

The Relationship between Childhood Physical Trauma and Juvenile Delinquency

A Review of Literature

A professional research paper submitted to the [name of faculty] in partial fulfillment of the requirements for the [name of degree] with an emphasis in [subject area]

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Dedication

Acknowledgments

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Abstract

Childhood physical trauma is proposed as a significant cause of behavioral issues in adolescents under the age of 18. Abusive parenting is also cited as a phenomenon that leads to childhood trauma. Subsequently, the paper explores the correlation between childhood trauma and propensity for juvenile delinquency. It reviews the pertinent literature to explore the major themes in child abuse and behavioral challenges in young persons. Furthermore, it assesses varying probabilities of children developing delinquent behavior depending on the nature of abuse history—whether physical or sexual. Ultimately, it investigates whether there are effective initiatives of treating both children and their parents for trauma with a view to improving the quality of family relationships.

Introduction

Every year, Juveniles aged between 14 and 18 constitute nearly 50 percent of arrests of persons under age 18 [CITATION Sic14 \l 1033]. The statistic is significant, given that there were 856,130 such arrests in 2016 alone [CITATION Off17 \l 1033]. The juveniles were alleged to have committed offenses ranging from violent crime (e.g., murder, aggravated assault, and rape); to property crime (e.g., arson, burglary, and motor vehicle theft). The phenomenon has a disastrous impact on society because it leaves numerous victims and families grappling with the after-effects in its wake.

According to research, the delinquency in adolescents is traceable to their childhood experiences [CITATION Fox15 \l 1033]. Evidence suggests that a history of physical trauma at an early age could lead to criminal behavior across an individual's lifespan [CITATION Moo13 \l 1033].

Accordingly, this paper reviews the existing research on the prevalence of childhood physical trauma and its consequences. Furthermore, it explores how these factors contribute to delinquency in the juvenile population. Finally, it investigates ways through which the treatment of trauma reduces rates of delinquency in the said age bracket.

Background and Rationale

Childhood trauma emanates from going through an event or a series of events, which cause intense feelings of physical pain, distress, shame, or hopelessness [CITATION Sie18 \l 1033].

Examples of such occurrences include physical and sexual abuse meted on the children in question by parents, guardians, adults who are not family, or even other children. It could also be a result of witnessing violent encounters between others and experiencing devastating loss, such as the death of a loved one [CITATION Sol13 \l 1033].

The victims struggle to fit within the expected limits of behavior in society. They become confrontational, reckless, rebellious to authority, and sometimes even susceptible to self-harm—thus becoming likely delinquents. The problem affects individuals starting at an early age. Young children are at risk from physical abuse as early as from infancy, where some parents shake their babies forcefully resulting in abusive head trauma or shaken baby syndrome. In the ages ranging from early childhood to young adulthood, children may also experience physical abuse in various forms, such as, “throwing, shooting, stabbing, burning, drowning, suffocating, biting, or” deliberate mutilation [CITATION Sie18 \p 302 \l 1033].

The extent of abuse is such that, U.S. child protective services estimate, “1 in 4 U.S. children experience some of child maltreatment in their lifetimes” [CITATION Cen14 \p 1 \l 1033]. If a child goes through several traumatic experiences or one extreme case of trauma, he or she has a high chance of developing posttraumatic stress disorder (PTSD)[CITATION Cis12 \l 1033].

Later in the child’s life, the affliction contributes to delinquent behavior [CITATION Kan14 \l 1033].

Research has shown that the effects of physical trauma translate into mental illnesses. Yet, it is more difficult to treat mental illness in juveniles than in adults because young people go through a myriad of mental and physical changes during the adolescence phase [CITATION Ham07 \l 1033]. Existing literature, however, offers disparate measures of treating mental health disorders in youth. Hence, there is a need for research to assimilate the various findings into a coherent framework of treatment.

Main Research Question

The literature review seeks to establish whether experiences of physical trauma in childhood may lead to juvenile delinquency. Thus, it asks:

- Is there a relationship between childhood physical trauma and juvenile delinquency? For present purposes, childhood physical trauma will refer to experiences of intense distress resulting from physical and sexual child abuse. While juvenile delinquency will refer to the disposition of persons under the age of 18, who are not subject to conventional criminal prosecution, to commit crimes that range from the violent crimes to property crime.

