

Impact of Childhood Traumas on Crime Behavior and Relevant Therapies

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Abstract: Childhood trauma is a critical factor contributing to long-term psychological distress and an increased risk of criminal behavior. This paper explores the profound impact of various trauma types, including neglect, abuse, sexual assault, and parental substance abuse, on the psychological development and behavioral patterns of affected individuals. This essay uses the method of literature review. It highlights how such experiences disrupt emotional regulation and foster maladaptive coping mechanisms, potentially leading to antisocial tendencies and delinquency. The study also evaluates the efficacy of evidence-based therapeutic interventions like Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Writing Therapy (CBWT) and Family-Based Treatment (TBF). These therapies demonstrate significant potential in mitigating trauma symptoms, enhancing emotional regulation, and reducing criminal tendencies. Moreover, the discussion emphasizes the importance of systemic support, including accessible therapeutic services and judicial interventions, in addressing the root causes of trauma-driven crime. This research aims to inform policymakers, healthcare professionals, and the criminal justice system in fostering social stability and reducing crime rates.

1 INTRODUCTION

It has long been known that childhood trauma is a significant risk factor for a variety of negative adult consequences, such as psychological disorders, social maladjustment, and an increased propensity for criminal activity (Baron & Forde, 2019, Altintas & Bilici, 2018). Empirical evidence underscores that early exposure to maltreatment—encompassing physical, emotional, and sexual abuse, as well as neglect—disrupts normative psychological development, engendering maladaptive coping mechanisms and impairing emotional regulation. These maladaptations often manifest as antisocial behavior and delinquency in later life (National Institute of Justice, 2017). In addition, the correlation between childhood trauma and subsequent criminality is well-documented. Studies indicate that individuals with histories of abuse or neglect are disproportionately represented within the criminal justice system. For instance, research has demonstrated that adolescents who witness or are victimized by violence are more likely to be charged with crimes against persons in the future (Altintas & Bilici, 2018). Despite the robust association between early trauma and adult criminality, there remains a

paucity of research delineating the efficacy of specific interventions tailored to address these antecedent traumas. Comprehensive understanding of the psychological ramifications of distinct trauma types is imperative for the development of targeted therapeutic modalities. Interventions such as cognitive-behavioral therapy have shown promise in ameliorating trauma-related symptoms and enhancing emotional regulation, thereby potentially attenuating the risk of subsequent criminal behavior (Porrey, 2024).

This study endeavors to elucidate the psychological ramifications of various forms of childhood trauma and to evaluate the effectiveness of corresponding intervention strategies. By systematically analyzing the nexus between specific trauma types, resultant psychological issues, and the efficacy of targeted interventions, the research aims to inform the development of evidence-based practices. Such practices are essential for mitigating the adverse effects of childhood trauma, thereby reducing the propensity for criminal behavior and contributing to broader societal well-being.

2 TRAUMA TYPES

2.1 Neglect

Neglect includes both material and emotional neglect. Material neglect involves failing to provide a child with basic needs such as food, clothing, and shelter. This can make a child feel abandoned and increase their distrust of society. Since emotional neglect can have significant and long-lasting impacts on a person's emotional and psychological health, it is regarded as a type of trauma (Gould, 2023). Parents who neglect a child's needs - physical or emotional - during childhood can cause trauma. For example if a child screams or cries because of fear, their parents continue to focus on their job or other things instead of calming him or her, the child will gradually stop crying and screaming because they know that their emotional expression will not earn them attention or emotional feedback. Over time, this signals to the child that their emotional needs are not being met.

2.2 Abuse

Abuse is generally divided into physical abuse and emotional abuse. Physical abuse usually refers to the trauma that a parent inflicts on a child's body by using their hands or other tools. Mental or psychological abuse is when a parent belittles and scolds a child for a long time. No matter what kind of abuse, it will leave a very deep psychological shadow on the child. These children will have varying degrees of psychological problems. Children who are belittled, humiliated or treated coldly for a long time may develop a strong sense of inferiority and helplessness. In addition, long-term and repeated abuse often has a profound impact on brain development and behavioral control ability.

