EXPOSURE TO CHILDHOOD TRAUMA AND LATER VIOLENCE

September 3rd 2026

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Book Common Prayer 1662
Psalm 18 vs 46

All the strange children shall fail,

And be afraid out of their prisons

Childhood adversity and later violence

- What do we know about childhood adversity in people convicted of violent offences?
- Mainly prisoners and patients in secure psychiatric hospitals
- Why is exposure to childhood adversity important?
- Implications for risk assessment and therapists

ADVERSE CHILDHOOD EXPERIENCES (ACES)

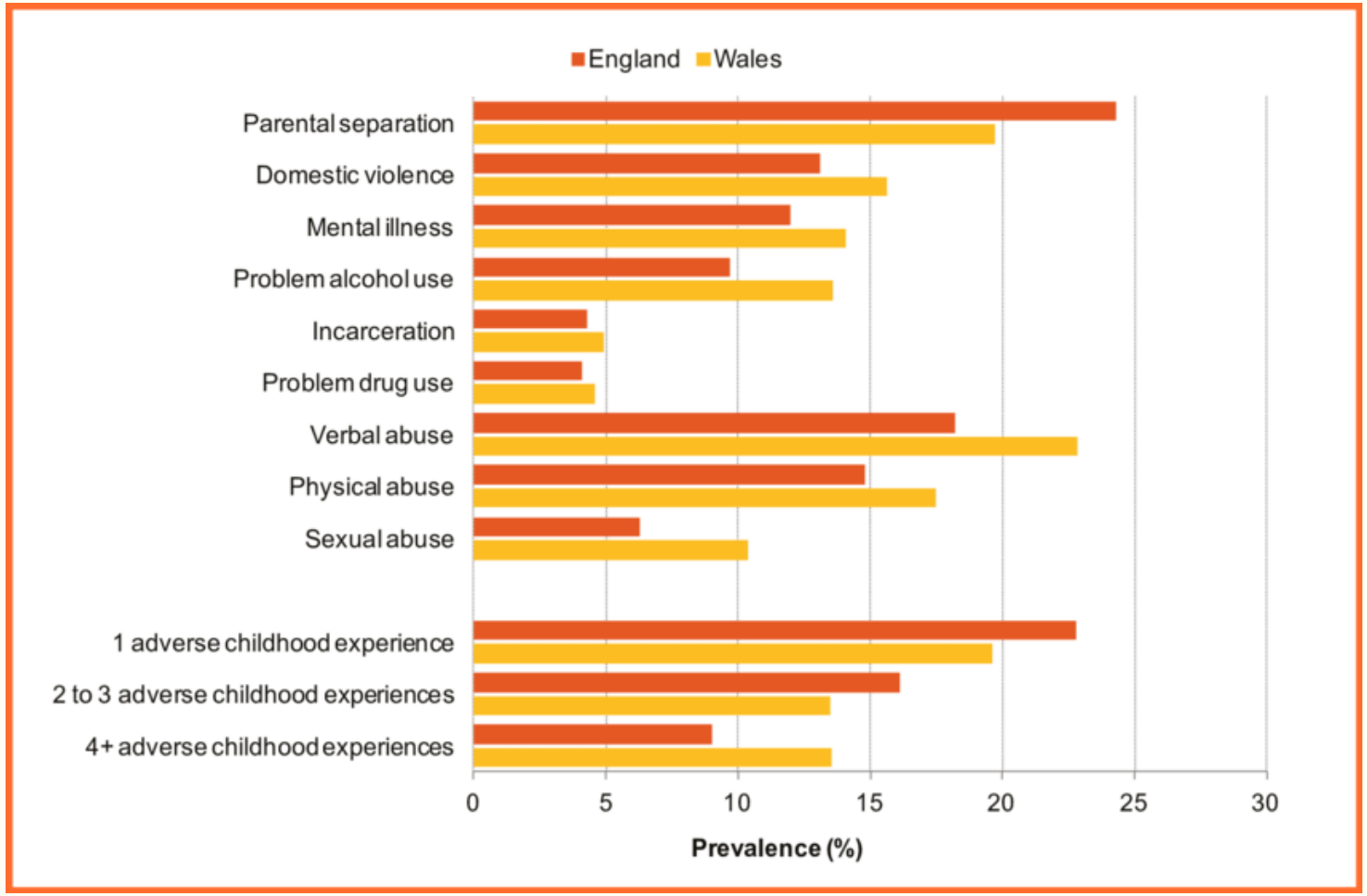
The cycle of violence and Adverse childhood experiences

- 1989 Widom ‘The cycle of violence’
- Dunedin and Cambridge studies find a developmental trajectory for antisocial behaviour; and family factors as risk factors for violence
- Felitti et al 1998 asked 17000 people in the community (non-forensic) about their experience of adverse childhood experiences (ACEs).
- People with 4+ACES had increased risk of being diagnosed with heart, lung and liver disease; and increased use of physical health services
- The more ACEs exposed to, the greater the risk
- 10% of the population had high risk status (4+ ACES)
- 30% had experienced NO ACES.

Those to whom evil is done,
Do evil in return

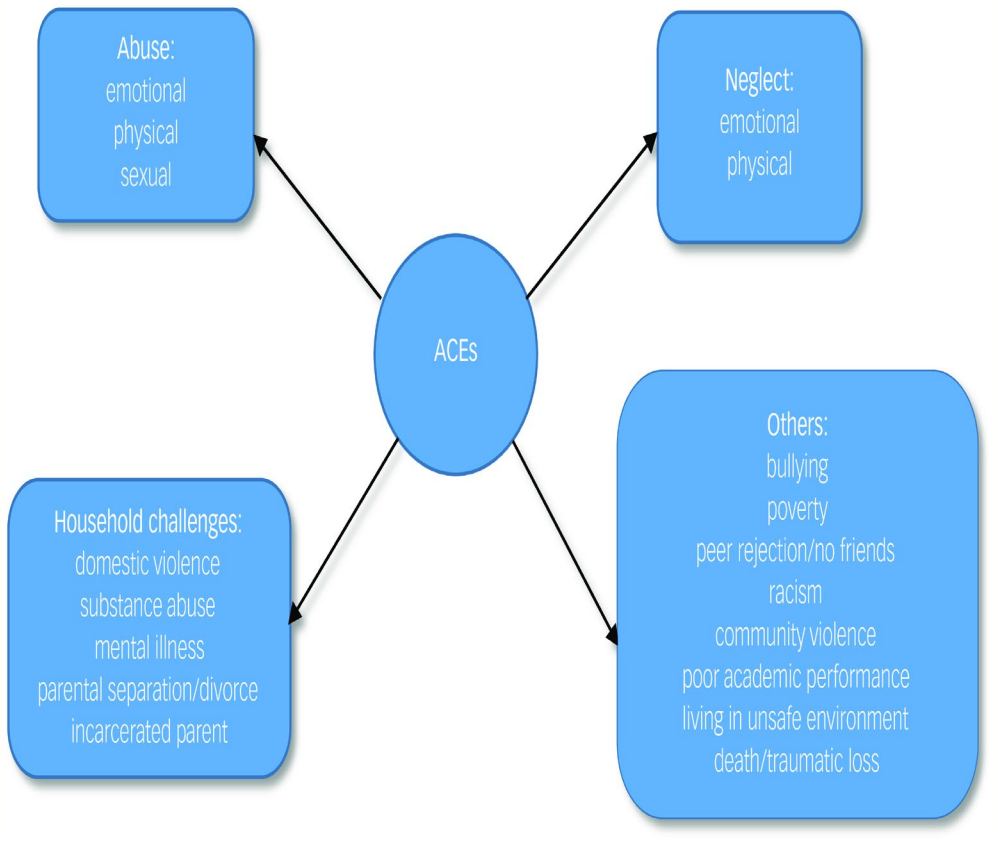
WH Auden: September 1st 1939

ACES in England and Wales (Hughes et al 2017, Lancet)



