THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA, ADULT TRAUMA AND THE SEVERITY OF ADULT CRIMINAL BEHAVIOUR COMMITTED BY FEMALE CLIENTS AT LANGATA WOMEN’S MAXIMUM PRISON

BY

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Declaration

I, the undersigned declare that this is my original work and has not been submitted to any other college, institution or university other than the United States International University – Africa for academic credit.

Signed: _____________________________________________ Date: ______________

Sophie Nyambura Muchina Muriuki

This thesis has been presented for examination with my approval as the appointed supervisor

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**Abstract**

Children face various forms of traumatic experiences such as psychological, sexual, emotional or physical abuse (Payne, Gainey & Carey, 2007) which may be compounded by neglect (Hume, 2011; United Nations Children’s Fund, 2014). Abuse experienced in childhood is thought to set in motion psychological distress in adolescence or adulthood which may adversely affect the concerned individual in many ways such as the forging of intimate relationships in adulthood or engaging in criminal behavior (Nguyen, Karney & Bradbury, 2016). The focus of this paper was to investigate whether there was a link between severity of criminal behavior in adulthood and a history of adult or childhood trauma among female offenders. The study engaged 100 adult female offenders at the Lang’ata Women’s Maximum Prison, Nairobi. Rates of traumatic experience were higher in adults than in children. Significant positive correlations were found between general trauma and physical punishment $r(100) = .44, p < .001$, between general trauma and emotional trauma $r(100) = .37, p < .001$ and general trauma and sexual events $r(100) = .33, p < .001$. No interactions were found between the type of trauma one experiences and the severity of crime engaged in. There was no significant interaction between effects of childhood trauma and adult trauma on the severity of crime committed. Misdemeanors, the least severe classification, was found to occur at a higher frequency ($n = 40$) when compared to felonies ($n = 36$) and capital offences ($n = 24$), the most punitive classification for the participants in the present study.

**Key words:** Adult criminal behavior, female offenders, childhood trauma, adult trauma, ETISR-SF
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Dedication

This study is dedicated to the survivors of childhood and adult trauma, currently incarcerated in any and/or all correctional facilities in Kenya. This is in the hopes that raising awareness will help affected children process their trauma and affected adults continue to receive adequate psychological care even while being rehabilitated.
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Chapter 1

Background and Introduction

1.0 Introduction

The causes of one engaging in criminal activity and/or behavior are often attributed to varying factors such as personality factors, socialization, economic gain, personality disorders such as anti social personality disorder, traumatic history and/or behavioral issues (McGuire, 2004). Guarino-Ghezzi and Trevino (2005) refer to Eysenck who contributed some of the earlier all-inclusive psychological theories of crime when he attributed the interaction between how one is socialized, the makeup of their nervous system and brain and their environmental condition with understanding criminal behavior. Psychologically speaking, causes of crime are often solely attributed to an individual thus disregarding social factors that may be contributory (McGuire, 2004). This is considered to be misleading and it is recommended that one considers the social environment of the offender, their cultural and familial background as well as individual circumstances (McGuire, 2004). In other words, looking at crime using a singular model fails to give the whole picture and essentially provides an inaccurate account. In addition, engaging in crime as an adult could also be related to one’s history of trauma as a child (Lazenbatt, 2010; Renn, 2010). This particular factor forms the basis of the proposed study outlined below.

Trauma is the response to a stressful event whose effects are often heavily felt on the affected individuals’ psychological, physiological and emotional state (Friedrich, 2008). It is specifically a sensory experience where the affected individual may feel powerless or fearful in regards to their situation (Steele & Malchiodi, 2008). There has also been empirical interest in
discovering a biological link between childhood trauma and personality disorders (Berenz, et al., 2013). As will be discussed later, the study of trauma effects in vulnerable persons such as children indicates that these effects are sometimes observed later on in their development or lifespan.

This chapter will present a background of the concern and a statement of the problem at hand. The objectives of the proposed study as well as the research questions will also be listed, followed by a justification and significance of this proposed study. Some assumptions will also be laid out and the terms that will be referred to most often will also be defined.

1.1 Background of the study

Children face varied forms of traumatic experiences such as psychological, sexual, emotional or physical abuse (Payne, Gainey & Carey, 2007) which may be compounded by neglect (Hume, 2011; United Nations Children’s Fund, 2014). Some experiences in childhood may be interpreted by an adult as unexceptional, but for a child may be perceived as stressful due to their naiveté in the world and may manifest as distressing or anxiety provoking (Davey, 2014). Children who are abused sexually tend to also be abused in other ways such as emotionally or physically (Walker, 2012). Child abuse is harm or maltreatment meted out on an individual under the age of 18 years (Lazenbatt, 2010). Abuse experienced in childhood is thought to set in motion psychological distress in adolescence or adulthood which may adversely affect the concerned individual in many ways such as the forging of intimate relationships in adulthood or engaging in criminal behavior (Nguyen, Karney & Bradbury, 2016). Child abuse also has negative consequences on the victim’s health and mental health and these consequences are further dependent on the duration, frequency and severity of the abuse (Lazenbatt, 2010). These
may include emotional and behavioral challenges that could persevere into the victims’ adulthood (Lazenbatt, 2010) as well as the development of negative sense of self, feeling as though one is deserving of abuse and worthless (Bedi, Muller & Thornback, 2013). Traumatic experiences are not unique to human-inflicted abuses but also include natural disasters such as earthquakes, famine, hurricanes and floods (Masinda & Muhesi, 2004). These above experiences could result in the death of a child’s loved one or caregiver, injury to self or loss of their home (Malchiodi, 2008). Traumatic incidences may be single episodes while some victims experience prolonged and multiple exposure to traumatic episodes (Walker, 2012). Even more specific is the fact that some forms of abuse such as child sexual abuse take place cross-culturally, across all ethnic, social and religious backgrounds (Walker, 2012).

The child might experience an immediate effect to the trauma or even years later, having had a seemingly pain-free formative years (Hume, 2011). What may compound this experience for a child is the concern that child abuse cases tend to be underreported and this may be attributed to the lack of power that child victims have, not to mention the type of perpetrator is more often someone known to them (Hume, 2011). Other effects may include adult psychological distress such as the development of psychopathy or antisocial personality disorder (Dargis, Newman & Koenigs, 2016; Wota et al., 2014). Antisocial personality disorder’s aetiology involves interactions with environmental and genetic factors (Farah & Raine, 2011). Symptoms include aggressive behavior, impulsiveness, abnormalities in one’s autonomic nervous system, neuroendocrine and neurotransmitter pathways in the affected brain structure and function (Farah & Raine, 2011). Other possible psychological disorders include Post Traumatic Stress Disorder (PTSD), substance abuse issues, depression, suicidality and so on (Spinazzola et al., 2014; Wota et al., 2014).
Malchiodi (2008) defined childhood trauma as an experience that generates a significant psychological impact on a child. Childhood trauma has also been defined as an event that an individual experiences before they reach 17 years of age that meets the Diagnostic and Statistical Manual of Mental Disorders – Four (DSM-IV) PTSD Criteria A; whereby the individual witnessed or was confronted with an event that involved actual or threatened death, serious injury or threat to the physical integrity of self or others and their response involved fear, helplessness or horror which may be expressed by disorganized behavior in children (Berenz et al., 2013). This author however relies on the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM 5) criteria for Posttraumatic Stress Disorder (PTSD) which is more specific to children’s experiences and perceptions of the event depending on whether they were older or younger than six years old at the time the event occurred. The DSM 5 criteria A for children older than six years old states that the exposure to actual or threatened death, serious injury or sexual violence by either directly witnessing the event, witnessing the event as it occurred to other individuals, learning that a close family member or friend experienced the event or that the individual experienced repeated or extreme exposure to details of the traumatic event (American Psychiatric Association, 2013).

In cases of children under the age of six, Criteria A for diagnosing PTSD states that the individual should have been exposed to actual or threatened death, serious injury or sexual violence by either directly witnessing the event, witnessing the event occurring to another individual or others – more so primary caregivers or learning that the event occurred to a parent or caregiver (American Psychiatric Association, 2013). It is important to note that the criteria requires the individual, adult or child, is exposed to one or more of the listed events and that these do not include events witnessed in electronic media, television, pictures or movies.
(American Psychiatric Association, 2013). For older children such as adolescence, their PTSD reactions tend to mirror adults symptomatology (Masinda & Muhesi, 2004).

Nguyen et al. (2016) identified a gap in that, the literature does not state whether the adverse effects on intimate relationships seen are long-lasting or whether they are influenced by the individuals’ relationships in later life. Child abuse often takes place in clandestine environments (Hume, 2011), specifically at home, online, in school or within the community and children are more likely to be abused by someone known to them (United Nations Children’s Fund, 2014).

Riggs, Cusimano and Benson (2011) suggested that individuals who have some history of abuse from their childhood are likely to go for psychotherapy at some point in their lives to deal with the effects. Some other effects of childhood trauma may include, psychosocial challenges, learning difficulties, traumatic symptoms (Malchiodi, 2010) or the participation of survivors in adult criminal activity. Helander (2008) suggests violence in childhood increases the chances of criminal activities and it would be best to prevent it. It would be irresponsible to ignore the fact that not all children who experience trauma have significant negative consequences. This may be attributed to the resilience the child may have as well as protective factors that act as a shield against the negative experience (Lazenbatt, 2010). These factors may include but are not limited to, high self esteem, a sense of being hopeful despite the event or an attitude of optimism (Lazenbatt, 2010).

The focus of this paper and indeed the proposed study was to look deeper into the effects of childhood trauma and try and establish if this is indeed one of the causes of a victim engaging in adult criminal behavior. This study aimed to contribute to the limited body of knowledge,
seeing that most of the literature has historically focused on the victim rather than the perpetrator (Mohamed, 2015).

1.2 Problem Statement

There has been an increase in publicly reporting of criminal activity among the female population in Kenya and specifically crimes of passion such as the violent stabbings of boyfriends or spouses. The perpetrators have led seemingly normal lives up until they engaged in the violent or criminal acts. These incidents appeared to be spontaneous, but perhaps a look into the perpetrators background may reveal some traumatic history that may have gone unattended and unprocessed. These traumatic histories within society have not been dealt with and may therefore result in the criminal behavior that we observe in some adult individuals. The interest in research seems to have focused on male offending (Mallicoat, 2015) and this study shifted focus and looked into the female offender. The interest of this study was to really look into some of the aspects or circumstances that drive one into criminal behavior. Some research has shown interest in placing a link between childhood trauma and the development of personality disorders such as anti social personality disorder which is implicated in criminal behavior (Berenz et al., 2013).

The focus of this paper was to investigate whether there was a link between severity of criminal behavior in adulthood and a history of childhood trauma among female offenders in a local maximum women’s prison. This research may impact society in attempting to develop programs that will address one’s traumatic history in an attempt to mitigate criminal behavior in one’s adulthood.
1.3 Significance of the study

Research indicates that there are several effects of childhood abuse that are observed in the affected individual in their adulthood. The question therefore is, is one of these effects engaging in crime as an adult? This study will be significant in answering this question as well as in highlighting the need to intervene with affected individuals soon after their traumatic experience.