Objectives

The study seeks to attain several goals, namely:

- To explore the pertinent literature to identify themes prevalent in childhood physical trauma and juvenile delinquency
- To establish whether there is a correlation between childhood physical trauma and juvenile delinquency
- To identify ways of protecting children against pervasive physical and sexual abuse
- To identify appropriate treatment approaches for mental health disorders resulting from childhood physical trauma with a view to offering viable methods of reducing the prevalence of juvenile delinquency

Significance

A significant number of child abuse cases occur within the family environment, specifically in parent-child relationships. The phenomenon strains the ability of the family set up to offer emotional and physical security to its most vulnerable members—the children. Therefore, any attempt to reduce the prevalence of childhood trauma must address the contributory factors, such as drug and substance abuse and spousal abuse, which shape the proclivities of parents who abuse their children.

As the following section will show, there are several developmental concepts, which explain the role of childhood trauma in juvenile delinquency. Additionally, several research studies

conducted in varying settings have found a possible correlation between childhood traumas, mental health disorders in adolescents, and juvenile delinquency. Effective treatment is critical to the reduction of the number of crimes young delinquents commit and their gravity. The studies, however, provide inadequate models of treating the mental health disorders.

Literature Review

Most people have experienced at least one traumatic event in their childhood [CITATION Gri11 \l 1033]. Affected children are highly prone to developing adverse changes in their biological processes or ultimately manifesting damaged psychopathological capabilities later in life [CITATION Fit15 \l 1033 \m Hei06]. Such afflictions could result in mental health disorders, such as PTSD, and a myriad of other conditions like addiction, anxiety, self-regulation, and mood disorders [CITATION Rob15 \l 1033]. More significantly, victims of childhood physical trauma are likely to adopt antisocial behavior in their adolescence, which includes among others: violent delinquency, rebellion against authority, and general inter-personal aggression [CITATION Wel15 \l 1033].

The prevalence of child abuse has led to a public health concern [CITATION Mia17 \l 1033]. It has generated debate into how experts could design interventions that could reduce the prevalence of serious juvenile crime. It has also forced authorities to look into ways of shielding children against violence and abuse. Yet, as research shows, the results of such initiatives have varying impact on the increase of child abuse and the resultant number and nature of crimes committed by young people [CITATION Let14 \l 1033].

Models explaining the Trauma-delinquency Link

Classic models explaining behavioral issues did not focus on the link between trauma and propensity for juvenile delinquency. Yet, by applying recently emerged findings on childhood trauma, it is possible to derive new ways of assessing the complex adverse impacts of childhood trauma on an individual's psychosocial development. Accordingly, this section reviews two prior models with a view of applying their concepts to the study of trauma and juvenile delinquency.

Cumulative risk. The model suggests when associated risk factors of a condition increase, there is a high likelihood that the condition in question will develop. Furthermore, such factors exhibit a relationship with each other that could lead to their progression or increased interaction [CITATION Tur12 \l 1033]. Applying the cumulative risk model to behavioral attributes of an individual with a history of child abuse, Fitzhenry, et al. [CITATION Fit15 \n \t \l 1033] noted the interaction between a childhood trauma, triggers, cognitive and emotional responses, and adverse outcomes. The study explained that if an adolescent who has experienced acute events of trauma in the past, faces confrontation from a peer, she would attack the peer on perceiving disrespect because the trauma created a proclivity to anger in her. Moreover, if the adolescent in question continues to be exposed to trigger situations, her negative response mechanism could lead to the development of more adverse outcomes such as delinquency [CITATION Fit15 \l 1033].

Reinforcement for coercive behavior. Patterson's [CITATION Pat86 \n \t \l 1033] study introduced the idea that if parents or guardians applied disciplining tactics that were inconsistent or periodically explosive, they could facilitate the development of coercive and hence antisocial behavior in children. Once the negative behavior became entrenched in the children, they would create animosity amongst them and their parents, or even nonfamily members. The outcome of such development would be children who struggle with discipline issues both at home and in the

community. As a result, they are highly likely to engage in delinquent behavior since they feel rejected by their parents and the community in general.