Exposure to ACEs also affect mental health

- Coughlan, Duschinsky et al 2026 Childhood maltreatment is associated with development of psychiatric disorders
- Young people have to grow brains and minds
- Exposure to neglect, chronic fear, rage and pain may impair this process
- Especially the development of the relational and social self
- That means a capacity to think about other minds (mentalizing) AND develop the capacity for social trust
- But exposure to ACEs may damage the development of attachment security, which is a kind of 'immune system' for social stress & vulnerability
- Epigenetics and the impact of trauma on cortisol regulation (Carmi et al 2023)
- Neuronal connections and pathological development of PFC, limbic system, Cranial nerves (Vagus?)



Child maltreatment (CM) and the developing brain: adaptive responses that are maladaptive in adulthood

Samson, Newkirk & Teicher 2024 summarise impacts of CM on

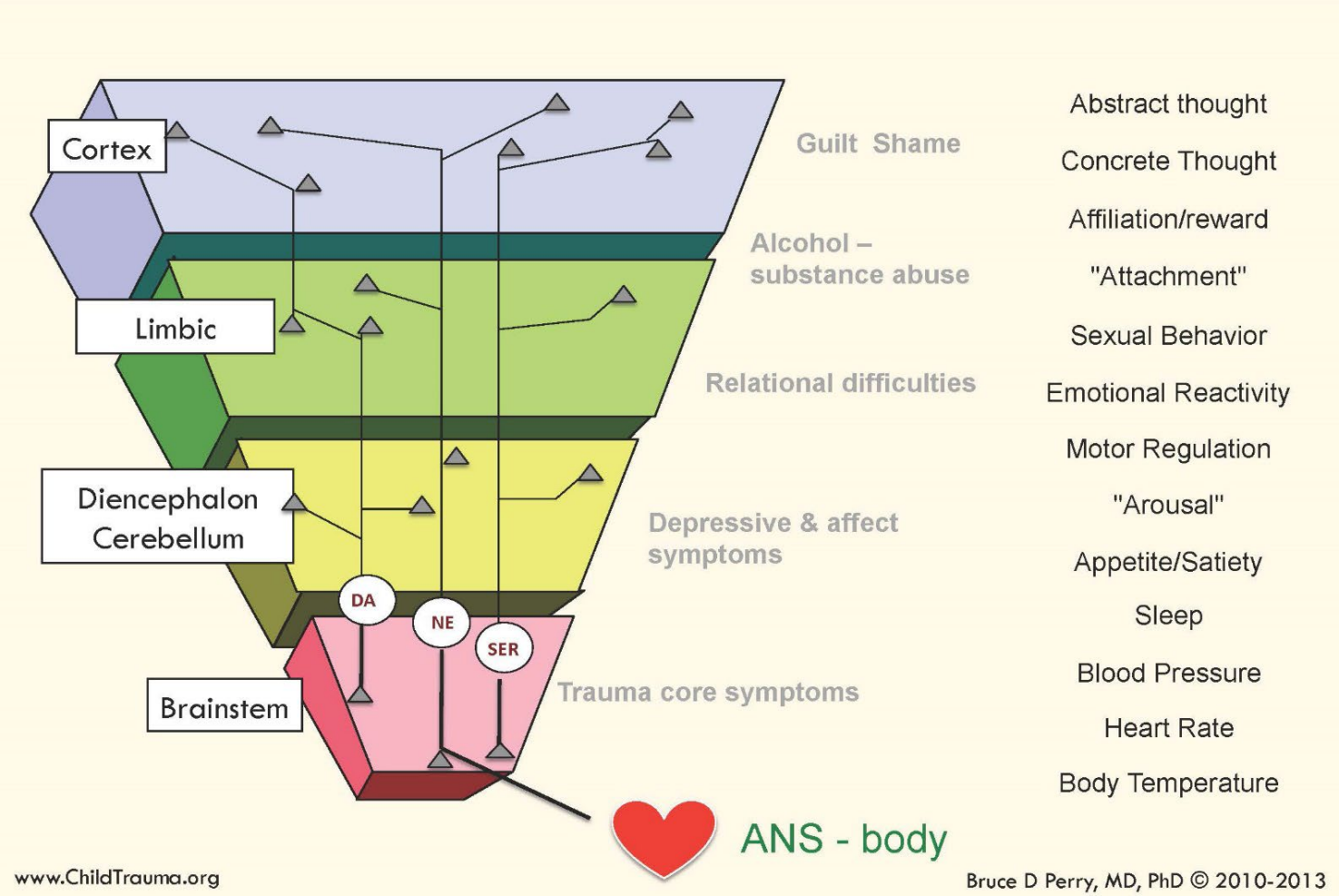
(i) Hyperactive Threat detection and response (Thalamus & Amygdala; Thalamus and PFC)

(ii) Reduced integrity of white matter tracts e.g in corpus callosum. *Timing and sex sensitive*

(iii) Alteration in hippocampal activation means poor autobiographical memory

(iv) Latent vulnerability factors involving interconnections between different parts of the brain

(v) Ecophenotypes; CM results in more complex, and more severe disorders plus more co-morbidity