It is noted that when a child is traumatised, in whichever capacity and when this episode is ignored or left unattended, the child is not able to appropriately process what transpired and the effects of this are sometimes seen later on in life. This study will also be significant in trying to establish whether the type of trauma one experiences as a child influences the type of criminal activity one engages in as an adult. This study will be significant in that, it will attempt to examine if there is a correlation between childhood trauma and severity of adult criminal behavior. If there is indeed a correlation, then as professionals in the field and as a society, we need to develop response programs that will help victims in a timely manner. If there is a link, we can come up with programs to mitigate crime and help develop appropriate interventions that will try to reduce the chances of engaging in criminality or reduce the risk factors for at risk or vulnerable populations. These programs that may be developed may help break the trajectory of criminal behavior by the timely processing of trauma experienced.

This study sampled female participants from the Lang’ata Women’s Maximum Prison (LWMP). Research indicated that there would be benefits in conducting this research amongst female inmates. They are economically vulnerable and are therefore more likely to be incarcerated due to their inability to post bail or pay for their fines (Bastick & Townhead, 2008). In addition, the number of females being incarcerated seems to be on the rise. In Kenya, between
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1994 and 2004, there was a 100% increase in incarcerated females as compared to their male counterparts (Bastick & Townhead, 2008) and this trend is a cause for concern for the author.

This study will be significant in helping to put programs in place that aim to break the trajectory of adult criminal behavior that arises as a result of childhood trauma. In other words, these programs would try and help the child victim from becoming an adult perpetrator.

1.4 Objectives of the study

The general objective of the study was to determine whether there is a link between childhood trauma and adult criminal behavior. Specifically the following objectives were looked at to answer the general objective:

1. To find out the relationship between childhood trauma and adult trauma.
2. To find out the relationship between childhood trauma and severity of crime committed.
3. To find out the relationship between adult trauma and severity of crime committed.
4. To find out the relationship between combined child trauma and adult trauma and severity of crime committed.
5. To find out the severity of criminal behavior engaged in among female offenders at the Lang’ata Women’s Maximum Prison.

1.5 Research questions

The research questions for this study were:

1. Is there a relationship between childhood trauma and adult trauma?
2. Is there a relationship between childhood trauma and severity of crime committed?
3. Is there a relationship between adult trauma and severity of crime committed?
4. Is there a relationship between combined child trauma and adult trauma and severity of crime committed?

5. What is the severity of criminal behavior engaged in among female offenders at the Lang’ata Women’s Maximum Prison?

1.6 Research Hypothesis

1. Childhood trauma increases one’s risk of adult criminal behavior.

2. The type of childhood trauma experienced influences the severity of adult criminal behavior one engages in.

3. There is a relationship between adult general trauma and childhood abuse.

4. Individuals who engage in criminal behavior experience general trauma, physical punishment, sexual abuse, and emotional abuse to a comparable extent.

1.7 Justification of the study

The body of research on the relationship between childhood traumatic experiences and adult criminal behavior continues to grow. This however seems to be mostly restricted to the west and this study therefore proposes to close the gap within the Kenyan context. Research into this area has focused on the male population and this study proposed to highlight the case of female perpetrators. Furthermore, more and more cases of female perpetrators seem to be reported locally and trying to establish if there is a relationship between this behavior and childhood trauma may provide some insight into the situation. An effort to try and understand the effect of the type of trauma one experiences as a child on the type of criminal activity they may engage in as an adult may also help in comprehending the bigger picture.
1.8 Assumptions of the study

The assumptions of this study include:

1. That the female participants to be sampled have committed a crime.

2. That there is some effect of the type of childhood trauma experienced on the type of adult criminal behavior engaged in.

3. That the results obtained from the population at Lang’ata Women’s Prison can be generalized to other women’s prisons in Kenya.

4. That the proposed questionnaire is a valid and reliable research tool.

1.9 Operational definition of terms

**Childhood trauma:** An event that an individual experiences before they reach 17 years of age that meets the Diagnostic and Statistical Manual of Mental Disorders (Berenz et al., 2013).

**Crime:** Conduct that is in violation of the law forbidding it that has a range of possible penalties that can be enforced once an individual is convicted (Bartol & Bartol, 2008).

**Criminal behavior:** Behavior that is in violation of the criminal code (Bartol & Bartol, 2008).

**Sexual abuse:** Any sexual activity that is imposed upon a child by an adult, by which the child has a right to protection by criminal law (United Nations Children’s Fund, 2014).

**Physical abuse:** Consists of forms of treatment or punishment that are physically inflicted on a child by an adult including torture, cruel or inhuman treatment, bullying, hazing and corporal punishment (United Nations Children’s Fund, 2014).
Neglect is defined as the inability to provide adequate protection and care for children (Sadock & Sadock, 2007).

1.10 Chapter summary

This chapter looked at the background of childhood trauma and adult criminal behavior in an attempt to draw out the link that may lead to a child victim becoming an adult offender. This chapter also highlighted the statement of the problem, objectives of the study, as well as the research questions this proposed study aims to answer. The significance of this study for the Kenyan context was also discussed, followed by a definition of terms that will be used throughout the paper. The following chapter will review the relevant current literature on childhood trauma and adult criminal behavior as well as identify the framework that this study will be leaning on.
Chapter 2

Literature Review

2.0 Introduction

A lot of research has focused on the victim of a crime rather than on the perpetrator of a crime (Mohammed, 2015). When looking at perpetrators, research surrounding their behavior has focused on male perpetrators rather than on their female counterparts or even children (Walker, 2012; Mallicoat, 2015). This chapter is a review of the literature on the child victim and some of the factors and indeed effects surrounding their traumatic experience. Trauma and its impact on the brain as well as on one’s mental health will also be reviewed. A look at childhood trauma and its contribution to adult criminal behavior will also be explored as well as the impact of criminal behavior on gender. This literature review is by no means exhaustive but rather an attempt to highlight what factors have been investigated so far and perhaps even highlight any trends.

2.1 General Literature Review

2.1.1 Crime and criminal behavior

There is an assortment of behaviors that are integrated under the category of crime and these range from robberies, murders, assaults, intimate partner violence, to embezzlement, drunk driving, shoplifting and so forth (Chambliss, 2011). This therefore infers that a variety of behaviors are defined as criminal however, it is important to bear in mind that there is a difference between crime and criminal behavior (Chambliss, 2011). A crime is an act where one engages in activity that goes against the law while criminal behaviors are deeds that may or may not be acted out but are in violation of criminal law (Bartol & Bartol, 2008).
2.1.2 Historical definition of trauma

Trauma is often only viewed as a psychological disorder while it is also a physiological imbalance where the affected individual is often scared stiff, that is, they either fight, flight or freeze in response to a traumatic experience (Levine, 2010). Trauma can paralyze an individual. Trauma is not a new concept in literature and has even been found to have biblical roots as well as cultural ones. This can be seen in indigenous populations such as those found in South America and ancient Greece (Levine, 2010). Historically, after the American civil war, post traumatic stress was referred to as soldier’s heart in an effort to describe the anxiety, palpitations, sleep difficulties as well as the heartbreak of war (Levine, 2010). The manner with which soldiers witnessed the death of their comrades or the violence that surrounded also contributed to this reference. Terms such as shell shock and battle fatigue and/or war neurosis were coined after World War I and World War II respectively (Levine, 2010). The term shell shock was more blunt and seemed to have a greater impact in defining post traumatic stress. However, after World War II this reference was watered down and replaced with the term battle fatigue and/or war neurosis, which implied that soldiers were weak thus devaluing and dismissing their experiences (Levine, 2010). The current term, post traumatic stress disorder (PTSD) was coined after the Vietnam war and is considered as the response by one’s nervous system after it has been strained to almost breaking point after a traumatic experience (Levine, 2010).

The culture and reactions of a nation are formed by their traumatic history (Nader, 2007). Furthermore, young people reporting traumatic situations are influenced by the context in which they are accounting (Nader, 2007). There exists a relationship between culture and trauma even though it is suggested that the manifestation of trauma is universal (Wilson, 2007). The manner with which interventions, treatment and healing are facilitated have to be carried out with the
appreciation of the survivor’s culture in mind (Wilson, 2007). The initiation of or process that interventions should follow is often debatable although what appears to have consensus is the fact that there is either a medical, wellbeing or legal approach (Hume, 2011).

2.1.3 The Child Victim

Research indicates that a majority of perpetrators have been seen to be male while most victims tend to be female, who are often considered as vulnerable (Mallicoat, 2015; Walker, 2012). There are certain risk factors that place a child, another vulnerable person, at a higher risk of experiencing specific forms of abuse such as being sexually abused. For instance, females are more likely to be abused sexually as children, and adults and react differently as compared to male survivors (United Nations Children’s Fund, 2014). These risk factors are not attributed to one aspect, but features such as being physically weaker than adults, lack of maturity, less experience or knowledge than adults perhaps provides the illusion that children are easier targets (United Nations Children’s Fund, 2014). Furthermore, children tend to trust their caregivers to protect them and this trust is broken after experiencing a traumatic episode (Liebermann, Chu, Horn & Harris, 2011; United Nations Children’s Fund, 2014). If the caregiver is not present to protect the child from harm or is the perpetrator, then this compounds the effects of the child further in that, the sensory stimuli associated with the trauma are seen as uncontrollable which in turn reduce the child’s coping abilities (Liebermann et al., 2011). The perpetrator tends to be in a position of power and they therefore misuse their position when they abuse children who are powerless against them (Walker, 2012). The value of the bond or attachment a child has with their caregiver is crucial for their development, response and recovery from trauma, as well as their coping abilities when faced with adversity (Liebermann et al., 2011; Walker, 2012). Furthermore, the quality of this attachment also plays a role in the resilience of the child – the
higher the quality the better their resilience (Liebermann et al., 2011). This may be damaged or destabilized when a child experiences abuse as this traumatic experience results in their confusing love, sex and violence (Walker, 2012). The affected child lives in a constant state of mistrust, confusion, loneliness, fear and indeed, hypervigilance (Walker, 2012). The effects of childhood sexual abuse may be felt in the long term especially when the perpetrator is of great significance to the victim, when the abuse has gone on for years, if the child was very young when the abuse begun, the lack of supportive significant others and when more than one perpetrator participate in the abuse (Walker, 2012).

Work such as that carried out by Nguyen et al. (2016) is of particular interest because they wanted to look at the effects of childhood abuse on newlyweds and their initial satisfaction levels as well as the input by the characteristics of the survivors’ partner and whether these characteristics actually moderate one’s past of sexual abuse. They conducted their study among a culturally diverse population who were from a low socioeconomic background. They found that individuals who had been abused were more likely to marry a spouse who had had a similar experience. In terms of relationship satisfaction, Nguyen et al. (2016), found that wives felt more dissatisfied in the first three years of their relationship more than the husbands. This dissatisfaction seems to be in line with Lazenbatt’s (2010) thoughts that child abuse may impact the victim’s future relationships. Herman (1992) concurs and adds that the child may be driven by a fear of abandonment or exploitation thus making it difficult to establish healthy and safe boundaries.

2.1.4 Trauma and the Brain

In discussing the effects of trauma in children, it would be prudent to include in this discussion the relationship between memory and traumatic stress in children. Memory is formed
through encoding information, consolidation of the information in question and its retrieval (Bremner, 2008). Memory is divided into implicit – routine recall such as driving; and explicit memory – recall of factual type of information (Bremner, 2008; Malchiodi, 2008). Sensory information such as what we smell, taste, see, hear, touch are stored as implicit memory (Malchiodi, 2008). Stress can therefore affect memory function during the encoding, consolidation and retrieval phases (Bremner, 2008). Individuals who struggle with PTSD tend to have poor memory or difficulty taking in new information suggesting some impairment in the brain. PTSD may also occur because the survivor may not have access to the context in which the sensory information was initially formed (Malchiodi, 2008). Young trauma survivors may not be able to store the memory of the event in its historical context (Malchiodi, 2010). Stressful and emotional situations have the ability of increasing some aspects of memory while reducing others and could ultimately manipulate the manner with which the brain functions (Bremner, 2008).