2.3 Sexual Assault

Sexual assault refers to forced sexual intercourse without the person's consent. Sexual intercourse with or without the consent of a minor under the age of 12 is considered sexual assault. The psychological and spiritual trauma of sexual assault is devastating, and most people cannot escape the shadow of sexual assault in their lives. In some cultures, victims may be unable to seek help due to shame or stigma, which can exacerbate psychological problems and traumatic cognitions. In common, women influenced by Eastern culture are more susceptible to stigma.

2.4 Substance Abuse

Substance abuse is common in western countries. In the United States, approximately 14 million individuals aged 12 and older, accounting for 6.3% of the population, report active use of illicit drugs (Rowe & Liddle, 2003). Interestingly, about 10% of teenagers between the ages of 12 and 17 claim to have consumed illegal drugs in the previous 30 days (Rowe & Liddle, 2003). This prevalence underscores the gravity of illicit drug use among minors, which remains a critical issue in Western countries. It usually refers to parents who are addicted to drugs, cannot tell the difference between reality and the spiritual world, beat and abuse their children in hallucinations. Parental substance abuse is often coupled with financial hardship, domestic violence, or criminal activity, resulting in children living in highly unstable and dangerous environments. Abuse caused by substance abuse not only traumatizes and shadows the child, it is more likely that the child will also use drugs.

3 THERAPIES

3.1 Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

For children aged 3 to 18 and their non-offending parents or primary caregivers, trauma-focused cognitive behavioral therapy (TF-CBT) is a based on evidence trauma-focused psychotherapy methodology (Cohen et al., 2019). In order to address a variety of emotional and behavioral issues related to trauma happenings, whether they are single, multiple, or complex, TF-CBT integrates trauma-sensitive therapies with cognitive-behavioral, family, and humanistic concepts and procedures. TF-CBT techniques are used to help distorted thinking, negative reactions, and behaviors (Green & Myrick, 2024). It helps challenge intrusive thoughts to help patients organize their thinking in a healthier way (Green & Myrick, 2024). Stewart and colleagues report that 121 children and adolescents, ages 3 to 18, obtained TF-CBT via 15 Salvadoran psychologists who had received TF-CBT training in community-based environments (Stewart et al., 2021). Then, a study utilizing TF-CBT with a group from El Salvador demonstrated that there were significant reductions in youth-reported symptoms of anxiety ($d = 1.67$, $p < .001$), depression ($d = 1.68$, $p < .001$), and trauma ($d = 2.04$, $p < .001$) (Stewart et al., 2021).

3.2 Eye Movement Desensitization and Reprocessing(EMDR)

Research establishing the efficacy of eye movement desensitization and reprocessing theories has grown over time (Shapiro et al., 2017). The results of clinical practice by many EMDR therapists working in different countries show that EMDR is very effective for children with PTSD (Beer, 2023). During EMDR, patients are called to focus on past negative memories and focus on changing the association of these thoughts with different stimuli, and the eye movements combined with therapy allow for reprocessing. A study conducted by Jamshidi and colleagues using EMDR was done on a group of 30 Iranian female victims of traumatic dissociation to assess not only for effectiveness in alleviating post-traumatic stress disorder symptoms, but also suicidal ideation and mind-wandering using wait-list and double-blind procedures (Jamshidi et al., 2021). With an impact size of 0.72, 0.53, and 0.19 for PTSD, suicidal thoughts, and mind-wandering, respectively, the data revealed that EMDR greatly decreased these symptoms (Jamshidi et al., 2021). Researchers may conclude that this treatment is successful in helping female victims of child abuse with their PTSD symptoms, thoughts of suicide, and mind-wandering.

3.3 Cognitive Behavior Writing Therapy (CBWT)

Cognitive behavior writing therapy (CBWT) is another form of therapy previously researched that is worth noting. CBWT helps cognitive restructuring, encourages adaptive coping, and social sharing (Green & Myrick, 2024). Compared to traditional cognitive intervention methods, Cognitive Behavioral Writing Therapy (CBWT) offers enhanced privacy for clients. Many individuals who have experienced trauma may be hesitant to openly discuss their childhood experiences due to emotional sensitivity or fear of judgment. Writing, however, provides a secure and non-intrusive medium for expression, enabling clients to process their experiences in a private and controlled manner. Moreover, this approach facilitates therapists in gaining a deeper understanding of the clients' circumstances more efficiently, thereby enabling timely and targeted interventions. Twenty-three subjects, ages 8 to 18, who had all previously suffered from trauma, were recruited to investigate the efficacy of CBWT. A pre-test, post-test, and follow-up were conducted in this particular CBWT trial to assess the effectiveness of the therapy (Van der Oord

et al., 2010). The findings of the post-test revealed a notable reduction in the symptoms associated with the trauma they had endured (Van der Oord et al., 2010). The results of this study showing a decrease in symptoms allows other researchers and psychologists to see that CBWT is an effective therapy that can be used to help people with past childhood trauma in a significant way. Actually, there was no control group in the experiment, the results may be controversial.