Role of Childhood Trauma in Juvenile Delinquency

Several studies have established the direct and indirect correlations between childhood trauma and delinquent behavior among young people. The Gold, Sullivan, and Lewis [CITATION Gol11 \n \t \l 1033] research, for instance, applied a conceptual model to explore the relationship between abusive parenting and juvenile delinquency. Studying 112 adolescents aged between 12 and 19 years, Gold, Sullivan, and Lewis [CITATION Gol11 \n \t \l 1033] found out that subjects who had a tendency to blame others and expressed low shame probably had a history of childhood trauma, and could thus be likely to commit serious crime.

Similarly, McGrath, Nilsen, and Kerley [CITATION McG11 \n \t \l 1033] conducted a study to explain the propensity for juvenile delinquency stemming from sexual abuse in childhood.

They reviewed a set of 20 empirical studies. Among their notable findings was that “children who were physically abused, as opposed to sexually abused, showed a greater tendency toward all types of violent crimes (including violent sexual crimes)” [CITATION McG11 \p 488 \n \y \t \l 1033]. Nonetheless, the McGrath, Nilsen, and Kerley [CITATION McG11 \n \t \l 1033] had some limitations. Its systemic review of literature did not extract standardized definitions of child abuse and delinquency. As a result, it is difficult to gauge the accuracy of its findings bearing in mind that its operational variables were applied using different interpretations across its sources.

Fox et al. [CITATION Fox15 \n \t \l 1033] indicated the need for a tool to screen young people with the aim of identifying those at risk of committing “serious, violent, and chronic

(SVC)” crimes [CITATION Fox15 \p 163 \n \y \t \l 1033]. By studying the histories of a group of juvenile offenders, the study found out that young SVC offenders had a high prevalence of adverse childhood experiences (ACE), which included physical and sexual trauma.

Accordingly, the three major studies found a positive correlation between childhood trauma and a propensity for juvenile delinquency [CITATION Fox15 \l 1033 \m Gol11 \m McG11].

Shielding Children against Abuse

Because research has established the relationship between childhood trauma and juvenile delinquency, there is a pressing need for solutions on how to curb antecedents of antisocial behavior in their developmental phase. Nick, Ellis, Farrelly, Hollinghurst, and Downe’s [CITATION Nic15 \n \t \l 1033] study campaigned for the adoption of school-based interventions in the UK similar to the ones found in North American schools. They argued that the use of tools, such as drama and peer-based interventions had a high likelihood of identifying subjects prone to child abuse. In turn, the identification could precipitate concerted efforts by the authorities to protect the affected children against abuse. Nick et al. [CITATION Nic15 \n \t \l 1033] observed, “The involvement of children ... in the design and implementation of these interventions has the potential to increase their authenticity” [CITATION Nic15 \p 129 \n \y \t \l 1033]. Their study highlighted the need for children to take part in the interventions since it enabled them to take part in the problem solving process as well increasing their receptiveness of the outcomes.

Bakarman and Eljaaly [CITATION Bak17 \n \t \l 1033], on the other hand, considered the role of parents’ ignorance in the perpetuation of child sexual abuse. The researchers served questionnaires to 400 parents while they were attending clinical appointments. The study reported that mothers were more likely to have knowledge on child abuse issues than fathers

were. Up to 93.8 percent of the respondents, however, had an idea of the serious adverse effects of abuse on children's later years. Whereas, Nick et al [CITATION Nic15 \n \t \l 1033] favored the use of a group setting, specifically: a school environment to teach and mentor children on how to prevent or deal with abuse, Bakarman and Eljaaly [CITATION Bak17 \n \t \l 1033] suggested the targeting of parents in the interventions.

Treatment of Trauma-related Mental Health Disorders

Lenz and Hollenbaugh [CITATION Len17 \n \t \l 1033] conducted a study to assess the impact of cognitive behavioral therapy for treating PTSD and depression that co-occurred in a sample of 1,860 adolescents. They study observed that trauma coping mechanisms vary among children. Whereas there are those that possess an innate adaptive way of responding to a traumatic event, a substantial number have a high likelihood of developing PTSD. Therefore, Lenz and Hollenbaugh [CITATION Len17 \n \t \l 1033] found a need to institute cognitive behavioral therapy to treat children exhibiting adverse reactions to a history of abuse.