Different areas of the brain are impacted by traumatic events. For instance, Broca’s area which is responsible for language production may be affected and this makes it difficult for the survivor to narrate their experience and could be the brain’s way of protecting the individual from the traumatic event by inhibiting their ability to talk about it (Malchiodi, 2008). The hippocampus and a part of the limbic system, the structure between the cerebral cortex and the thalamus is implicated as an area responsible for some emotional characteristics of behavior and memory storage (Kalat, 2013; Schauer, Neuner, & Elbert, 2011) and therefore individuals with damage to this area may face challenges in storing new memories or retrieving memories (Kalat, 2013). The limbic system prepares the body to respond to a traumatic or stressful event and will either instruct an individual to fight, flight or freeze (Malchiodi, 2008). Therefore when this
system does not respond appropriately, trauma reactions are likely to take place (Malchiodi, 2008). This may include the body’s inability to dispel the buildup of stress by fighting or fleeing and therefore the energy leads to the body remaining in a hyper vigilant state (Malchiodi, 2008). This may be manifested later as maladaptive behaviors usually observed when children have cognitive issues, learning difficulties, explosive outburst or other antisocial behavioral problems (Malchiodi, 2008).

The manner in which trauma and traumatic memories are stored in the brain is unique as they are often saved as a fragmented fear network (Schauer et al., 2011). Fear networks consist of sensory, cognitive emotional and physiological factors. This fragmented way with which traumatic memories are stored are likely to cause some psychological distress to the survivor and possibly increase their vulnerability to developing some maladaptive behavior (Schauer et al., 2011). It is also believed that when young children experience a traumatic event, this experience could affect the manner with which their brain develops thus increasing their vulnerability and chances of developmental psychopathologies (Masinda & Muhesi, 2004).

Individuals who experience multiple traumatic experiences rather than those who experience a single event, tend to react differently and are also affected differently (Malchiodi, 2008; Malchiodi, 2010). Examples of multiple events include exposure to terrorism, war child abuse and neglect (Malchiodi, 2008). These multiple or repetitive experiences have a grave impact on the affected individuals cognition and may even impair functioning of their cerebral cortex (Malchiodi, 2010).
2.1.5 Trauma and its effects on mental health

Spinazzola et al. (2014) specifically looked into the effects of emotional abuse and neglect (which they referred to as psychological maltreatment) on child traumatic stress and their mental health. They found that psychological maltreatment precipitates and puts young people at risk for negative outcomes on their behavior and mental health later on in life. They also found that children who had a history of psychological maltreatment were more likely to be diagnosed with PTSD. Factors such as social support systems may have an influence in increasing a child’s resiliency against the development of PTSD or requirement of psychological treatment (Malchiodi, 2008).

Wota et al. (2014) carried out a literature review and posited that childhood sexual abuse and other childhood trauma have been connected to adult psychopathologies. They went on to suggest that a number of studies have shown an association between childhood traumas, specifically sexual or physical abuse, and mental health but few studies have investigated a series of childhood traumas such as emotional abuse, physical and emotional neglect and their relationship with adult psychopathologies. They found that these traumatic events experienced in childhood have a relationship with substance abuse, depressive episodes, suicide attempts or other psychological issues (Wota et al., 2014). They further stated that studies in this field in Ireland where the authors are based have been few. In their study, Wota et al. (2014) wanted to look into the occurrence of childhood traumatic experiences such as neglect, sexual abuse, emotional and physical abuse, amongst adults who were accessing a mental health service in Ireland. Two hundred and thirteen individuals who accessed either inpatient or outpatient at the Roscommon Mental Health Services in Ireland participated in this study. A battery of tests were administered to the participants and these included the Childhood Trauma Questionnaire,
Symptom Checklist-90-Revised, Barratt Impulsiveness Scale, Sheehan Disability Scale and The SCID-II PD (Wota et al., 2014).

Their results indicated that 76% of their participants reported some form of childhood traumatic experience. These included, emotional neglect or abuse, sexual abuse as well as physical neglect or abuse (Wota et al., 2014). Interestingly, of the 76% who reported sexual abuse, they stated that this was accompanied with some other form of childhood abuse. Although their findings were consistent with previous research, Wota et al. (2014) admitted that looking at specific types of abuse in separation from one another may not be the best way of trying to establish a connection between childhood trauma and adult psychopathology. Nonetheless their study did find a high correlation between childhood trauma and psychological stressors such as anxiety, depression, and antisocial personality disorders. Their study did have some limitations including the sample size (186 participants) and a lack of Post Traumatic Stress Disorder diagnosis at the beginning of the study which would have solidified any correlation between childhood trauma and adult psychological distress (Wota et al., 2014).

According to a study on the direct effect of childhood abuse on adult borderline personality disorder traits (Bornovalova et al., 2013), Borderline personality disorder (BPD) is a severe personality disorder characterized by a pervasive pattern of unstable interpersonal relationships, self-image, affect, as well as marked impulsivity in a variety of contexts such as efforts to avoid real or imagined abandonment, identity disturbance, intense or inappropriate anger, among others (American Psychiatric Association, 2013). Studying the etiological origins of BPD is a necessary step in understanding the disorder and indeed in reducing its burden on society and on affected individuals (Bornovalova et al., 2013). If BPD, whose onset is in early adulthood (American Psychiatric Association, 2013), is not adequately addressed, it could be a
precipitating factor in the manifestation of adult maladaptive behavior, harmful behavior to self and other and it could also be linked as an effect of childhood abuse (Bornovalova et al., 2013). Bornovalova et al. (2013) reported that maladaptive childhood environments such as witnessing domestic violence, harsh or severe parental criticism, sexual, physical, or emotional abuse, or neglect have been thought of as important etiologic factors in the development of BPD. The implication of this consideration is that, child abuse among other traumatic experiences, show a link with BPD such that the more severe the abuse, the higher the level of BPD symptoms. This study revealed the relationship between childhood abuse and the possible effects it could have on adult maladaptive behavior (Bornovalova et al., 2013).

Berenz et al. (2013) appreciate that childhood trauma has been linked to the onset of borderline personality disorder in one’s later years and this association has more scientific study than the association of childhood trauma to other personality disorders. They, however, were of the opinion that a causal effect directly linking personality disorders to trauma experienced in childhood is yet to be ascertained. Their study therefore aimed to bring attention to gaps they had observed in the literature in trying to establish an association between personality disorders and childhood trauma with the participation of Norwegian adults. Specifically, Berenz et al. (2013) were interested in the link with the different personality disorder criteria and traits. Their study was conducted between June of 1999 and May of 2004 with 2780 participants. They were also interested in assessing for biological links between trauma experienced in childhood and the development of personality disorders and therefore the rationale for engaging twin participants in their study who had experienced childhood trauma and who had not (n = 898) but met the criteria for PTSD as stated in the DSM-IV Criterion A. The researchers assessed the participants for personality disorders using a Norwegian application of the Structured Interview for DSM-IV
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Personality (SIDP-IV). Berenz et al. (2013) requested the participants to reflect on the feelings, thoughts and behaviors that had been dominant for the last five years and which they felt would most accurately tell one’s personality type. To determine childhood trauma, they utilized the Norwegian Munich-Composite International Diagnostic Interview (M-CIDI) where participants were asked to disclose if they had as a child, witnessed or experienced an event at war, rape or other sexual abuse, a natural disaster, accident, physical threat, kidnapping or other traumatic event. They were able to assess the data and create a series of linear regression models as well as fixed regressions in order to analyze the effects.

Further on, a study was conducted on object relations and psychopathology among adult survivors of childhood abuse (Bedi et al., 2013). Object relations theory assumes that the quality of children’s interactions with caregivers is internalized and that over time, these internalizations form schemas and beliefs that provide children with a structure that has an influence with the manner in which they relate, perceive and engage with themselves and others in the world (Bedi, et al., 2013). Object relations also reveal information about an individual’s aptitude and willingness to be involved in relationships (Bedi et al., 2013). The authors suggested that this confirms that our childhood experiences influence our adult world overview. For example, when children experience caregivers who are emotionally available and responsive, providing an environment that is nurturing, they develop a self-concept where they see themselves as competent and worthy of love and, consequently, look forward to responses from others based on their sense of self-worth. On the other hand, traumatic experiences such as neglect, abuse, or early separation from caregivers are thought to result in the development of negative anticipations of others and a worthless sense of self and deserving of abuse (Bedi et al., 2013). This implies that our adult worldview and perceptions are modeled by our childhood experiences.
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and therefore if the experiences are negative and unresolved, then this results in a negative result when the child is an adult. The current study set out to probe the relationship between aspects of object relations and psychopathological areas, such as posttraumatic stress disorder (PTSD), low self-esteem, and internalizing and externalizing behaviors. Bedi et al. (2013) predicted that the more intense the psychological symptoms, the weaker the object relations. In engaging with 60 male and female participants between the ages of 15 to 75 years, who had a history of either physical or sexual abuse, Bedi et al. (2013) found that a distorted object relations schema put one at risk for developing PTSD symptoms. They stated that this may result in the affected individuals becoming less trusting of others and by avoiding the development of relationships with other individuals. A traumatic history was also found to be linked to a sense of feeling disempowered and issues of low self esteem. In other words, poor object relations not only affect the survivor’s internal processes but also contribute to the development of psychopathologies in adulthood (Bedi et al., 2013).

When looking into the serious effects of trauma on children, both immediate and long term, the research indicates that children could carry on these effects into their adulthood (Masinda & Muhesi, 2004). The literature also indicates, as will be discussed that in some individuals, some psychological and lifestyle distress could be observed. This author therefore is curious as to whether one of the effects of childhood traumatic experience is adult criminal behavior. As has been stated before children who experience trauma are likely to engage in criminal activity, particularly historical physical abuse on children is likely to manifest later as aggressive or violent crimes in adulthood (Helander, 2008). Children are often forced to cope with an environment that is no longer safe, trustworthy or predictable with only an immature structure as a defense system (Herman, 1992). Furthermore, their relationship with their
caretakers tends to get disrupted in an abusive environment (Herman, 1992). Abused children often get aggressive and filled with rage which are normal responses to what they are experiencing, not to mention as they are still developing they may not have the verbal or emotional capacity to deal with their feelings (Herman, 1992). One can therefore infer that the affected child may dispel their aggressive feelings onto innocent individuals and could easily engage in criminal activity as a result. When a child experiences repeated episodes of trauma, their personality is formed and deformed and are forced to continually adapt to this situation (Herman, 1992). Their personality becomes fragmented and inhibits any ability to integrate their emotional and memory factors into a functional personality.