High levels of ACEs in people convicted of violence

1998 Weeks & Widom: self report studies in prisoners

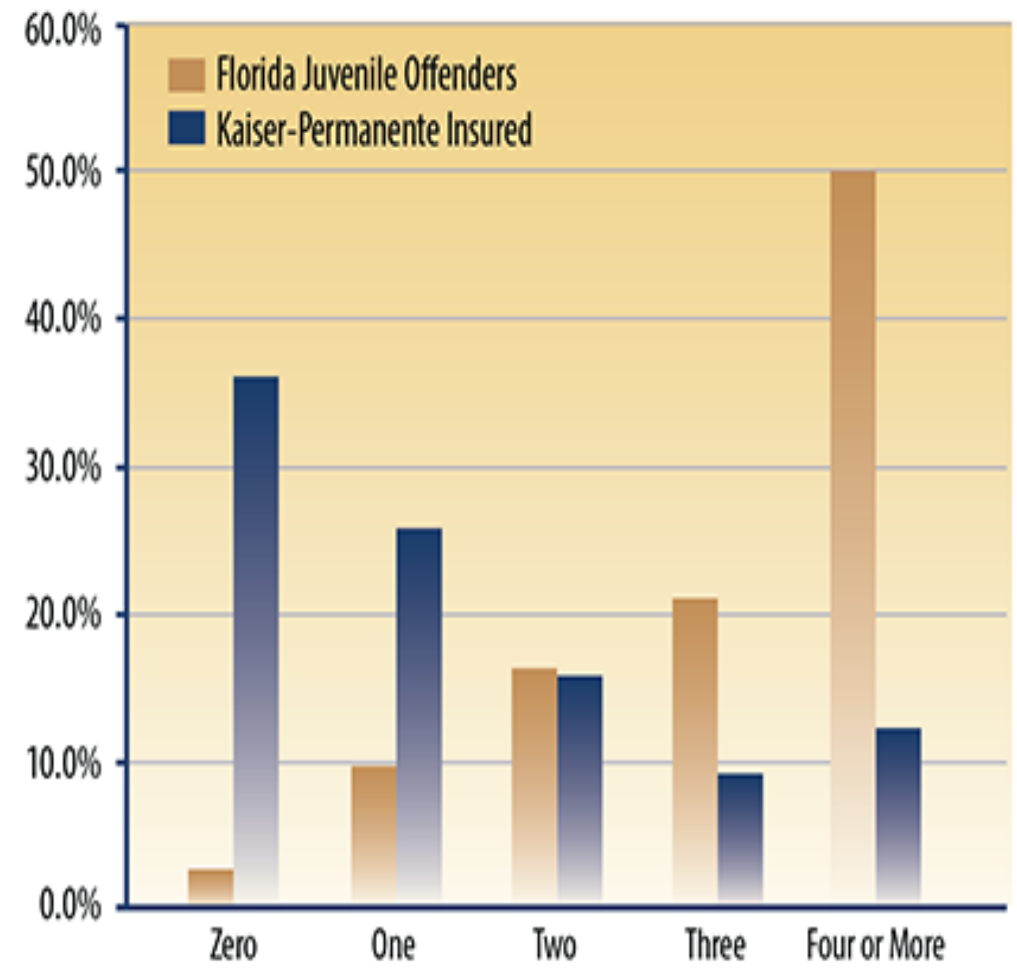
2006 and 2007 Messina's studies in female prisoners

Rieff et al 2007 & Li et al 2023 Interaction of ACES and genetic subtype associated with violence

Reavis et al 2013 Higher levels of ACES in child abusers and convicted sexual offenders than general male population

Baglivio et al 2014 ACEs in a prison for young men in Florida

ACES in the general population compared to a prison population



HMP Parc Study 2019 Ford et al

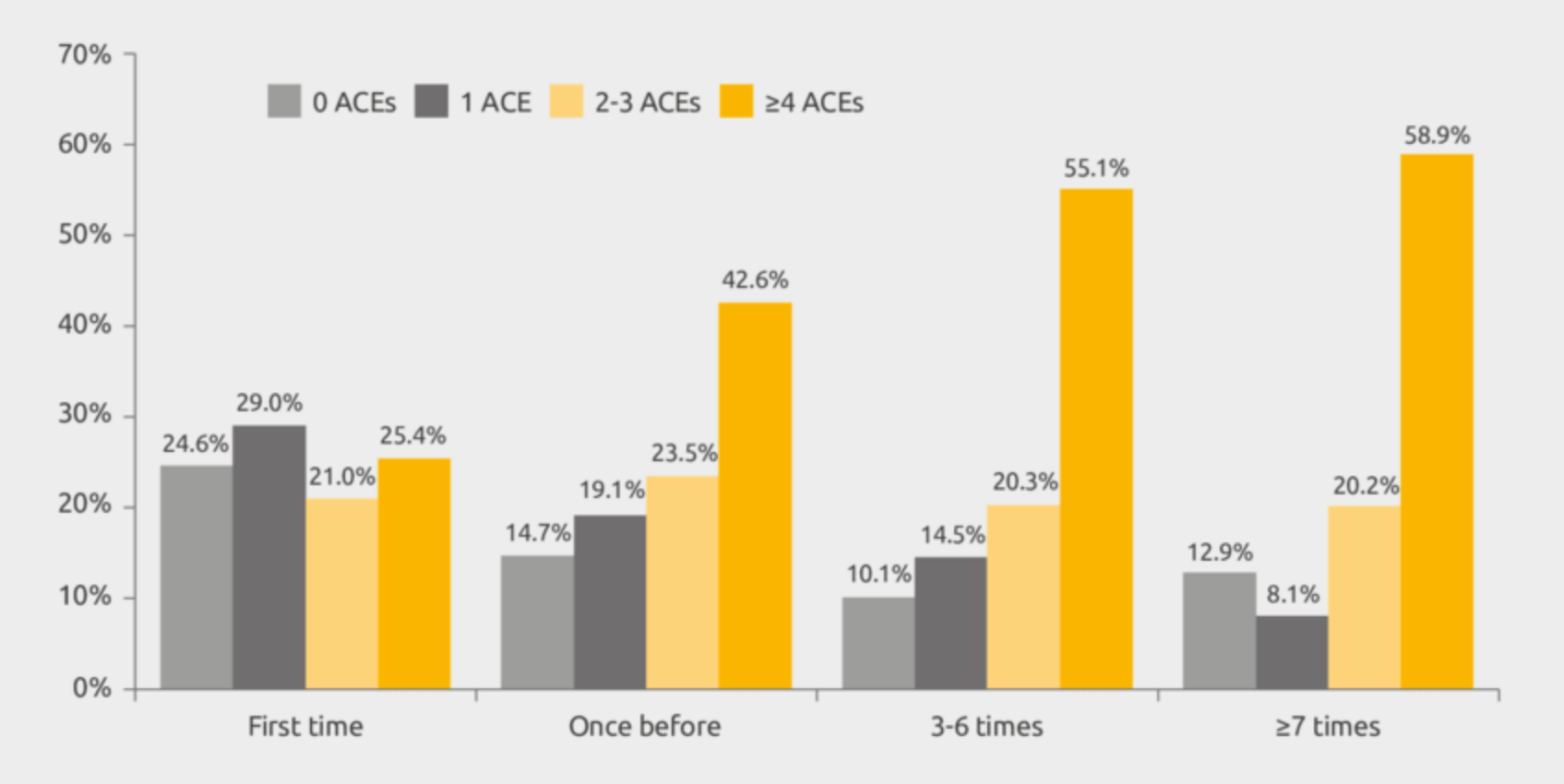
Survey of all prisoners in HMP Parc in Wales : 486 men between 18 and 69

An 11 ACE measure of childhood maltreatment and exposure to abuse

80% of prisoners had experienced one kind of ACE: (community norm: 20%)

