teenager. While these rates are high, they are significantly lower after controlling for financial well-being (Flouri & Buchanan, 2003).

This can be seen in the criminal justice system as well. One study of youth in prison found that 63% of youth suicides, 90% of homeless runaways, 70% of high school dropouts, and 85% of youth in prison come from father-absent homes (Krohn & Bogan, 2001). Another study (Cunningham & Vigen, 2002) found 95% of death row inmates were from father-absent homes. These statistics are alarming enough to create a call for additional research.

**Continuing Trauma**

Statistics on trauma early in the life of a criminal justice population (Harlow, 1999) show that one in six male inmates report being abused, physically or sexually, before age 18. Over half report childhood physical trauma. Sadly, this trauma may continue while incarcerated. Issues such as prison rape and fears of safety can lead individuals who are incarcerated to a state of complex PTSD and continuous traumatic stress (Roach, 2013). Because anxiety could be
perceived as a sign of weakness or vulnerability, common behaviors displayed include anger, aggression, and callousness (Roach, 2013).

The actual estimates of rape in jail/prison settings are difficult to determine due to a perceived lack of reporting. The Department of Justice estimates 88,500 inmates (4.4% in prisons and 3.1% in jails) were sexually victimized in the previous year (Neal & Clements, 2010). Factors associated with prison rape include threats, violence, racial tension, power, and control issues.

Progress is being made at reducing prison sexual assault, though this progress has been slow. It was not until the 1994 case of Farmer v Brennan that it was "cruel and unusual" punishment for a prison guard to act with indifference, or ignore a potential issue of safety toward the safety of an inmate (Neal & Clements, 2010). This led to the Prison Rape Elimination Act of 2003, as a further step toward reducing this serious issue. Actual statistics are difficult to obtain due to a hesitancy of reporting, but range from 1-21% (Neal & Clements, 2010). Sexual assault in prison adds another layer of trauma for inmates, and can add to a sense of futility and mistrust.

**An Adlerian Perspective**

Adler had a highly positive view of human beings. He believed that actions had a purpose, and people strived toward good. These beliefs involved striving to be the best the person could be, not comparing them self to others.

Society today has a tendency to not see that in the criminal population. It is common for a person to feel uncomfortable with a person with a criminal past, or state things like "lock them up and throw away the key". Several online social media posts show guns and state "This is the cure for child molesters". It is common for society to speak negatively about a criminal
population without trying to hear their stories. This can create issues in that people may behave in the way society sees them. For example, if someone is repeatedly told they are worthless, they may start to act in a way that shows their perceived lack of worth. If a person does not believe they can accomplish things and be a productive member of society they could try to be significant in other ways. Human beings want to be significant, and if positive ways do not work they may turn to negative means of feeling this significance. Also, once a person has offended at a felony level society labels them a felon. This greatly impacts their ability to gain housing and employment. It can also reflect in their self-image and lead to discouragement.

This paper is not an effort to excuse criminal behavior. However, research has shown a strong link between criminal behavior, trauma, and mental illness. If society viewed criminal behavior through an Adlerian perspective would they look more at the childhood, potential traumas, mistaken beliefs, a desire for safety, and other factors that can contribute to these actions?

**Recommendations**

The purpose of the project was to examine how trauma can impact criminal behavior. The hope would be that as awareness of this connection grows, programs will change their approach accordingly. Many programs focus on current behavior, staying sober, and complying with probation and other restrictions. However countless individuals are not able to accomplish this goal. In Adlerian psychology, one should look for the purpose in that behavior. Why are they unable to comply?

Recommendations from the project would include a trauma focus in these programs. Looking at early recollections to find mistaken beliefs could help uncover early trauma that has impacted their current view on life. It could also help them feel heard and better understood by
the professional. Discussion and other interventions that are trauma based, such as trauma-focused-CBT can help increase the likelihood of compliance for these individuals. Treating the trauma could help change mistaken beliefs and help the individual have more hope for their personal future.
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