2.1.6 Childhood Trauma and Adult Criminal Behavior

Walters (2012) wrote a book in an effort to create a working theory of criminal behavior and attempts to illustrate the connection between criminality and one’s lifespan. He opens the book by illustrating the case of a forty year old African-American male who he calls Pete. Pete is serving time for robbing a bank and was raised by a single mother and his upbringing included a history of a sexual relationship with his aunt while he was still a child as well as some physical abuse from his adolescent uncles. He was also exposed to his mother’s sexual exploits with numerous men and he would hear them engaging in coitus (Walters, 2012). The rational of this illustration is to perhaps understand the criminal and look at him holistically, rather than brand him as ‘crazy’ or ‘evil’ and he posits that this labeling makes it difficult to understand and intervene with Pete and others like him, and also impacts on his ability to change (Walters, 2012).

Renn (2010) carried out work with violent offenders and suggested a link between trauma in childhood and violent offence in adulthood. Renn (2010) based this on the application of
attachment theory, which played a significant role in his assessment of offenders. He considered attachment to be a powerful tool in expounding criminal behavior and assessment of one’s risk in engaging in such behavior. It is while looking into this subject matter and into the lives of offenders and their criminal behavior that Renn (2010) was able to look into the genesis of these beliefs. He was particularly curious about whether one’s adverse or maltreated childhood could influence their adult behavior. In other words, could adult criminal behavior be attributed to as an effect of childhood trauma and are offenders more likely to have had a traumatic past? One suggestion Renn (2010) makes is that one needs to look at the behavior of an offender and perhaps consider the clinical concerns that could be underlying. He concludes by suggesting that the attachment style surrounding the individual at the time they may have experienced trauma may be attributed to the development of criminal behavior. This can be loosely translated to mean that a single event such as a traumatic experience should not be wholly held responsible but rather a whole system including the attachment style could indeed be responsible. A secure attachment would therefore result in a secure adult who is able to adapt and cope beyond the traumatic experience and live a functional life (Renn, 2010).

Reavis, Looman, Franco & Rojas (2013) aimed to demonstrate a link between what they referred to as adverse childhood experiences and criminal behavior. They stated that these experiences, measurable by the Adverse Childhood Experiences Questionnaire could be linked to criminal populations and any antisocial behavior that they might project. They explored this by sampling court ordered male offenders who were instructed to receive outpatient psychological intervention. These 151 adult males had engaged in crimes such as stalking, child physical abuse, sexual deviance, general or domestic violence. The offenders who participated in this study reported higher than normal adverse childhood experiences than the normal population. The
authors also found higher rates of traumatic events with participants reporting four or more adverse experiences early in their lives (Reavis et al., 2013). The authors therefore theorized from their results that amassed adverse childhood experiences would likely decrease their ability to forge secure attachments with others in future. They did acknowledge that their study had some limitations such as the self-reporting data they collected. Reavis et al. (2013) stated that the definition of childhood utilized by the Adverse Childhood Experiences Questionnaire may be seen as a limitation due to the fact that adverse events before the age of six could have different consequences than events experienced in later childhood. At the time of publishing, their study was unique in that it was the first to their knowledge that attempted to highlight the link between crime and adverse childhood experiences (Reavis et al., 2013).

Mohamed (2015) discussed the fact that when dealing with offenders, we often ask if they experienced a life changing situation in childhood which drives them to their actions but we may not specifically inquire as to whether or not this event was traumatic. He therefore argued that this historic trauma experience in the perpetrator exists and requires some consideration. Mohamed (2015) infers that perpetrators experience some sort of psychological suffering, which might be a difficult concept for the general population to digest. He further discussed that most of the literature has focused on victims of crime and not so much on the perpetrator. Mohamed (2015) discussed the fact that the masses may even try and minimize the traumatic experience of the perpetrator as it feels appropriate to feel that they may have deserved what was coming to them, given the harm they have inflicted on others. The way with which criminals are presented to the public during hearings, either in the docket or in cages is as though they are specimens and the public can try and learn more about their kind. It also magnifies the fact that they are different and are to be treated as such – they are separated from the general populous for show.
(Mohamed, 2015). What may not be appreciated in the bigger picture of rehabilitation and community healing is the fact that when perpetrators return home after time served, they are still haunted by the traumatic past. This may go on to obstruct their process and that of the community of restoration and/or reconciliation (Mohamed, 2015). The author went on to further discuss that the acknowledgement of their experience and their trauma is not only important, but also appropriate (Mohamed, 2015). It perpetuates the fear that if we see them as human and normal, then perhaps we all are capable of performing the inexplicable acts that they are being held accountable for, that there is no clear distinct line between criminals and innocent citizens (Mohamed, 2015).

Berenz et al. (2013) found links between childhood trauma and borderline as well as antisocial personality disorders. Upon further analysis between the general sample and the twin participants, they found that the relationship between personality disorders such as antisocial personality disorder and narcissistic personality disorders were similar but they could not fully attribute the development of personality disorders to childhood trauma without excluding factors such as familial ones. They further discussed that despite their interest in observing a biological linkage hence the utilization of twin participants, they were unable to ascertain that this is indeed the case. Berenz et al. (2013) appreciated the limitations of their study which included not being able to conduct analysis of personality disorders at the diagnostic level, the inability to look into the trauma type or trauma severity in relation to personality disorder developments, lack of familial responses to the childhood trauma, their population was relatively homogenous in as far as their age was concerned and they were unable to analyze zygotic and monozygotic twins separately. They therefore concluded that childhood trauma experiences do not necessarily lead to the development of a personality disorder.
Other studies that address the link between early or childhood trauma and the development of psychopathology have been to specifically address the traits that would be involved. One such study was carried out by Dargis et al. (2016), who felt that childhood abuse was a factor in the development of disorders such as psychopathy and antisocial personality disorder. Dargis et al. (2016) characterized psychopathy as the manifestation of affective factors such as grandiosity, excessive lying, interpersonal challenges as well as reckless and antisocial behavior. They therefore conducted a study looking into types of childhood abuse and their relationship to the development of antisocial personality disorder, psychopathy and conduct disorder. The grounds for addressing these issues were due to the concern that psychopathy and antisocial personality disorder have been linked to early childhood trauma in criminal offenders (Dargis et al., 2016). More specifically, antisocial personality disorder involves behavioral traits that tend to be related to criminality (Farah & Raine, 2011). When the general population where 1 to 6% of individuals have ASPD, is compared with the prison population, it has been found that 50 to 80% of individuals in prison meet the diagnostic criteria for ASPD (Farah & Raine, 2011).

In order to assess for psychopathy, Dargis et al. (2016) utilized the Psychopathy Checklist Revised, a tool that they believed to be popular and useful in identifying the characteristics of psychopathy and antisocial personality disorder, particularly in forensic populations (Walters, 2012). Its usefulness is emphasized by the fact that it incorporates two models – the 2 Factor model and the 4 Facet model. The facets are encompassed within the personality factor model. The Factor 1 of the model consists of interpersonal and affective features of psychopathy and is further divided into two facets. Facet 1 sums up interpersonal components of psychopathy while Facet 2 includes affective traits of psychopathy such as
shallow affect or unsympathetic features. The Factor 2 model consists of Facet 3 which has features of lifestyle such as irresponsibility, impulsive behavior and so on. It also consists of Facet 4 which consists of antisocial or criminal displays that may include childhood conduct disordered characteristics. Dargis et al. (2016) stated that antisocial personality disorder and psychopathy share Factor 2 traits and that Factor 1 traits tend to be unique to psychopathy. In reviewing the literature they found evidence of an existing relationship between psychopathology and antisocial personality disorder symptoms and abuse in the childhood of criminals (Dargis et al., 2016).

Dargis et al. (2016) also identified a gap in regards to how specific types of abuse may influence one’s lifespan development. Their study aimed to address how types of neglect and/or abuse relate to psychopathy and antisocial personality disorder. They predicted that individuals who experienced sexual and emotional abuse in childhood would probably demonstrate Factor 2 features of psychopathy as well as conduct disorder and antisocial personality disorder features; while those who had experienced physical abuse would demonstrate psychopathic, conduct disorder and antisocial personality disorder. It was predicted that individuals with a history of emotional would show a direct link to Factor 1 traits of psychopathy. Their participants included 183 adult males locked up in a Wisconsin medium security prison whose ages ranged from 18 to 55 years old. They administered a series of assessment tools including the Psychopathy Checklist – Revised, the Childhood Trauma Questionnaire as well as the use of the Diagnostic and Statistical Manual of Mental Disorders to determine the diagnostic criteria for antisocial personality disorder and conduct disorder (Dargis et al., 2016). The authors did find a link between the childhood trauma and psychopathy in adulthood and it was more evident in cases of childhood physical abuse and adult psychopathy. Interestingly, they also found that in cases of
sexual abuse, the victims were highly likely to manifest conduct disorder. As a matter of fact, they reported that the more intense the sexual abuse the participant experienced in childhood, the higher the symptoms of conduct disorder. This was a significant finding although it went against Dargis et al.’s. (2016) prediction that there would be a link between this history and antisocial personality disorder and conduct disorder symptoms. Furthermore, the link between the abusive history and conduct disorder was stronger than the link between the traumatic past and psychopathy in adulthood. The authors therefore seem to be alluding to the fact that a history of trauma does have an impact on an individual more so in the early days than in adulthood. They also allude to the fact that an adult can still be impacted by their traumatic history albeit to a lesser degree and not all traumatic individuals grow up to engage in criminal activity or to be diagnosed with a psychological issue.

In so much that most victims don’t become perpetrators, there is a number that do (Herman, 1992). It is believed that some men who have been traumatized as children, more so abused, may indeed forward their aggression on to others reenacting their childhood experiences. As discussed earlier, individuals with a traumatic past may have developed a fragmented personality and any defenses they may have formed in childhood become maladaptive in adulthood and may manifest in criminal behavior such as the abuse of their own children (Herman, 1992).

2.1.7 Criminal Behavior and Gender

As indicated earlier, women make up majority of victims in most cases and in particular, with the more violent crimes (Mallicoat, 2015). As offenders, they are the minority however this trend seems to be changing as their numbers increase (Bastick & Townhead, 2008 & Mallicoat, 2015). Women are often considered vulnerable and as such their history of childhood trauma
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may increase this vulnerability. There are crimes that are male dominated and those that seem to be dominated by women such as filicide and prostitution (Mallicoat, 2015; Campbell, 2009). That’s not to say that they do not commit other crimes but that these are the most common acts that are observed among female offenders.

The differences in gender may be attributed to socialization and enculturation factors (Campbell, 2009). In Kenya, more and more women are beginning to engage in crimes that have traditionally been associated with men (Onyango-Israel, 2013). Women in Kenya tend to engage in crimes such as prostitution, child neglect, child or drug trafficking, economic fraud and homicide (Onyango-Israel, 2013). The difference in types of crime more particularly the violent ones can be explained by the male desire to dominate vis a vis the female’s desire to create networks which begins at childhood (Campbell, 2009). When they engage in more violent crimes, females tend to aggress on to their intimate partners and they are therefore more likely to kill their spouse than their male counterparts (Campbell, 2009). This is usually in self-defense towards their attacker (Campbell, 2009). It would be insightful to establish if the crimes carried out by Kenyan perpetrators follow a similar trend.

Payne et al. (2005) were interested in answering pertinent questions in reference to gender differences in the response to a history of traumatic differences and whether there is a difference in children who were abused and those who were exposed to substance abuse – maltreatment that the authors considered as a type of child abuse. Their study conducted between 1999 and 2002 consisted of individuals who had engaged in robbery, homicide and drug related felonies. Their sample consisted of 559 adults and they were able to collect data from the offenders self-reporting pre-sentencing reports which provided details of the offenders’ investigations. They found that women were more likely to have history of alcohol and drug
abuse, to have experienced some sort of abuse and to have a relative convicted of a crime than their male counterparts (Payne et al., 2005). In discussing their results, Payne et al. (2005) alluded to the fact that females seem to be a more vulnerable population and indeed the female child. This vulnerability in childhood seems to follow the females into adulthood whether facing their own incarceration or that of an individual known to them.