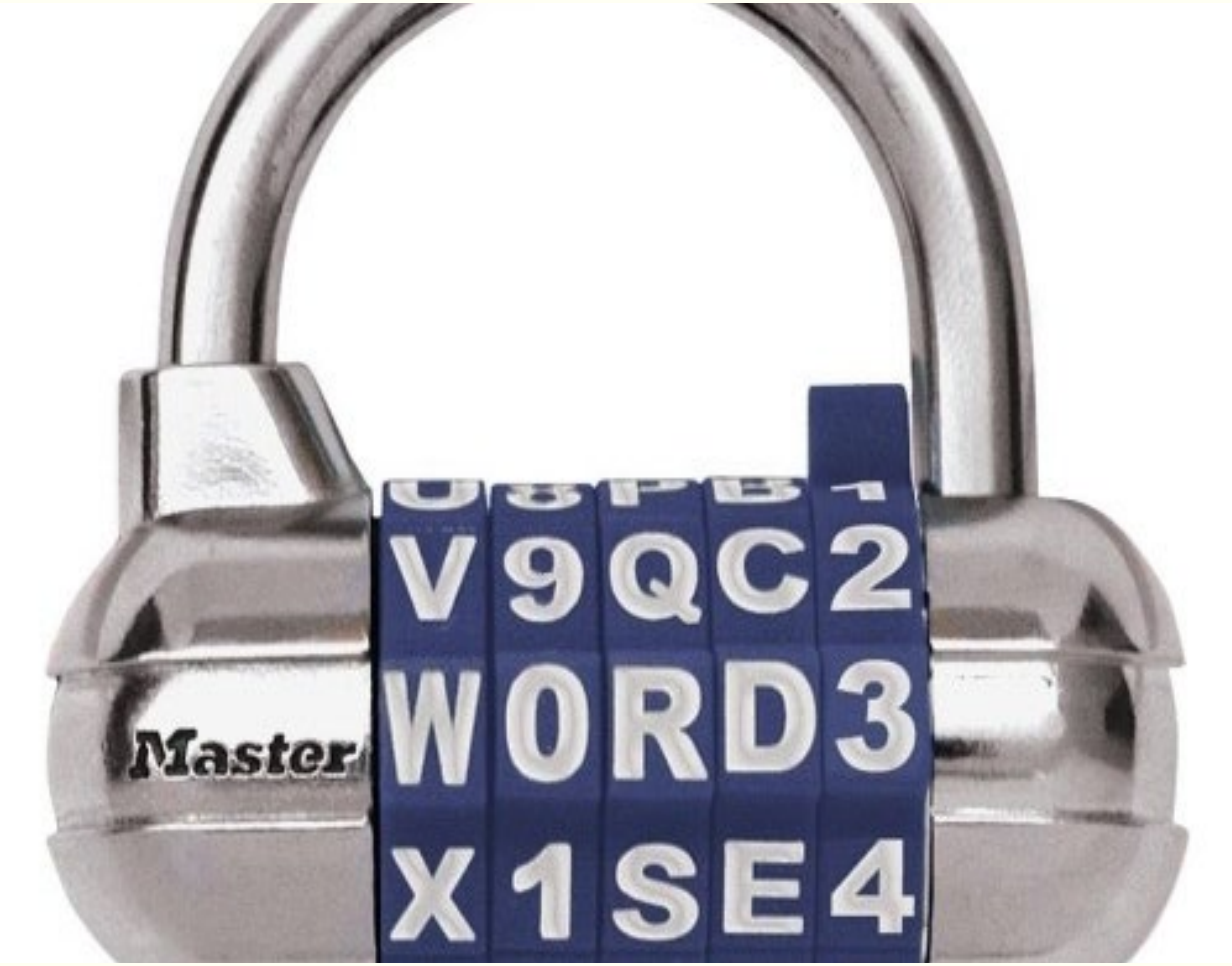
47% had experienced 4+ ACES (community norm = 10%)

Numbers of times in prison by ACE exposure



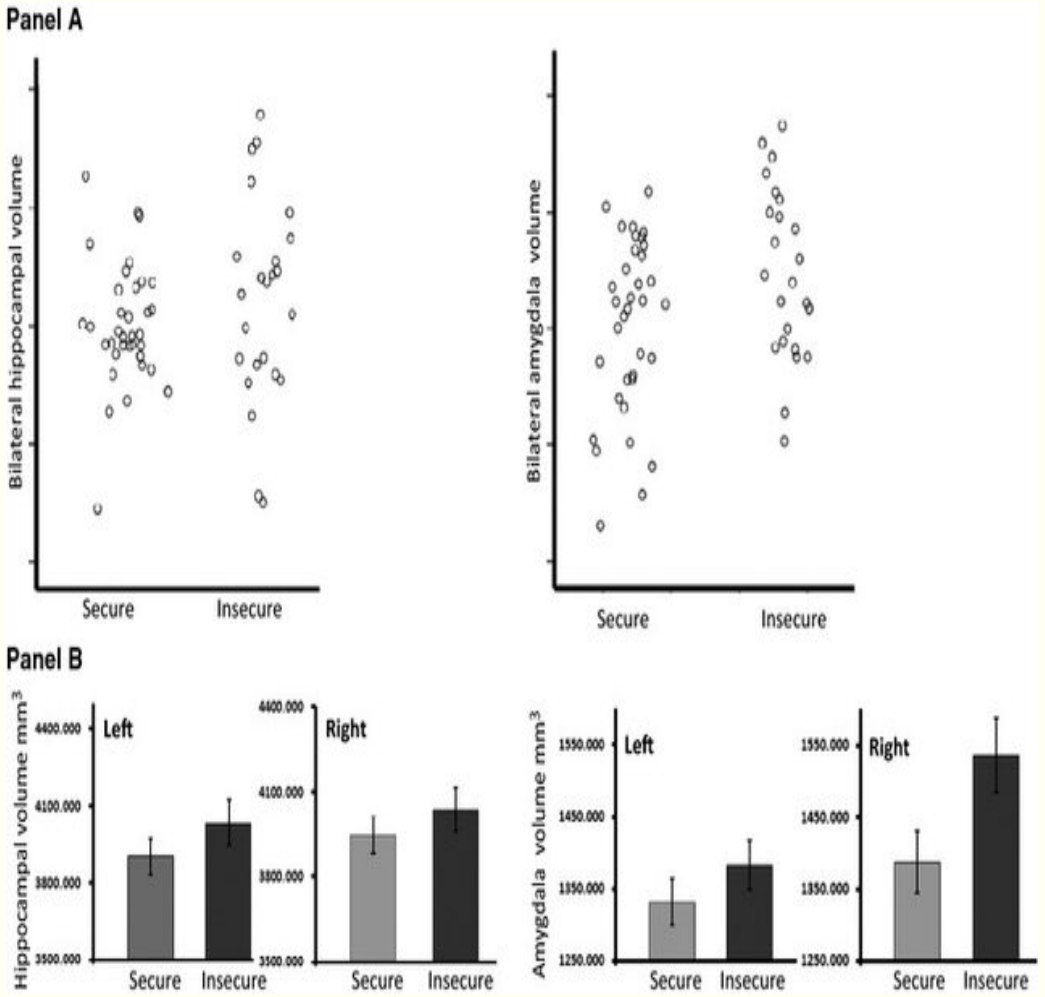
Fox et al (2015) Trauma changes everything

- A study comparing young men who committed chronic severe and repeated violence (CSV) with those who committed a single violent offence
- The CSV group had experienced far more trauma than the single violence group
- Each ACE exposure conferred increased risk x 30