They, however, observed that therapy that focused primarily on trauma had more positives outcomes than therapy based on generalized cognitive behavioral therapy alone. Lenz and Hollenbaugh [CITATION Len17 \n \t \l 1033] also noted that their proposed treatment approach promised wide-ranging positive outcomes regardless of the patients' demographic attributes. Nonetheless, their findings were not conclusive and, thus, could largely be used as a foundation for further investigations into the use of trauma-focused cognitive behavioral therapy.

The Skinner and McLean [CITATION Ski17 \n \t \l 1033] study, on the other hand, suggested the treatment of chronic trauma in children through addressing parenting with a view to improving the quality of family relationships. In their systematic study, Skinner and McLean

[CITATION Ski17 \n \t \l 1033] observed that a majority of intervention measures were focused on ‘fixing’ the child victim, while ignoring the role that the parents played in bringing about such adverse consequences. They thus found that through addressing the possible trauma that parents themselves could be undergoing, practitioners could attain increased positive outcomes. Whereas Lenz and Hollenbaugh [CITATION Len17 \n \t \l 1033] were proponents of a trauma-focused cognitive behavioral therapy, Skinner and McLean [CITATION Ski17 \n \t \l 1033] observed that a conversational model was more effective in treating trauma among parents. The study concluded by noting the intergenerational nature of trauma. It thus presented adequate justification for treating the effects of trauma in a family setting.

Results and Findings

The link between childhood trauma and juvenile can be explained through classic conceptual models of human behavior development. Applying the cumulative risk model, for instance, shows that a child with a history of abuse has a high likelihood of suffering from adverse behavior like anger and hopelessness [CITATION Tur12 \l 1033]. If the child in question is exposed to trigger situations, she is likely to react in socially discouraged ways, for example reacting to perceptions of disrespect in a violent manner. Moreover, such reactions may result in the child’s rejection by her peers and the community, which leads to her adoption of more serious antisocial behavior like delinquency. Likewise, the reinforcement of coercive behavior framework illustrates the link between poor disciplining and propensity for delinquency later in a child’s life [CITATION Pat86 \l 1033]. According to the concept, parents who apply disciplining tactics intermittently create room for their children to adopt coercive behavior. Over time, such children increasingly offend their parents and other nonfamily members leading to their rejection.

Nonetheless, research is in agreement regarding the role childhood trauma plays in the development of delinquent behavior in the juvenile population. Gold, Sullivan, and Lewis [CITATION Gol11 \n \t \l 1033], for instance, found out that young persons under the age of 18 with a history of childhood trauma were highly likely to have low expressions of shame and increased tendencies of blaming others. In essence, they were not averse to exhibiting socially unacceptable behavior since they could always apportion the blame to someone else. McGrath, Nilsen, and Kerley [CITATION McG11 \n \t \l 1033], however, argued that children with a history of physical trauma were more likely to develop delinquency than those with a history of sexual abuse. In addition, those exposed to childhood physical trauma were more likely to perpetuate violent sexual crime, such as rape, than those with a history of childhood sexual trauma [CITATION McG11 \l 1033].

Bearing in mind the magnitude of devastation that childhood trauma ultimately causes, it is crucial that health and child welfare experts design mechanisms for shielding children against abuse from an early age. One of the challenges that such an initiative faces, however, includes finding ways of identifying victims and potential victims of child abuse. Since victims could hide their predicament from the community for years, Nick et al. [CITATION Nic15 \n \t \l 1033] proposed the establishment of support groups in schools meant to facilitate honest discussion on child abuse. On the other hand, Bakarman and Eljaaly [CITATION Bak17 \n \t \l 1033] argued that educating parents on the adverse effects of child abuse could sensitize them to the risks of child trauma. Yet, their argument was controversial because it ignored the possibility of educating parents who could be the main perpetrators of the same crime.