It has been stated before that female offenders are a special and vulnerable population and perhaps this stems from their vulnerable position as abused children. In the United States, the number of females who have been imprisoned is increasing at an astounding rate (Fournier, Hughes, Hurford & Sainio, 2011; Mallicoat, 2015). Fournier et al., (2011) conceptualized the plight of the female offender and suggested that women need to have gender specific interventions and rehabilitation programs. Applying a general intervention implies that women who are released from prison may return to society psychologically worse off than when they were imprisoned and there’s an increased chance of re-offending (Fournier et al., 2011). Mallicoat (2012) alludes to this when she states that theories and perspectives on the female offender were applied from those developed for the male offender. These theories were not adapted to fit in the female offender. Fournier et al. (2011) conducted a study to try and establish if policies and systems that were in place, were specific to the needs of the female prisoner and whether they addressed these needs. Their mixed methods study sampled 17 imprisoned women, whose ages ranged from 23 to 57 years. The women were imprisoned for burglary, murder, grand larceny and forgery. The Trauma and Attachment Belief Scale (TABS) used to assess the psychological needs of a traumatized individual, and the Traumatic Life Events Questionnaire (TLEQ) used to assess previous and current exposure to trauma, were administered to the participants (Fournier et al., 2011). They found that the incarcerated individuals reported a higher
incidence of trauma in their past than their counterparts in the general population. These women also reported higher rates of physical and sexual abuse and these more violent abuses seem to be linked to the development of deviant or criminal behavior (Fournier et al., 2011). The authors also found that a number of the participants had either never discussed their traumatic experience with anyone, or had not had any psychological intervention to help deal with the experience. They also found that policies and systems that are in place are not gender specific and do not encourage the rehabilitation or intervention of the female offender (Fournier et al., 2011). They noted that even while still in imprison, the participants would still benefit a great deal from some psychological support which would go a long way in improving their functioning. It is worth appreciating that the last fifty years have shown advances in the study of crime and women (Mallicoat, 2015). This proposed study aims to contribute to this advancement within its local context.

A study by Harrison, Murphy, Ho, Bowers and Flaherty (2015) studied female serial killers in the United States of America using retrospective data published by media sources. They recognized that serial killers are traditionally thought to be white, educated males (among other defining characteristics) and that few individuals are actually familiar with female serial killers (FSK). Harrison et al. (2015) further brought up the issue of the definition of a serial killer and the fact that it is known to incorporate the fact that they tend to commit sex crimes which is not typical of a FSK. They therefore defined a serial killer as an individual as one who kills three or more people intentionally, with a cooling-off period between killings of at least one week. Harrison et al. (2015) state that in the United States female serial killers have had a lengthy history and they found records dating as far back as 1802, but most of the female serial killers lived and killed in the 1900s. These authors contend that the criminal behavior of females is
often underestimated and even overlooked as society finds them inept of committing multiple killings. Their study in particular looked at the motives, psychological and physiological background and their means. Their study found \( N = 64 \) found that 54% of the FSK were married, 15% had divorced, 13% were widowed, 9% were in long term relationships and 9% were single. This illustrated the fact that they tend to live their lives as is socially prescribed. They further found that most were from a middle-class socio-economic background with a mean age of 32\( (SD = 11.68) \) at the time of committing their first killing. Of those who had their academic information available (41% of sample), 35% had professional or college degrees. Their professions ranged from Sunday school teachers to nurses with 39% working in a health related field.

When Harrison et al. (2015) looked at their psychological background, 33% had experienced some attachment disturbance with their primary caregiver and 32% had experienced physical or sexual abuse. The value of attachment a child has with their caregiver has already been acknowledged as paramount to the healthy development of the child and to the development of appropriate coping mechanism and resilience (Liebermann et al., 2011; Walker, 2012). The female serial killers sampled had 267 confirmed kills with 155 males and 112 female victims, most of whom were individuals known to them or were family members of the killers (Harrison et al., 2015). Although they concluded by saying that they could not predict which type of women could become serial killers, Harrison et al.’s (2015) study was an eye opener with respect to painting a picture of the female offender.

Female offenders have not received much attention and this may be attributed to the small population of female offenders versus male offenders (Onyango-Israel, 2013). In Kenya the population of female offenders make up about 18% of the total prison population and this
number rose from 10,857 in 2004 to 18,112 in 2012 (Onyango-Israel, 2013). The Institute for Criminal Policy Research however state that as at 2012, the total number of female inmates in Kenya was believed to be 2,756 representing 5.3% of the total prison population in Kenya (Institute for Criminal Policy Research, 2017). There seems to be some disparity in the research available in regards to the actual number of incarcerated females in Kenya.

It is important to note that women are usually majority of the victims and as offenders, their needs are often dismissed (Mallicoat, 2015). Women are also economically vulnerable and are therefore more likely to be incarcerated due to their inability to pay their fines or post their own bail (Bastick & Townhead, 2008). In addition the number of females being incarcerated seems to be on the rise. In Kenya for instance, between 1994 and 2004 there was a 100% increase in incarcerated females than in their male counterparts (Bastick & Townhead, 2008).

This study might help in highlighting their needs further as well as contribute to the field of study within the area of crime and the female offender. Most of the female offenders in Kenya come from low socio-economic backgrounds, are illiterate, were raised in abusive or broken homes and were raised in urban centers (Onyango-Israel, 2013).

2.2 Chapter Summary

The above literature review indicates that trauma does impact the brain in regards to how memory is formed (Bremner, 2008; Malchiodi, 2008; Malchiodi, 2010) and how particular areas in the brain are impaired thus compromising functioning (Malchiodi, 2008). The literature also seems to indicate that the type of abuse one has experienced could have a link as to whether or not the affected individual will develop some sort of psychological distress or engage in criminal activity. The literature has drawn attention to the vulnerability of the child victim and the long-
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term effects their traumatic experience may have on them as adults (Mallicoat, 2015; Liebermann et al., 2011; Walker, 2012).

What the above literature review has also highlighted is that individuals who experience either physical or sexual abuse are more likely to present with some psychological disorder in adulthood and perhaps even engage in criminal behavior (Dargis et al., 2016; Fournier et al., 2011). Furthermore, this chapter has looked at the link between criminal behavior and gender in an effort to highlight the challenge therein.

How one has been socialized or raised seems to be a contributory factor. The attachment style the victim has with loved ones at the time of the traumatic experience has also been identified as a possible factor (Renn, 2010). The literature therefore indicates a need to contribute to current research particularly in the Kenyan context.
Chapter 3

Methodology

3.0 Introduction

The aim of this research was to examine whether there is a relationship between childhood and/or trauma and the severity of adult criminal behavior with the hopes of contributing to current research. This chapter will highlight the methodology that was used. It will also discuss the studied population, the sampling method that was utilized, the data collection tool and the statistical analysis that was carried out.

3.1 Research design

The methodology that was used to investigate this complex issue had to be thorough with different types of information (United Nations Children’s Fund, 2014). The effects that were investigated were in the years after the traumatic event but within the childhood and adult stage of the participants. As this was a correlational study, a quantitative study was proposed as the mode of study with the belief that it would provide in-depth information, addressing how the trauma occurred and why it may have been persistent (United Nations Children’s Fund, 2014). A quantitative measure limits researcher bias, is objective and is accurate.

3.2 Study location

Once approval for research was granted by the USIU-A Internal Research Board (See Appendix A), the author sought permission to conduct the study at the LWMP from the Commissioner General of Prisons. Once approval was granted (See Appendix B), the author conducted the study at the Lang’ata Women’s Maximum Prison, the only women’s maximum security prison located in Nairobi, Kenya. Getting approval to carry out the study was a lengthy
process that necessitated legalities such as background checks and provision of supportive clearance documentation from the principal researcher. The researcher had to administer the questionnaire with the aid of two assistants from the prison as no external research assistants could be granted access without enduring similar administrative and security clearance procedures.

The author believed that this study would be beneficial to Lang’ata Women’s Maximum Prison as well as the community at large, in developing a deeper understanding of the psychological aspects of the inmates’ criminal behaviors. The study may also highlight factors of concern that could be considered in an inmates’ rehabilitation process.

3.3 Population and sampling design

The study engaged adult female offenders at the Lang’ata Women’s Maximum Prison. This study sampled participants using the cluster sampling method, which is a probability method of research. The justification for this design method was that the researcher was particularly interested in studying individuals who may have been traumatized as children or adults in one way or another. Furthermore, the cluster of participants was all located at the LWMP. This cluster of participants was drawn from within the prison population, specifically from the Remand Section of the prison. The Remand Section hosts individuals who have engaged in various crimes and are awaiting their court case to proceed and be determined.

3.4 Sample size

The sample size was drawn out from a population of 2,756 inmates thought to be incarcerated at the Lang’ata Women’s Maximum Prison (Institute for Criminal Policy Research, 2017). As discussed earlier there appears to be some disparity in the research as to how many
females are actually incarcerated at LWMP and indeed the other correctional facilities (Institute for Criminal Policy Research, 2017; Onyango-Israel, 2013). The researcher therefore approached the data collection site with caution due to this observed inconsistency. The sample was selected based on the inmates’ history of childhood trauma and a sample size of 100 female participants was obtained.

3.5 Data collection Instrument

This study utilized the Early Trauma Inventory Self Report Short Form (ETISR-SF), developed by Douglas Bremner (Bremner, Bolus & Mayer, 2007). This tool is a shortened version of the Early Trauma Inventory which was administered by a clinician and had 62 items and was therefore considered long and expensive to administer (Bremner, Bolus & Mayer, 2007). The ETISR-SF however is a 27 item questionnaire that assesses one’s general traumatic experiences in adulthood and childhood traumatic physical, emotional and sexual experiences, considered to be easier to integrate into practical clinical settings (Bremner, Bolus & Mayer, 2007). The ETISR-SF (see Appendix D) requested the participants to provide their date of birth as well as the reason for their incarceration. Other requested data, the participant ID and date of assessment, were for the principal’s researcher’s ease of coding for analysis. This tool is divided into four sections. The first section assesses for general traumas that may have been experienced in adulthood. Section two assesses for physical punishments that an individual experienced before the age of 18 years, while section three looks at the emotional abuse before the age of 18 years. Section four assesses for sexual events experienced prior to the age of 18 years. The ETISR-SF ends by establishing whether or not the experiences left the victim with symptoms such as intense fear, helplessness, horror, an out of body sensation or the feeling as though one is
in a dream, impacts that the participant rates depending on which one of the two affected them the most.

The ETISR-SF has shown internal consistency as measured by the Cronbach $\alpha$ for the general trauma domains (0.70), physical punishment domain (0.75), emotional abuse category (0.86), and sexual abuse (0.87) domain (Bremner, Bolus & Mayer, 2007).

3.6 Data Collection Procedure

The participants were engaged in a pre-session briefing and were sensitized on what trauma and a traumatic experience is in an effort to screen participants who would be in a position to contribute to this study. The data were collected in the remand section’s resource room which is where the remanded could feel comfortable enough to have a session away from the larger remand section’s population. The room was located a fair distance away from the other incarcerated individuals and this assured clients of the confidentiality of the session.