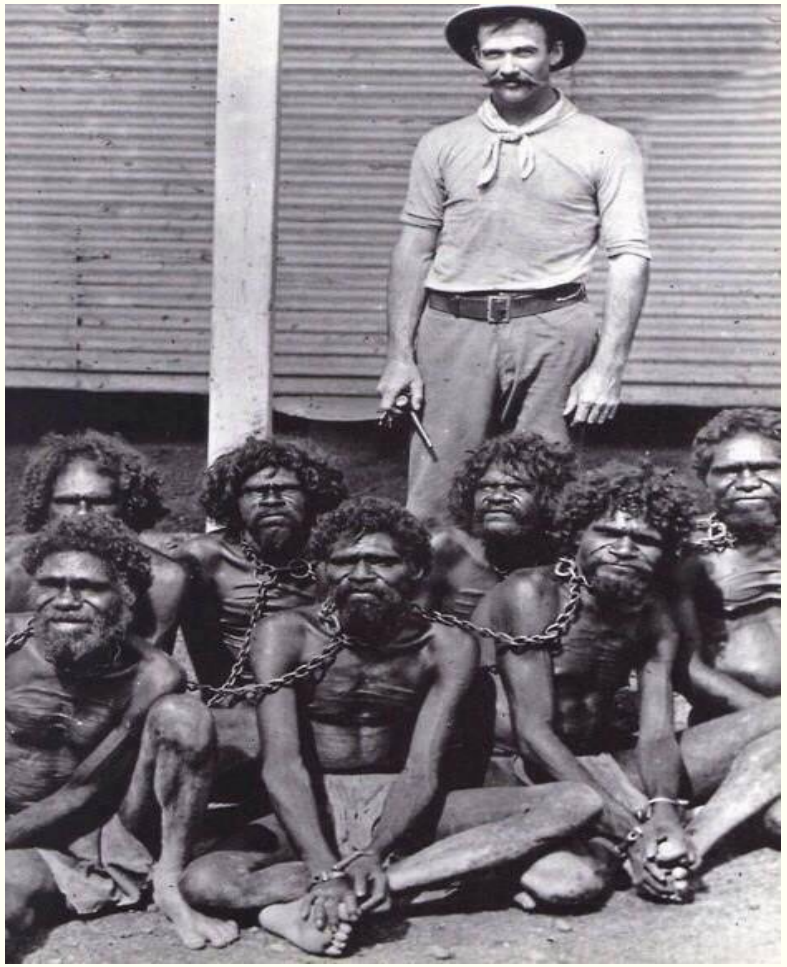


Roos et al 2016 Typologies of ACES and incarceration

- Sample of 35000 people
- Exposure to all kinds of ACE increased later risk of incarceration
- Especially childhood maltreatment, maltreatment plus parental substance misuse and neglect + parental substance misuse
- Stronger effect for females than males, although more men than women had experienced severe ACEs (35 vs 10%)
- Effect on hippocampal volumes of attachment insecurity: trauma and the role of memory? Or lack of speech?



Thomsen et al 2024 Journal of Child Sexual Abuse



- Prospective study of a birth cohort in Australia: impact of racism and deprivation in certain groups
- All kinds of child maltreatment increased later risk of being detained in youth custody and adult custody, compared to no-custody population
- Strong effects for neglect, physical abuse and emotional abuse
- CSA effects stronger in females
- Implications for how we respond to children who experience maltreatment

But the picture is complex

- Forsman, M. and Långström, N., 2012. Child maltreatment and adult violent offending: population-based twin study addressing the 'cycle of violence' hypothesis. *Psychological medicine*, *42*(9), pp.1977-1983.
- This study looked at self-reported ACES and later violence in 18000 twin pairs and also at unrelated controls
- Self-reported childhood maltreatment was found to be *only a weak causal risk factor* for adult violent offending
- Is this because ACE studies cannot address the details of relational adversity and distress? (Arenson et al, JAMA pediatrics 2026)
- Confounding variables include genetic links, family environment, community substance misuse trends and onset of severe mental illness
- So preventing child maltreatment might only contribute a small amount to violence reduction
- Or is it that we still don't know all mediating factors might be at play here?
- E.g. Absence of protective factors or positive childhood experiences may be a risk factor

Malvaso et al (2022) More complexity

- Most people who experience trauma and post-traumatic stress do not act violently to others
- Yet the levels of ACES are consistently different higher in the prison group (P) than the comparison group (C)
- What is the ACE level standing for?
- Some kind of vulnerability? But what? Lack of relational connection?
- Socio-cultural factors e.g Minority stress? Exposure to violence in communities that endorse violent attitudes and denigrate vulnerable groups?
- Availability of weapons? And susbstances?

- Malvaso, C.G., Cale, J., Whitten, T., Day, A., Singh, S., Hackett, L., Delfabbro, P.H. and Ross, S., 2022. Associations between adverse childhood experiences and trauma among young people who offend: A systematic literature review. *Trauma, Violence, & Abuse*, *23*(5), pp.1677-1694.
- Systematic review of studies of young people involved in CJS and their experience of ACEs (P) compared to non-criminal young people (C)

SOCIAL MINDS: EARLY ATTACHMENT INSECURITY & FAILURE OF EPISTEMIC TRUST

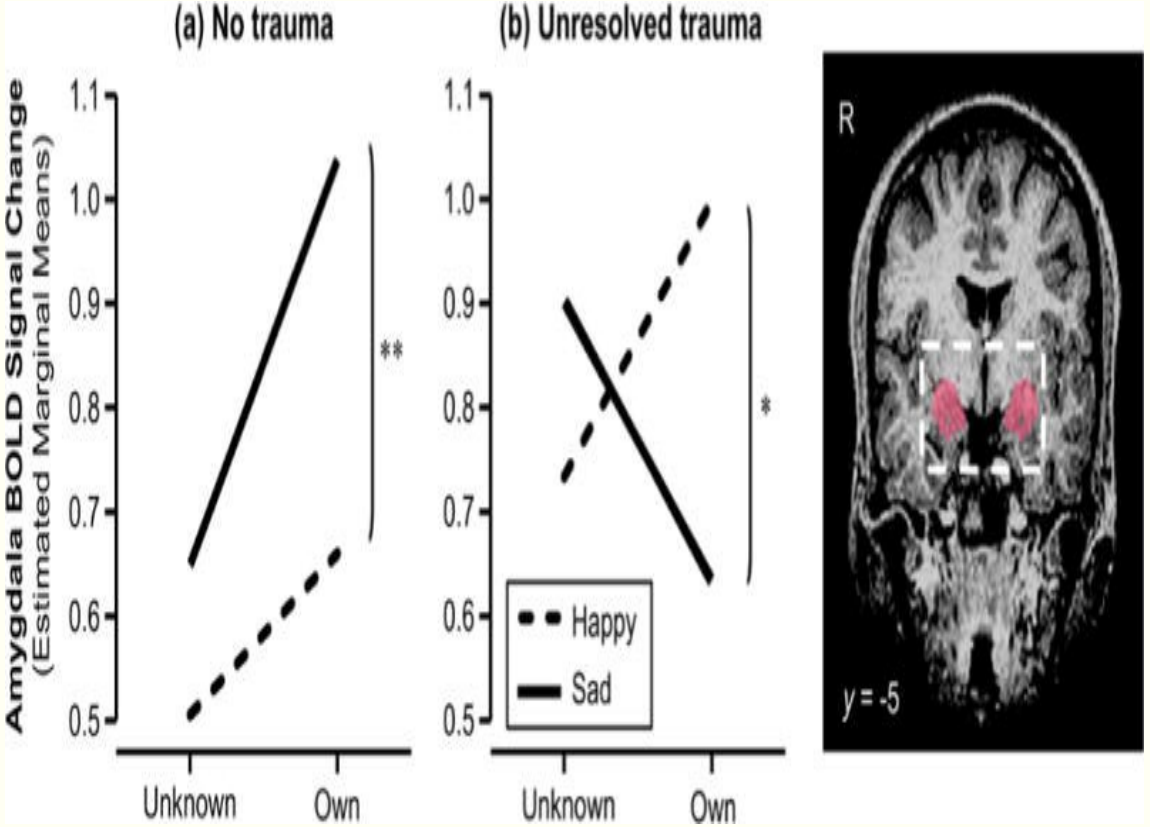
Optimal function of the social mind depends on mentalising skill and epistemic trust