3.4 Family-Based Treatment(FBT)

FBT is one of the most comprehensive behavioral therapies for addressing adolescent substance abuse. Adolescents struggling with substance use disorders often face significant challenges in engaging with and adhering to treatment programs. Moreover, family dysfunction, which is frequently associated with various problematic adFamily-based strategies provide clear benefits in overcoming barriers like parental opposition to change, familial hardship, the perceived challenge of therapy, and a strained relationship with therapists—factors that frequently prohibit troubled teenagers from getting the support they require (Rowe & Liddle, 2003).

FBT applies three fundamental structural family therapy strategies: "joining" (forming alliances with all family members and taking charge to help them change), "family pattern diagnosis" (identifying family interactions linked to behavioral issues and disengagement), and "restructuring" (by employing strategies like detriangulation, restructuring, and other tactics to change family interactions that prevent the adolescent and their family from getting help) (Minuchin, 1974). This approach effectively preserves family integrity, reducing root causes of issues such as adolescent homelessness and parental separation. Additionally, it enables families affected by substance abuse to maintain long-term engagement in treatment, fostering sustained recovery for all members.

4 DISCUSSION

Criminal behavior is closely linked to high levels of aggression. It is generally accepted that individuals with higher aggression are more likely to engage in criminal activities. Moreover, males tend to exhibit significantly more aggressive behaviors than females. Childhood trauma is strongly associated with aggressive behavior in males. In Macro's study, 540 male inmates received assessments using the Brown-Goodwin Lifetime History of Aggression (BGHA)

interview, completed the Childhood Trauma Questionnaire (CTQ), and had psychiatric interviews. The results established a substantial positive association between CTQ and BGHA scores, highlighting that males are more likely to exhibit aggressive behaviors if they have undergone severe childhood trauma (Sarchiapone et al., 2009). In contrast, females are less likely to exhibit aggression and are more prone to internalizing negative emotions, such as depression and anxiety.

Effectively intervening with children who endured from childhood trauma, assisting them in returning to a normal life, and so decreasing their probability of committing crimes as adults are the key components of reducing crime at its source. Research has demonstrated that EMDR (Eye Movement Desensitization and Reprocessing) and TF-CBT (Trauma-Focused Cognitive Behavioral Therapy) are highly effective in alleviating trauma symptoms and reducing depression and anxiety. It is recommended that governments and healthcare institutions expand the accessibility of these therapies, particularly among socioeconomically disadvantaged populations. Community-based trauma support centers could be established to provide free or low-cost psychological therapy services for families and children affected by trauma.

Furthermore, judicial institutions could implement intervention programs utilizing therapies such as TF-CBT and EMDR. Many offenders with childhood trauma lack effective psychological intervention during their incarceration, which exacerbates their mental health issues and increases their likelihood of recidivism. Providing these interventions within the justice system could play a crucial role in breaking this cycle.

However, this study acknowledges certain limitations. Psychological interventions require considerable time, which inevitably leads to higher costs. Many individuals may forgo treatment due to the inability to afford expensive therapies. Additionally, some individuals with severe psychiatric symptoms, such as hallucinations or delusions caused by childhood trauma, may commit crimes that are beyond their conscious control. Judicial institutions must conduct thorough assessments of such cases to ensure appropriate treatment and support are provided.

5 CONCLUSION

Childhood trauma is a psychological issue that warrants significant attention due to its potential to

lead to mental health disorders in adulthood and an increased risk of criminal behavior. Childhood trauma can be broadly divided into neglect, abuse sexual assault and substance abuse. Fortunately, researchers have identified and validated effective intervention methods. However, the implementation of these interventions still requires substantial support from society and government entities. It is imperative to ensure that a greater number of individuals who have experienced childhood trauma have access to effective interventions, thereby reducing their likelihood of engaging in criminal activities.

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