After the sensitization session, participants were issued with the consent for research forms (See Appendix C) which the principal researcher went through with them in an effort to obtain their informed consent. It was further reiterated that the exercise was completely voluntary, an important point to make to this special sample, so as to quell any fears that they may have had that they would be compelled to participate. The questionnaires were then distributed to give the participants an opportunity to interact with it.

Out of a possible cluster of 120 participants who took the questionnaires and showed interest in participating, 100 accurately and completely filled out the questionnaire, five opted not to participate and fifteen questionnaires were erroneously completed. The response rate for the current study was therefore 83% and this can be attributed to the fact that the participants
were interested in taking part in this study, given the sensitization session that preceded the data collection. The participants expressed that they believed their participation would contribute to the existing research as well as inform future programs that may be developed to help this special population.

The data were collected by the principal researcher and two research assistants attached to the prison. The research assistants were trained on how to collect data, preserve confidentiality, adhere to the APA code of ethics and were well oriented to the tool as well. They were also sensitized on the signs and symptoms to look out for, in the event that a participant appears to have some sort of adverse reaction to the tool and any memories or emotions it may elicit. The researchers were available at all times to answer any queries and were also alert and sensitive to participant’s reactions to the questionnaire.

The participants had been charged with a range of crimes such as petty offences, to those charged with capital offences. Specifically, the following offences were reported as those that the participants were charged with: child neglect, assault, theft, sale of illegal brew, preparation of breaking and stealing, obtaining 313, deposit of a bad cheque, kidnapping, defilement, house breaking and stealing, attempted murder, manslaughter, raping of a child, child assault, committing a sexual act, attempted felony, drug possession, drug trafficking, infanticide, forgery, robbery, bank fraud, illegal sale of land, arson, rape, murder and robbery with violence.

A brief post-session briefing was conducted with participants so as to check in with them and gauge if there had been any negative emotions or thoughts that came up as a result of this exercise. Participants were provided with a de-brief form (See Appendix E) to reiterate the importance of observing participant after care and ethics. No participant reported any adverse effects as a result of taking part in the present study.
3.7 Data analysis

The data collected were assessed using the Statistical Package for the Social Sciences (SPSS) version 20 software in an effort to accurately analyze the data. Descriptive statistics were used to determine the mean, standard deviation and percentages of the participants characteristics, specifically their age and severity of criminal behavior engaged in. The data collected were analyzed using correlation analysis, specifically Pearson’s Correlation Coefficient, in order to illustrate if there was a relationship between variables. Chi-square tests and two-way ANOVA tests were also utilized to see if any interactions between variables took place.

3.8 Ethical issues

Participation in this study was based on a purely voluntary basis. Upon obtaining permission to conduct the proposed study from the relevant authorities at the prisons headquarters, the purpose, significance and method of research was explained to the potential participants. A consent form was prepared, explained and issued to the participants in an effort to gain informed consent. No identifiers were included in the questionnaires and only the date of the study, the reason for incarceration and date of birth were included as bio data. The completed forms were handled and stored with the utmost confidentiality. Bearing in mind that this was a special population, their responses had to be treated with sensitivity as they were fearful that their honesty might be incriminating to their cases. The participants were however assured that there would be no way of identifying one participant from the next as there were no identifiers required.

An in-depth debriefing session was facilitated ten days after the data were collected. The lapse in time between the data collection and the debrief session was due to the security
procedures involved in prison settings as well as the administrations’ needs. The session was therefore done intermittently. The participants however reported that the session was beneficial to them and that they had had no adverse reaction to the questionnaire. The participants were made aware of the counseling services available to them through the Welfare Department at the LWMP should they feel the need to engage with a professional at a later date. This was reiterated by the research assistants who stated that they would be able to link them up with services as and when the need arose.

3.9 Chapter summary

This chapter has looked at how the researcher conducted the study; specifically, where the study took place, the type of population that was sampled and the tool that was utilized. This chapter also looked at the manner with which the data collected was analyzed and concluded with some of the ethical considerations that were observed.
Chapter 4

Results and Findings

4.0 Introduction

This chapter presents the participant’s characteristics specifically their age and reason for incarceration. The scores of their traumatic experiences be it general trauma, physical punishment, emotional abuse and/or sexual events are presented. The relationship between the four types of traumatic experience on the three types of criminal activity are also discussed. The means of the different types of trauma assessed by the ETISR-SF are also discussed. A correlative analysis to study the relationship between general trauma, physical abuse, sexual abuse, and emotional abuse is discussed as well.

4.1 Analysis of the ETISR-SF

The participants were asked to state the reason for their incarceration and these offences are listed above and illustrated in Figure 4.1. The criminal activities engaged in by the participants were categorized into different classifications as per the laws of Kenya, depending on the nature and severity of the crime. The crimes stated in the current study fall into one of three categories: Misdemeanor, Felony or Capital offence (National Council for Law Reporting, 2012; National Council for Law Reporting, Penal Code, 2014; National Council for Law Reporting, Sexual Offences Act, 2014). Table 4.1 shows the type of crimes allegedly committed and the classification they fall under. For the purpose of data analysis, the classes of crime were coded according to their severity as per the laws of Kenya (National Council for Law Reporting, 2012; National Council for Law Reporting, Penal Code, 2014; National Council for Law Reporting, Sexual Offences Act, 2014). Misdemeanors were coded as “1” as they are less
punitive, followed by felonies which were coded as “2” and finally capital offences were coded as “3” given the nature of their severity. Therefore, participants who listed murder as their crime scored “3”, as this is classified as a capital offence and is therefore regarded to as a severe offence (National Council for Law Reporting, Penal Code, 2014).

As discussed above, the ETISR-SF is divided into four sections representing general traumas, physical punishment, emotional abuse and sexual events. General traumas which had 11 questions are those that occur in one’s adulthood. The scores for this section were therefore categorized differently to aid in the analysis of adult trauma. In analyzing childhood trauma, the scores for the physical punishment (with 5 questions), emotional abuse (with 5 questions) and sexual events (with 6 questions) domains were categorized together in order to give a score for childhood trauma. Participants either responded “yes” or “no” to the questions and these were scored as “1” or “0” respectively. With all the trauma domains, the higher one scored the more traumatic events they are said to have experienced (Bremner, Bolus & Mayer, 2007).

4.2 Participant Characteristics

The questionnaires were distributed to 120 women remanded at the LWMP and 115 responded. Of these, 100 questionnaires were accurately completed. Therefore, the response rate was 83%. There were no identifiers that were included in the questionnaire. This was to ensure that the participants felt free to honestly respond to the questions without fear of incrimination. Given the sensitive nature of this population, it was imperative that the study was conducted prudently and with very careful considerations. The researcher only requested for their date of birth in an effort to ascertain their age and to see the spread of their ages including the mean and standard deviation. The mean age (with SD) of the study population was 30.75 years (9.18) and
the age range was 19-59 years. The various reasons for incarceration are shown in Figure 4.1, with the most frequently reported crime being theft followed by murder.

**Figure 4.1.** Types of Offences among Study Participants

### 4.3 Correlation Analysis

Correlation analyses were done in order to study the relationship between general trauma, physical abuse, sexual abuse, and emotional abuse. A significant positive correlation was found between general trauma and physical punishment $r(100) = .44, p < .001$. Similarly, significant
positive correlations were found between general trauma and emotional trauma \( r(100) = .37, p < .001 \) and general trauma and sexual events \( r(100) = .33, p < .001 \).

### 4.4 Relationship between Traumatic Experiences and the Severity of Crime Committed

To study the relationship between the four types of traumatic experience (general trauma, physical punishment, emotional abuse and sexual events) on one of the three classifications of criminal activity (misdemeanor, felony or capital offence), a chi-square test \((4 \times 3)\) was performed. In looking at the relationship of general trauma and severity of criminal behavior, there was no significant effect observed, \(X^2(22, N=100) = 27.52, p = .19\), with the above interaction.

#### Table 4.1

Classification of Participants' Crimes

<table>
<thead>
<tr>
<th>Crime Classification</th>
<th>Specific Crime Reported by Female Offenders at LWMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misdemeanor</td>
<td>Child neglect, assault, theft, sale of illegal brew, preparation of breaking and stealing, obtaining 313, deposit of a bad cheque</td>
</tr>
<tr>
<td>Felonies</td>
<td>Kidnapping, defilement, house breaking and stealing, attempted murder, manslaughter, raping of a child, child assault, committing a sexual act, attempted felony, drug possession, drug trafficking, infanticide, forgery, robbery, bank fraud, illegal sale of land, arson, rape</td>
</tr>
<tr>
<td>Capital Offences</td>
<td>Murder, robbery with violence</td>
</tr>
</tbody>
</table>

On testing the physical punishment on the severity of criminal behavior, no significant effect was seen, \(X^2(10, N=100) = 10.29, p = .42\). The interaction between emotional abuse and
type of criminal activity did not show any significant effect, $X^2(10, N = 100) = 4.56, p = .92$ and neither did the interaction between sexual events and type of criminal behavior, $X^2(12, N = 100) = 17.55, p = .13$.

### 4.5 Relationship between Combined Childhood Abuse and Adult Trauma and Severity of Crime Committed

A two-way ANOVA was conducted that examined the relationship between childhood trauma and adult trauma and the severity of crime committed. There was no significant interaction between effects of childhood trauma and adult trauma on the severity of crime committed, $F(40, 32) = .712, p = .847$. The main effect of childhood trauma on the severity of crime committed was not significant. The main effect of adult trauma on the severity of crime committed was also not significant.

A chi-square test ($2 \times 3$) was performed to study the relationship between childhood trauma (physical punishment, emotional abuse and sexual events) and adult trauma (general trauma) on one of the three classifications of criminal activity (misdemeanor, felony or capital offence). There was no interaction between childhood trauma and severity of criminal behavior engaged in, $X^2(32, N = 100) = 40.96, p = .13$. Further, there was no significant interaction of adult trauma on the severity of crime committed, $X^2(22, N = 100) = 27.66, p = .19$.

### 4.6 Types of Trauma among Participants

When the mean scores of the four different scales of the ETISR-SF were compared, one-sample t-test indicated that general trauma scores were significantly higher as compared to the other three types of trauma.

A paired samples t-test indicated that scores were higher for general traumas ($M = 5.12, SD = 2.31$), than for the physical punishment scale ($M = 2.94, SD = 1.58$), $t(99) = 10.19, p < .001$. 
Scores on the general trauma scale ($M = 5.12$, $SD = 2.31$), were still higher than those on the emotional abuse scale ($M = 2.78$, $SD = 1.75$), $t(99) = 10.03$, $p < .001$. The general trauma scores ($M = 5.12$, $SD = 2.31$) were also higher than those observed for the sexual events category ($M = 1.49$, $SD = 1.68$), $t(99) = 15.36$, $p < .001$.

4.7 Frequency of Severity of Criminal Behavior

Descriptive statistics were utilized in an effort to review the severity of the types of criminal behavior among the participants. Misdemeanors, which is the least severe classification, was found to occur at a higher frequency ($n = 40$) when compared to felonies ($n = 36$) and capital offences ($n = 24$), the most punitive classification for the participants in the present study.