- Insecurity of attachment is associated with impairments of the social mind:
    - Problems with epistemic trust i.e. a trust that enables people to connect to others through communication. Hypervigilance causes social anxiety and isolation, lack of friendships
    - Problems in sexual development and identity: and the transition to parenthood which also involves intimacy & vulnerability
    - Poor emotional modulation and regulation (distress tolerance): especially painful emotions
    - Struggles with cognitive development, metacognition and empathy
    - Impaired autobiographical memory
    - Reduced emotional lexicon i.e lacking the capacity to put feelings into words (Alexithymia)
    - Poor mentalising skills i.e not able to imagine others' minds, rigid kind of 'knowing about others

Unresolved traumatic distress due to ACES can affect epigenetic expression AND cause emotional dysregulation

When carers are absent for prolonged periods (illness, incarceration, work, family break down)

- Neglectful (emotionally and/or physically)
- Hostile (especially in response to neediness and vulnerability)
- Frightening
- Confused and frightened
- Helpless and hopeless
- All of the above
- Rare for these kinds of experience to happen singly
- Have carers had similar experiences?



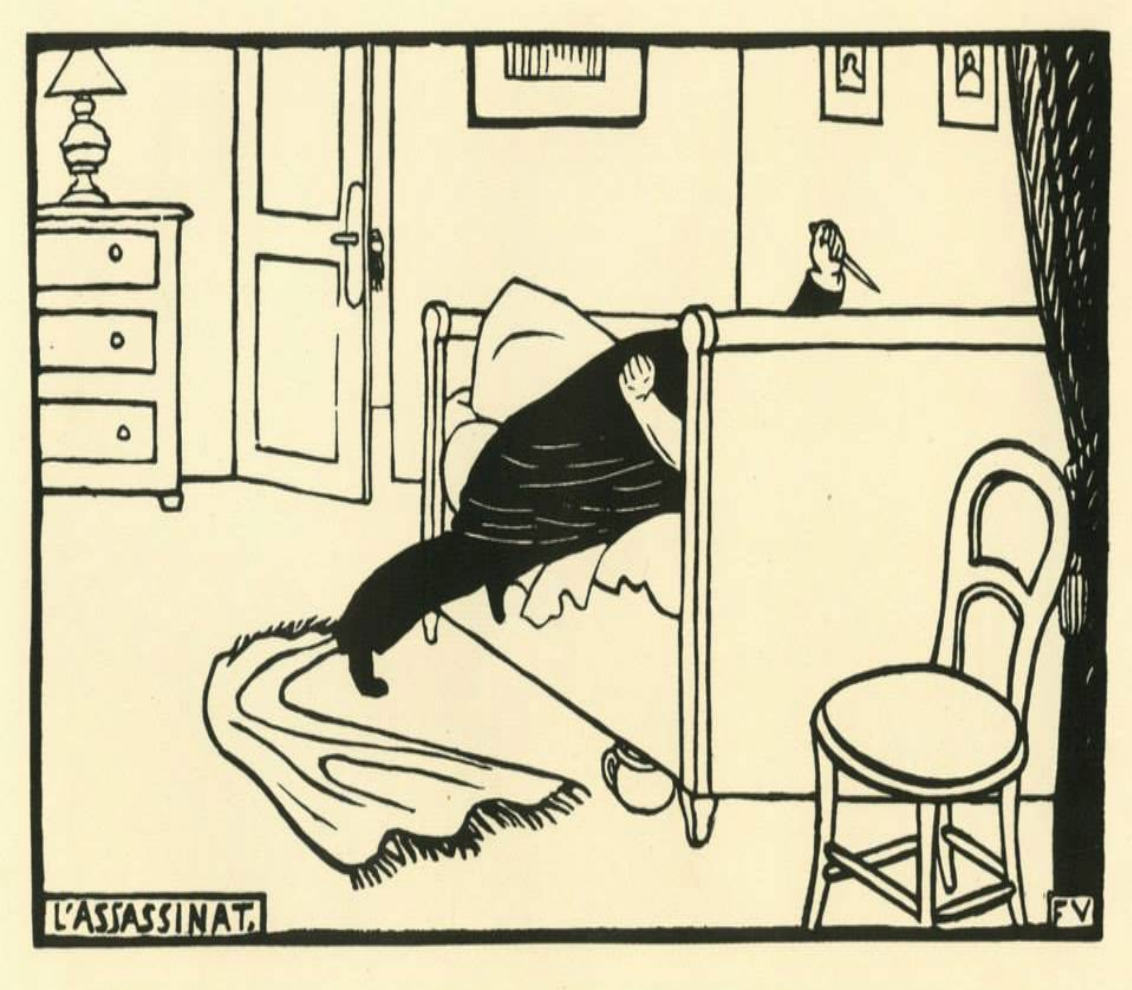
Disorganised attachment

- Very high rates in abused children
- Associated with increased rates of dissociative disorders and psychosomatic disorders
- Associated with increased rates of psychiatric disorders
- Associated with difficulties in providing care in adulthood
- May increase risk of violence acting out if other risk factors are present
- Hostile-helpless states of mind

Barone L & Carbone, N (2021) The role of disorganised attachment (hostile helpless states of mind) in filicidal women with mental illness

Giacchetti et al (2023) Filicidal women who kill more likely to have dismissing or disorganised attachment than women with post-natal depression