In cases where children have not had protection and have experienced traumatic events, Lenz and Hollenbaugh [CITATION Len17 \n \t \l 1033] suggested treatment through a trauma-

focused cognitive behavioral therapy. They argued that the approach could be effective if the child in question received treatment early in childhood. They also indicated that such an approach could have broad positive impacts regardless of the victims' demographic characteristics, such as ethnicity and gender. By contrast, Skinner and McLean [CITATION Ski17 \n \t \l 1033] found that treating the child alone did not improve the quality of the family relationships. They thus suggested applying the interventions on both the parents accused of perpetrating the violence and the victim.

Implications for Field of Marriage and Family Therapy

The family unit is tasked with protecting its most vulnerable members—the children. Thus, the prevalence of abusive parenting is a significant cause for concern. Research in the subject area of child abuse and neglect majorly focuses on the adverse effects that children have to contend with across their lifespan. Yet, parents are prone to trauma resulting from events in their adulthood or from a history of their own experiences of abuse in their formative years. As well as instituting measures of reducing the magnitude of trauma in children, practitioners should also consider treating parents who are reported to have abused their children [CITATION Ski17 \l 1033].

As well as reducing the risk of the children developing delinquent behaviors, the approach could also assist parents to re-explore ways of creating quality family relationships. By creating an environment that is conducive for positive attachment, the parents would even discourage the adoption of delinquency by their children even in the face of an existing history of abuse.

Nonetheless, statistics show that children are exposed to violent environments. Whereas well-off families can afford to house their children in neighborhoods that do not have high cases of violence, they still need to assess how they treat their young ones. On the other hand, children in

poor neighborhoods are have a likelihood of witnessing violence or even experiencing it from persons that are not family. In such cases, family therapy alone is ineffective in mitigating the adverse effects of childhood trauma. It calls for a combined effort between various agencies to ensure that children live in a peaceful environment. Yet, as society grapples with a myriad of ills such as institutionalized discrimination, there is little chance that every family could afford to raise their children in safe environments.

Conclusion

Juvenile delinquency has metamorphosed into an acute social problem. Persons aged under the age of 18 are as likely to commit serious crime like murder and rape. Childhood physical trauma is assumed to play a central role in the development of delinquency in the juvenile population. Yet, since every adolescent may have experienced at least one traumatic event in their lives, questions exist into why only a number of people seem to be more prone to the adverse effects of childhood trauma. The research does not provide conclusive explanations to that effect because they offer disparate definitions of what actually constitutes a traumatic childhood.

Nonetheless, studies have used classical models of explaining human behavior to investigate the link between childhood trauma and delinquency. Two notable models, namely the cumulative risk model and the reinforcement of coercive behavior model suggest that propensity for delinquency is linked to ineffective disciplining methods and interactions between various risk factors. On the other hand, studies argue that existing treatment methods for acute childhood trauma overlook the suffering that parents also undergo when they abuse their children. Thus, in the future, family therapists should take a wholesome look into how they can assist all individuals in the family to learn to safeguard the dignity of their members.



Bakarman, M. A., & Eljaaly, Z. O. (2017). Preventing child sexual abuse, what parents know?

Annals , 23 (3), 284-289.

Cisler, J. M., Begle, A. M., Amstadter, A. B., Resnick, H. S., Danielson, C. K., Saunders, B. E.,

et al. (2012). Exposure to interpersonal violence and risk for PTSD, depression,

delinquency, and binge drinking among adolescents: Data from the NSA-R. *Journal of*

Traumatic Stress , 25 (1), 33-40.

Fitzhenry, M., Harte, E., Carr, A., Keenleyside, M., O'Hanrahan, K., White, M. D., et al. (2015).

Child maltreatment and adult psychopathology in an Irish context. *Child Abuse &*

Neglect , 45, 101-107.

Fox, B., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything:

Examining the relationship between adverse childhood experiences and serious, violent

and chronic juvenile offenders. *Child Abuse & Neglect* , 46, 163-173.

Gold, J., Sullivan, M. W., & Lewis, M. (2011). The relation between abuse and violent

delinquency: The conversion of shame to blame in juvenile offenders. *Child Abuse &*

Neglect , 35, 459-467.

Grimshaw, R. (2011). My story - Witnessing narratives of childhood trauma and violence.

Criminal Justice Matters , 86 (1), 43-44.