4.8 Chapter Summary

The scores of general types of trauma experienced above the age of 18 years were significantly higher than the scores of traumas experienced below the age of 18 years, that is, physical punishment, emotional abuse and sexual events. A significant positive correlation was found between general trauma and physical punishment. Similarly, significant positive correlations were found between general trauma and emotional abuse and sexual events. Misdemeanors were the most frequently occurring type of crime among the remanded, followed by felonies and capital offences respectively. When the relationship between childhood and adult traumatic experiences and the three classifications of criminal activity were studied, there was no significant effect observed with any of the above interactions.
Chapter 5

Discussions, Conclusions and Recommendations for further Research

5.0 Introduction

The objectives of this study included looking at the relationship between childhood and adult trauma and the severity of adult criminal behavior, as well as examining the severity of criminal behavior engaged in among female offenders. Furthermore this study aimed to understand the relationship between adult general trauma and childhood traumas.

This chapter contains four main sections that are listed as follows: summary of the key findings followed by discussions of the study, a discussion of the correlation between adult and childhood traumas, the correlation between adult and childhood trauma and severity of criminal behavior, conclusions based on the findings and finally recommendations for further study. The discussion areas of the fifth chapter are all aligned with the research objectives outlined in the present study.

5.1 Summary of Findings

This study indicated that 22% of the women who participated were remanded for allegedly committing theft, while 16% were allegedly accused of murder. Figure 4.1 shows the spread of the different crimes that the different participants had been accused of. Furthermore, the present study found that misdemeanor was the most frequently occurring criminal behavior followed by felony and capital offence.

The study found no significant relationship between adult trauma (classified as general trauma) and severity of adult criminal behavior. While investigating the interactions between
physical punishment or emotional abuse or sexual abuse and criminal activity, no significant effects were seen with any of the interactions listed. In order to examine the impact of childhood trauma the study categorized four types of abuse as per the ETISR-SF, that is, general trauma, physical punishment, emotional abuse and sexual events. In analyzing the ETISR-SF scores across the different domains, general trauma was found to be more commonly occurring than physical punishment, emotional or sexual abuse. In other words, rates of trauma were found to be higher in participants’ adulthood than in their childhood.

A correlation analysis was carried out to examine the relationship of adult (general) trauma on the other three domains and a significant positive correlation was found between general trauma and physical punishment. A positive correlation was also found between general trauma and emotional abuse as well as on general trauma and sexual abuse. The current study did not find a relationship between combined childhood trauma, adult trauma and severity of adult criminal behavior. There was no significant interaction between childhood trauma and severity of criminal behavior or adult trauma and severity of criminal behavior.

5.2 Discussion

This study found that most of the participants engaged in misdemeanors, followed by felonies and some recorded cases of capital offences. This finding does not support Mallicoat (2015) or Campbell (2009) who posited that filicide and prostitution are crimes dominated or are most observed among women. Among the remanded sampled, there was only one alleged crime of infanticide reported among those that featured. Onyango-Israel (2013) however posited that women in Kenya tend to engage in child neglect, drug trafficking and prostitution. This theory is partially supported by the results that this study found seeing that the severity of crimes stated by Onyango-Israel (2013) would be classified as a misdemeanors and felonies. Other than the
results indicated above, 10% were accused of drug trafficking while 8% were accused of robbery with violence and it can be inferred that this small sample could be generalized to the larger incarcerated population and these findings are not surprising. It is crucial to recall that women are considered a more vulnerable population (Mallicoat, 2015; Walker, 2012). Furthermore, it has been discussed that when they do engage in crimes that go against their norm, they actually engage in more violent criminal behavior such as aggressing on their intimate partners or murdering their spouse (Campbell, 2009; Harrison et al., 2015). This is particularly concerning considering that this study found that 24% of the participants had been charged with capital offences such as murder and robbery with violence. If this is generalized to the population, then that may be considered as a worrying result.

5.2.1 Correlation between Adult Trauma and Childhood Traumatic Experiences

A significant positive correlation between general traumas experienced over the age of 18 years and other traumatic episodes experienced below the age of 18 years were found. A significant positive correlation was found between general trauma and physical punishment $r(100) = .44, p < .001$, between general trauma and emotional trauma $r(100) = .37, p < .001$ and general trauma and sexual events $r(100) = .33, p < .001$. Lindsay and Read (1994) posit that those who suffer childhood sexual abuse tend to experience long-lasting harm and effects. Walker (2012) concurs and suggests that this is particularly the case with victims of childhood sexual abuse who feel the impact even more if they do not have a good support system. A positive correlation between general trauma and childhood sexual abuse was found in this study. It can therefore be inferred that the childhood trauma reported by the participants may have made them vulnerable to general trauma in adulthood. This finding also seems to support Masinda and
Muhezi (2004) who found that both immediate and long term effects of trauma could be carried on into adulthood.

Renn (2010) considered attachment, a significant factor in his assessment of offenders, to be a powerful tool in expounding criminal behavior and assessment of one’s risk in engaging in such behavior. The assumption is that a secure attachment would therefore result in a secure adult who is able to adapt and cope beyond the traumatic experience and live a functional life (Renn, 2010). One suggestion Renn (2010) makes is that one needs to look at the behavior of an offender and perhaps consider the clinical concerns that could be underlying. He concludes by suggesting that the attachment style surrounding the individual at the time they may have experienced trauma should be considered. This can be loosely translated to mean that a single event such as a traumatic experience should not be wholly held responsible but rather a whole system including the attachment style could indeed be responsible.

The findings also agree with Reavis, Looman, Franco and Rojas (2013) who discussed adverse childhood experiences. The offenders who participated in their study reported higher than normal adverse childhood experiences than the normal population. The authors also found higher rates of traumatic events with participants reporting four or more adverse experiences early in their lives (Reavis et al., 2013). The authors therefore theorized from their results that amassed adverse childhood experiences would likely decrease their ability to forge secure attachments with others in future. The findings from the current study seem to also complement those of Payne et al. (2005) who found that, women were more likely to have experienced some sort of abuse among other contributing factors. This study thus indicates that the rates of traumatic experience were higher in adults (classified as general trauma) than in children. Some studies believe that trauma that one has witnessed or experienced could continue into adulthood.
affecting the general population and incarcerated men (Wolff & Shi, 2012). This observed high rate of adult trauma in comparison to childhood traumas in the present study may be attributed to underreporting. Perhaps the participants felt more at ease in reporting the general traumas rather than the more sensitive types such as sexual abuse.

5.2.2 Relationship between Adult Trauma and Criminal Behavior

In examining the above relationship, no significant effect was found. This means that this study found that a traumatic experience in one’s adulthood has no relationship with their engaging in criminal behavior. This finding is significant to the body of research and indeed the forensic fraternity. Offenders may not have a strong defense if they allude to the fact that they engaged in crime due to some psychological distress such as traumatic stress. Research has previously indicated that there could be a relationship between traumatic experience and offending behavior (Culp, Youstin, Englander and Lynch, 2013). An individual’s history in combat, an example of a traumatic experience, was of particular interest to Culp et al., (2013) and the fact some studies have implied that one comes from battle and ends up in prison almost as causality. However Culp et al., (2013) suggest that one cannot look at it as causality and contend that previous research has left this relationship open to interpretation. In their own study Culp et al. (2013) found that a veteran’s service in the military does not increase the probability of them being incarcerated but that the era in which they served is of significance.

In relation to the current study’s findings, Culp’s et al. (2013) findings imply that perhaps one needs to look at the specifics around the trauma experienced rather than simply generalizing and concluding cause and effect. Byrne (2003) suggests that PTSD signs and symptoms such as amnesia and dissociation may in fact affect an offender’s ability or competence to stand trial and even recall information crucial to their defense and further states that among offenders,
malingering based on the above symptoms is a real concern. These symptoms may occur as a reaction to a previous trauma (Byrne, 2003). He recognizes that in some cases, one is often still in a traumatic environment, like the battered women, who end up killing their partners. The duration that they may have experienced abuse from their partners is often used as a defense for the offender in court (Byrne, 2003). He concludes with a caution that psychological or traumatic stress in itself does not cause criminal behavior but that if a traumatic past exists with other psychological disturbances then these could be considered as contributive causes (Byrne, 2003).

The findings of the current study demonstrate that there is no relationship between trauma and adult criminal behavior implying that one cannot use this as a defense.

5.2.3 Relationship between Childhood Trauma and Adult Criminal Behavior

The current study did not observe a significant effect between childhood trauma and adult criminal behavior, contrary to the research discussed at length. For instance Wolff and Shi (2012) confidently stated that in incarcerated men, the rates of both adult and childhood traumas are elevated. The findings of the current study, although a contradiction, contributes to the existing body of knowledge. One can infer from this finding that experiencing a traumatic childhood as the participants in this study did does not necessarily lead to their engaging in criminal activity. Perhaps this contradiction to existing literature, that criminality may not be affected by a traumatic past in one’s childhood, is specific to this part of the world. Their traumatic experience and its effects on their adulthood is not in contention but rather its relationship to adult offending and indeed the severity of offending. Offenders often use this as a defense when arguing in court over the crimes that they are accused of and this finding could very well contribute to the existing literature.
5.2.4 Relationship between Trauma and Severity of Crime Committed

The current study examined the relationship between childhood trauma and adult trauma and the severity of crime committed. There was no significant interaction between effects of childhood trauma and adult trauma on the severity of crime committed \((F(40, 32) = .712, p = .847)\). In addition, there was no significant interaction of adult trauma or childhood trauma on the severity of crime committed.

This finding was also contrary to popular belief however the researcher suggests that the lack of effect or relationship could be a significant contribution to the field. The interactions in this region could be different from the norm and more research in this area could help unpack this further.

5.3 Conclusions

In order to examine the impact of childhood trauma, the study categorized four types of abuse as per the ETISR-SF questionnaire: general trauma, physical punishment, emotional abuse and sexual events. The study concludes that there was no significant effect of the type of trauma experienced on the type of adult criminal behavior. The study also concludes that general trauma was the disturbance experienced by most participants in comparison to emotional abuse, physical punishment and sexual abuse. Furthermore the present study found positive correlations between adult general trauma and childhood physical abuse, sexual abuse and emotional abuse. Finally the present study found that most of the women incarcerated at LWMP engaged in misdemeanor classes of criminal activity.
5.4 Recommendations

As stated above, a traumatized child whose experience is left unattended is not able to process what has taken place and may manifest the effects of these experiences in adulthood. This study therefore recommends that children who have faced adverse experiences should be assisted while they are still developing and in a timely manner by qualified professionals in the field. Child and gender specific programs tailor made to suit the victims may help mitigate adult criminal behavior. It is imperative to bear in mind that while preparing to respond, a valid and reliable assessment tool is crucial to the intervention process (Bremner, Bolus & Mayer, 2007). This precaution comes as a result of the observation that there have been challenges in the reliable identification and assessment of childhood trauma experiences that have resulted in some limitations in their intervention in this field (Bremner, Bolus & Mayer, 2007). Another crucial factor that should be considered in the development of a treatment or intervention plan is the cultural background of the individual to be intervened with. Wilson (2007) agrees and adds that considering one’s culture would be imperative to their healing.

In the event that unforeseen or unavoidable circumstances result in the late response of interventions, this study recommends that programs for young children, older children and adults need to be developed. In considering the work of Spinazzola et al. (2014) who stated that neglect and emotional abuse places young individuals at a greater risk of negative outcomes later on in their life, it is the recommendation based on the findings of this study that such programs be developed as preparedness measures rather than as reactive ones. These programs should be made available in schools, social clubs or halls and/or other institutes where children spend a good amount of their time. Having response programs in these places and being able to assess at that level might help to mitigate delinquent and subsequent adult criminal behavior. This will
help in ensuring that no time is lost in developing programs and that when an appropriate individual is identified, then they can benefit from psychological interventions in good time in an already existing program.