Studies of attachment insecurity in violence perpetrators

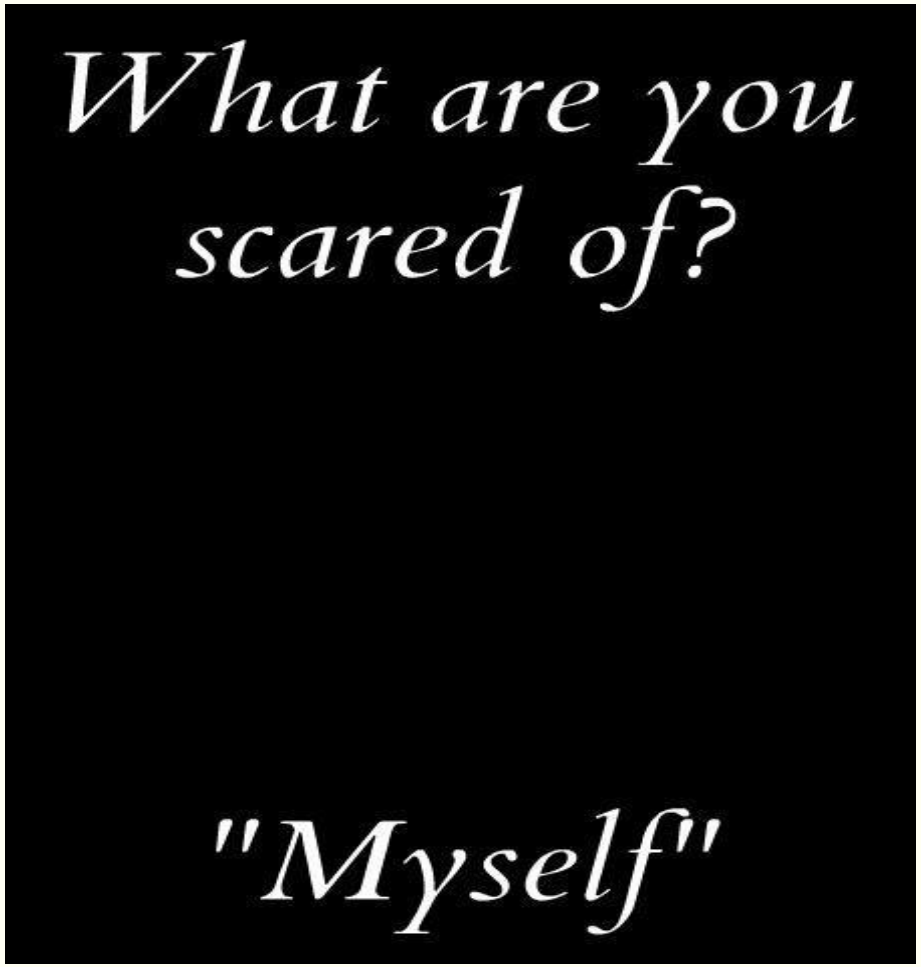


- Bowlby (1944) Juvenile thieves
- Dutton et al (1994) Studies of battering men
- Van Ijzendoorn et al (1997) male criminals in secure psychiatric facility
- Smallbone & Dadds (2000) sexually coercive behaviour
- Frodi et al (2001) Detained psychopaths
- Tonin (2004) Stalkers in secure psychiatric unit
- Fonagy & Levinson (2004) Prisoners with violence histories
- Adshead & Bluglass (2005) Female child maltreatment perpetrators
- McKenzie et al (2008) Stalkers in a secure psychiatric unit
- Barone et al (2014, 2021) Filicidal females
- Schimmenti et al (2014) Psychopathy in violent offenders
- Garofalo & Bogaerts (2019) Child molesters
- Velotti et al (2020) attachment anxiety and avoidance in IPV

Does level of ACE exposure reflect level of disorganised attachment??

- Men (and women?) exposed to ACES in childhood seem more likely to offend at younger age; and then graduate to adult prison. They risk becoming violence perpetrators; not once but repeatedly
- Insecure (disorganised) attachment leading to **poor mentalising** skills and dysfunctional defences
- Which affects **regulation of emotions that are associated with violence (rage, pain, fear) AND relational function**

This state of mind may be associated with other violence risk factors: **substance misuse, PTSD and reality distorting mental disorders**



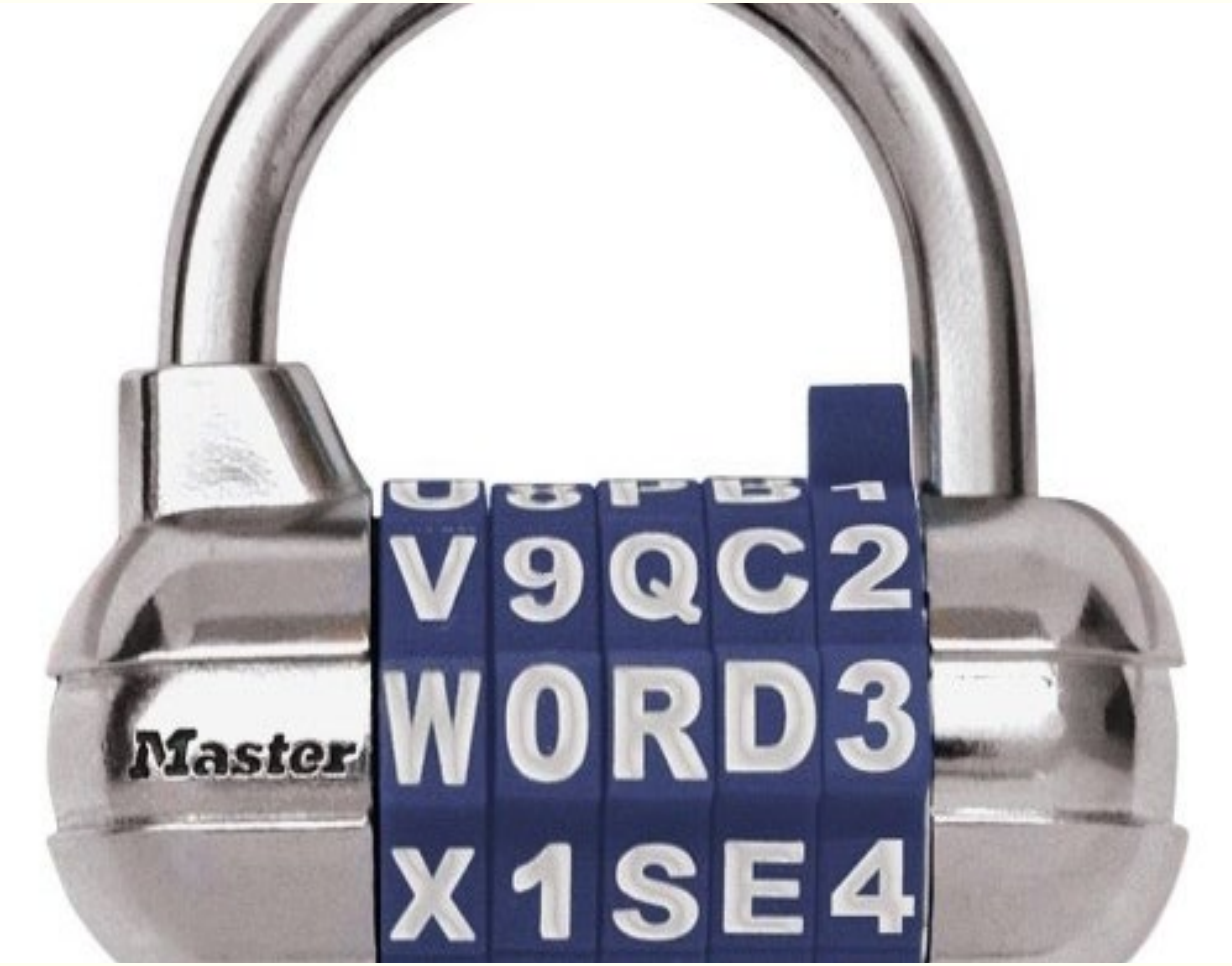
How could attachment insecurity increase violence risk?