Hammond, S. (2007). Delinquency detour: Treating mental illness in young people can keep

them from a future of crime and delinquency. *State legislatures* , 33 (4), 19.

Heide, K. M., & Solomon, E. P. (2006). Biology, childhood trauma, and murder: Rethinking

justice. *International Journal of Law & Psychiatry* , 29 (3), 220-233.

- Kang, H.-K., & Burton, D. L. (2014). Effects of racial discrimination, childhood trauma, and trauma symptoms on juvenile delinquency in African American incarcerated youth. *Journal of Aggression, Maltreatment and Trauma* , 23 (10), 1109-1125.
- Lenz, A. S., & Hollenbaugh, M. (2017). Meta-analysis of trauma-focused cognitive behavioral therapy for treating PTSD and co-occurring depression among children and adolescents. *Counseling Outcome Research and Evaluation* , 6 (1), 18-32.
- Letourneau, E. J., Eaton, W. W., Bass, J., Berlin, F. S., & Moore, S. G. (2014). The need for a comprehensive public health approach to preventing child sexual abuse. *Public Health Reports* , 129 (3), 222-228.
- McGrath, S. A., Nilsen, A. A., & Kerley, K. R. (2011). Sexual victimization in childhood and the propensity for juvenile delinquency and adult criminal behavior: A systemic review. *Aggression and Violent Behavior* , 16, 485-492.
- Mian, M., & Collin-Vezina, D. (2017). Adopting a public health approach to addressing child sexual abuse and exploitation. *Child Abuse & Neglect* , 66, 152-154.
- Moore, E., Gaskin, C., & Indig, D. (2013). Childhood maltreatment and post-traumatic stress disorder among incarcerated young offenders. *Child Abuse & Neglect* , 37 (10), 861-870.
- National Center for Injury Prevention and Control. (2014). *Child maltreatment: Facts at a glance*. Atlanta, GA: Centers for Disease Control and Prevention.
- Nick, S., Ellis, J., Farrelly, N., Hollinghurst, S., & Downe, S. (2015). Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review* , 59, 120-131.

- Office of Juvenile Justice and Delinquency Prevention. (2017, December 6). *Estimated number of juvenile arrests, 2016*. Retrieved February 24, 2018, from Office of Juvenile Justice and Delinquency Prevention: <https://www.ojjdp.gov/ojstatbb/crime/qa05101.asp>
- Patterson, G. R. (1986). Performance models for antisocial boys. *American Psychologist*, 41, 432-444.
- Roberts, A. L., Koenen, K. C., Lyall, K., Robinson, E. B., & Weisskopf, M. G. (2015). Association of autistic traits in adulthood with childhood abuse, interpersonal victimization, and posttraumatic stress. *Child Abuse & Neglect*, 45, 135-142.
- Sickmund, M., & Puzzanchera, C. (2014). *Juvenile offenders and victims: 2014 national report*. Pittsburgh, PA: National Center for Juvenile Justice.
- Siegel, L. J., & Welsh, B. C. (2018). *Juvenile delinquency: Theory, practice, and law* (13th ed.). Boston, MA: Cengage Learning.
- Skinner, L., & McLean, L. (2017). The conversational model and child and family counselling: Treating chronic complex trauma in a systemic framework. *Journal of Family Therapy*, 38 (2), 211-220.
- Solomon, B. J., Davis, L. E., & Luckham, B. (2013). The relationship between trauma and delinquent decision making among adolescent female offenders: Mediating effects. In P. K. Kerig (Ed.), *Psychological trauma and juvenile delinquency: New directions in research and intervention* (pp. 79-90). New York, NY: Routledge.
- Turner, H. A., Hamby, S., Leeb, R. T., Mercy, J. A., & Holt, M. (2012). Family context, victimization, and child trauma symptoms: Variations in safe, stable, and nurturing relationships during early and middle childhood. *American Journal of Orthopsychiatry*, 82 (2), 209-219.

Welfare, H. R., & Hollin, C. R. (2015). Childhood and offense-related trauma in young people imprisoned in England and Wales for murder and other acts of serious violence: A descriptive study. *Journal of Agression, Maltreatment & Trauma* , 24 (8), 955-969.