Such programs may increase their efficacy and help increase a child’s resiliency if they consider a more holistic approach such as ensuring a good support system for the beneficiaries of the program, as studies show that this would help (Malchiodi, 2008; Walker, 2012). This means that professionals would intervene with the survivor and engage with and equip their caregivers and/or support systems as well.

Finally, the researcher is cognizant of the fact that not all traumatized individuals can be attended to or may even have access to the recommended services. This then means that the special population of child and adult offenders who have traumatic backgrounds could still stand to benefit from interventions even while incarcerated. This may build on and positively impact their ongoing rehabilitation program. It may also be beneficial to tailor-make programs for the female offender as research indicates that applying a general intervention may not be effective and increases their chances of re-offending upon their release (Fournier et al., 2011). Mallicoat (2012) reiterates this notion as she observed that perspectives on the female offender were not adapted to fit the female offender. Customized programs would therefore help to change this perspective.

5.5 Direction of Future Research

This area of study has other intervening factors that should be studied such as substance abuse issues, conduct disorder or personality disorders such as antisocial personality disorder. A link between childhood trauma and personality disorders such as antisocial personality disorder
has been discussed above (Berenz et al., 2013; Wota et al., 2014). Perhaps a direction future researchers may take is looking into other intervening factors and their relationship, if any, with antisocial personality disorder (ASPD) in offenders, within our context.

Harrison et al. (2015) found that within their sample size, ASPD had been statistically over represented. In addition, looking at offenders with a possible diagnosis of ASPD may also help to develop intervention programs specific to their needs, while bearing in mind that they may not be incorporated with the general population and are perhaps not privy to the available rehabilitative intervention programs.

Another confounding factor and probable direction is the trajectory that a childhood trauma survivor may follow. They may very well engage in delinquent behavior which may manifest later as Conduct Disorder or antisocial behavior (American Psychiatric Association, 2013; Bartol & Bartol, 2008). It would be relevant to see whether this trajectory can be seen within our context and among offenders.

Masinda and Muhesi (2004) stated that the effect of trauma in children in Africa is an understudied field. It would therefore be beneficial to contribute to the body of research and study the effects of trauma on this continent. The present study identified childhood traumas among remanded individuals at LWMP and it may be worth studying traumatic experiences in children or indeed among those in the juvenile system under the age of 18 in an effort to get a picture of the situation in Kenya.

5.6 Chapter Summary

This chapter has provided a summary of the study, explored in a discussion of the results of the study undertaken in relation to the review of the literature and also taken into account the
conclusions that can be drawn from them. It has also presented some recommendations that may be considered in creating intervention programs for the affected individuals. Finally this chapter has offered some direction for future research.
References


doi:10.1097/01.nmd.0000243824.84651.6c


Childhood Trauma and Adult Criminal Behaviour


http://scholarship.law.berkeley.edu/facpubs/2500


adult criminality: How long must we live before we possess our own lives? The 
*Permanente Journal*, 17(2), 44-48. doi:10.7812/TPP/12-072

Justice*, 16(4), 73-89, DOI: 10.1300/J012v16n04_04


Childhood Trauma and Adult Criminal Behaviour


Appendix A: IRB Research Approval Letter

2nd May 2017,

Sophie N. Muriuki,
A Graduate Student at USIU-Africa
Dear Sophie,

IRB-RESEARCH APPROVAL.

The USIU-A IRB has reviewed and granted ethical approval for the research proposal titled “Relationship between Childhood Trauma and Adult Criminal Behaviour among Female Clients at Langata Women’s Maximum Prison”. The approval is for six months from the date of IRB. Please submit a completed copy of the study to the IRB office, soft copy is acceptable.

You are advised to follow the approved methodology and report to the IRB any serious, unexpected and related adverse events and potential unanticipated problems involving risks to subjects or others.

Should you or study participants have any queries regarding IRB’s consideration of this project, please contact irb@usiuc.ac.ke.

Sincerely,

Prof. Damary Sikalieh,
Chair | IRB | USIU-Africa,
sikalieh@usiuc.ac.ke
Office 0730116112.

CC: Research Office
Appendix B: Lang’ata Women’s Maximum Prison Research Approval Letter

MINISTRY OF INTERIOR & CO-ORDINATION OF NATIONAL GOVERNMENT
KENYA PRISONS

Telegrams: “COMPRISONS” Nairobi
Telephone: +254 02 2732900-6
E-mail Comprisons@yahoo.com
When

Ref. No. PRIS 10/18/VOL.1V/60

PRISONS HEADQUARTERS
P.O. BOX 30175-00100
NAIROBI

Date 6/5/2017

Sophie Nyambura Muchina
P.O Box 45264 – 00100
Nairobi
Tel: 0712445334

RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT AT
LANGATA WOMEN PRISON

Reference is made to your letter dated 29th May, 2017 on the above subject.

Please be informed that your request to undertake a Research project on
(The relationship between childhood trauma and adult criminal behavior
among female clients at Langata Women’s Maximum Prison ) at the above
said institution has been approved by the Commissioner General of Prisons.
The requirement for the approval includes: visiting the institution, to
collect data from the Officers and the inmates.

This research will be very informative to the rehabilitation programmes in
the Prisons.

For the period you will carry out your research, you will be expected to
abide by the Rules and Regulations as laid down by the Kenya Prisons
Service.

Upon completion of your research for 2 months, you will be required to
submit two copies of reports one to this office and another to the Officers-
in-Charges of the said institution.

By a copy of this letter, the Officer-in-Charge is requested to accord you
the necessary assistance.

Thank you and good luck in your research.
SUSAN NYASINGA
PRINCIPAL, SOCIAL WELFARE OFFICER
FOR: COMMISSIONER GENERAL OF PRISONS

C.c. The officer in Charge
   Langata Women Prison
   P.O Box 44769
   Nairobi
Appendix C: Consent Form for Research

Sophie Muriuki
MA Clinical Psychology Thesis Research

The relationship between childhood trauma and adult criminal behavior among female client’s at the Lang’ata Women’s Maximum Prison.

Consent for Research Form

June 2017

Dear Participant,

My name is Sophie Muriuki and I am a Clinical Psychology Masters student at the United States International University – Africa situated in Nairobi, Kenya. In order to complete my requirements for this program, I am required to carry out a research study. I invite you to be part of this process by completing the attached questionnaire. It is important to first review what this study is about and what it entails.

The purpose of the following study is to look at the possible effects of a traumatic episode experienced in one’s childhood and how this may have impacted your adulthood. This study is therefore interested in engaging with individuals who may have been traumatized as children.

Thinking or talking about some of these experiences may result in some uncomfortable feelings or thoughts. This may be because you may not have gotten any help at the time. The aim of this study is not to make anyone uncomfortable or upset. Rather it’s to better understand the psychological influences behind some of our behaviours.

Every effort will be taken to guarantee your anonymity and all information will be treated confidentially. Only researchers will have access to the forms we fill. Your full names or any other personal identifiers will not be recorded. A final report will be submitted to this institution and this will only be discussing the findings of the study and not anyone’s specific or personal information.

A brief session will be conducted with participants after the study to help deal with any stress related to the study that may arise. Please note that your participation in this study is completely voluntary.

Please feel free to contact the researcher, Sophie Muriuki, in person or via email sophie.psychosocial@gmail.com should you have any concerns or inquiries.

Your participation is highly appreciated.

Kind regards,

Sophie Muriuki.

Consent for Participation:

I confirm that all my questions have been answered and I give my consent that I choose to voluntarily participate in this study.
Appendix D: Early Trauma Inventory Self Report-Short Form (ETISR-SF) Questionnaire

Participant ID: __________________________ DOB: ___________________

Reason for incarceration: ___________________________________________________

Assessment Date: __________________________

Part 1. General Traumas. After the age of 18 years

1. Were you ever exposed to a life-threatening natural disaster?......................... YES NO
2. Were you involved in a serious accident? .............................................................. YES NO
3. Did you ever suffer a serious personal injury or illness? .................................. YES NO
4. Did you ever experience the death or serious illness of a parent or a primary caretaker? ........................................................... YES NO
5. Did you experience the divorce or separation of your parents? ....................... YES NO
6. Did you experience the death or serious injury of a sibling? ............................ YES NO
7. Did you ever experience the death or serious injury of a friend? .................... YES NO
8. Did you ever witness violence towards others, including family members? ........ YES NO
9. Did anyone in your family ever suffer from mental or psychiatric illness or have a “breakdown”? ................................................................. YES NO
10. Did your parents or primary caretaker have a problem with alcoholism or drug or drug abuse? ................................................................. YES NO
11. Did you ever see someone murdered? ........................................................... YES NO

Part 2. Physical Punishment. Before the age of 18 years

1. Were you ever slapped in the face with an open hand? ................................. YES NO
2. Were you ever burned with hot water, a cigarette or something else? .......... YES NO
3. Were you ever punched or kicked? ................................................................. YES NO
4. Were you ever hit with an object that was thrown at you? .......................... YES NO
5. Were you ever pushed or shoved? ................................................................. YES NO
Part 3. Emotional Abuse. Before the age of 18 years

1. Were you often put down or ridiculed? ............................................................... YES  NO
2. Were you often ignored or made to feel that you didn’t count? ......................... YES  NO
3. Were you often told you were no good? ............................................................. YES  NO
4. Most of the time were you treated in a cold, uncaring way or made to feel like you were not loved? ................................................................. YES  NO
5. Did your parents or caretakers often fail to understand you or your needs? ........ YES  NO

Part 4. Sexual Events. Before the age of 18 years

1. Were you ever touched in an intimate or private part of your body (e.g. breasts, thighs, genitals) in a way that surprised you or made you feel uncomfortable? ...... YES  NO
2. Did you ever experience someone rubbing their genitals against you? ................. YES  NO
3. Were you ever forced or coerced to touch another person in an intimate or private part of their body? ......................................................................................... YES  NO
4. Did anyone ever have genital sex with you against your will? ............................ YES  NO
5. Were you ever forced or coerced to perform oral sex on someone against your will? YES  NO
6. Were you ever forced or coerced to kiss someone in a sexual rather than an affectionate way? ......................................................................................... YES  NO

*If you responded “YES” for any of the above events, answer the following for the one that has had the greatest impact on your life. In answering consider how you felt at the time of the event.*

1. Did you experience emotions of intense fear, horror or helplessness? ................... YES  NO
2. Did you feel out-of-your-body or as if you were in a dream? ................................. YES  NO
Appendix E: De-Brief Form for Participants

Dear Participant:

Thank you for participating in this research study. The purpose of this study is to gain an understanding of the Relationship between childhood trauma and adult criminal behaviour among female clients at Langata Women’s Maximum Prison. Your participation will help researchers gain more insight into the effects of one’s traumatic past and the same will help inform and guide appropriate response programs to traumatized individuals.

In the event you have any concerns regarding the questions presented to you in this study, you may want to seek clarification for support or discuss with me or my research assistants. You may contact me on email noted below. Once again thank you for your participation.

Sincerely,

Sophie N. M. Muriuki

sophie.psychosocial@gmail.com