- The attachment system in humans is like an immune system: it helps regulate affective stress, especially in the context of close human relationships
- Attachment disorganisation could impair the function of the social and relational mind
- Mediating factors include *offenders' inability to 'see' or 'mentalise' victims as people*
- And potentially *increase the tendency* to 'see' the victim as a threat
- Lowered threshold for threat perception causing increased risk of paranoia
- Increased use of reality distorting defences such as acting out, denial, dissociation
- Use of the body to express emotion where there is no symbolic function or emotional language (alexithymia)

- 'Speak, hands, for me!'

CM could be a risk factor for violence IFF combined with other risk factors

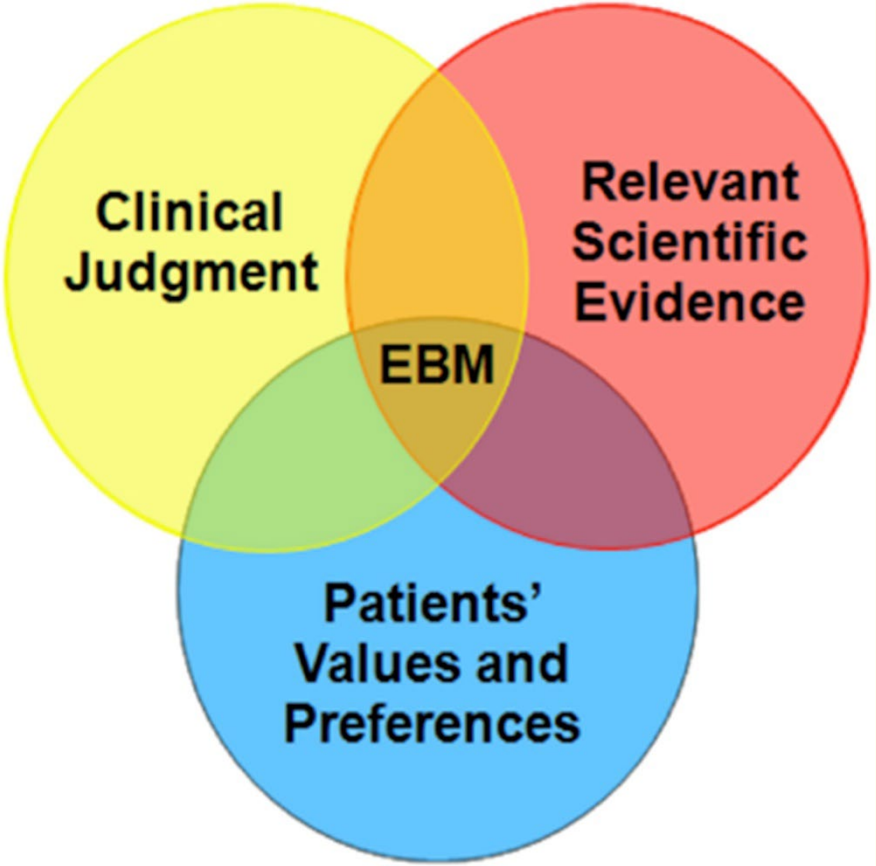
- Basic risk factors: being young, male, poor; gender role stereotypes & culture
- More specific: exposed to family& community violence and breakdown; the household dysfunction ACES, addiction and substance misuse
- More personal still: ACES of fear and emotional neglect leading to disorganized attachment, poor stress management, poor emotional regulation, DESPAIR.
- Emotional interaction with others increases sense of threat and paranoia. Experience of PTSD and poor reality testing
- Victim says or does something that activates trauma memories; and increases hostility to vulnerability



What does this mean for offender therapy & rehabilitation?

- Teaching people about trauma and the effects on attachment and mentalising
- Relational health (Backes & Willis, 2025) : Helping people understand that we cannot read minds; that we are opaque to each other. How to develop curiosity about other minds as well as out own.
- We all have to learn to tolerate uncertainty and ambiguity; substance abuse makes that hard
- Looking at *oneself* as a person with interest and compassion, which enables the capacity to ‘see’ others as being like you

Summary: Trauma exposure does not *cause* people to act violently and does not *predict* violence



- But we can say that exposure to trauma and different kinds of ACEs can cause the failure to develop the psychological mechanisms that are needed for pro-social relational life
- Violence can then occur IFF other risk factors are present BUT we cannot predict what they will be or how they might increase or decrease risk
- Trauma may explain but not excuse for violence
- Trauma education for staff and subjects is important to consider when planning violence reduction programmes

Conclusion

Cumulative exposure to childhood adversity, especially maltreatment, may increase risk of repeat offending, early offending and violent offending

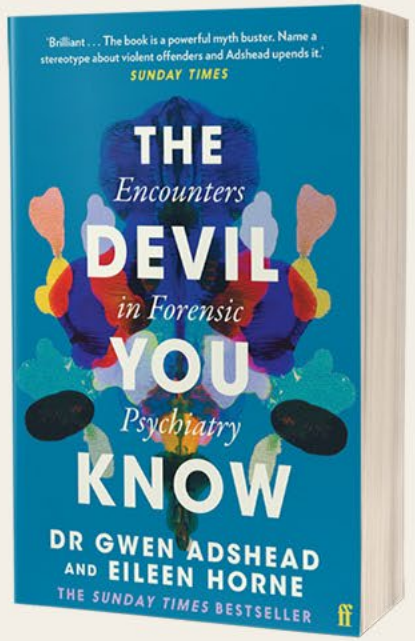
Effects may be more severe for males

Dose response relationship: the more ACES, the worse the offending risk generally

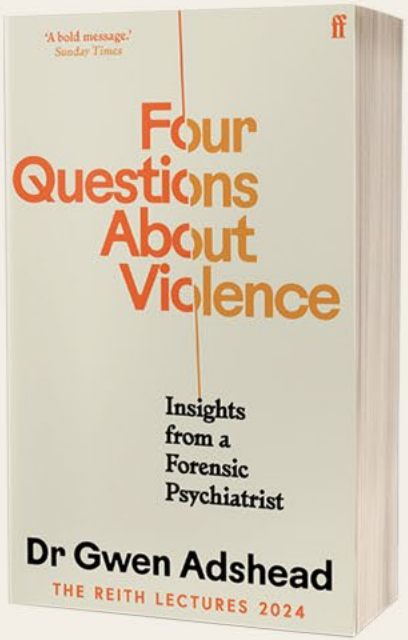
Research needed on mechanism: protective and resilience factors?

Implications (a) Prevention of child maltreatment in all its forms; including therapy for abusive parents and abused children

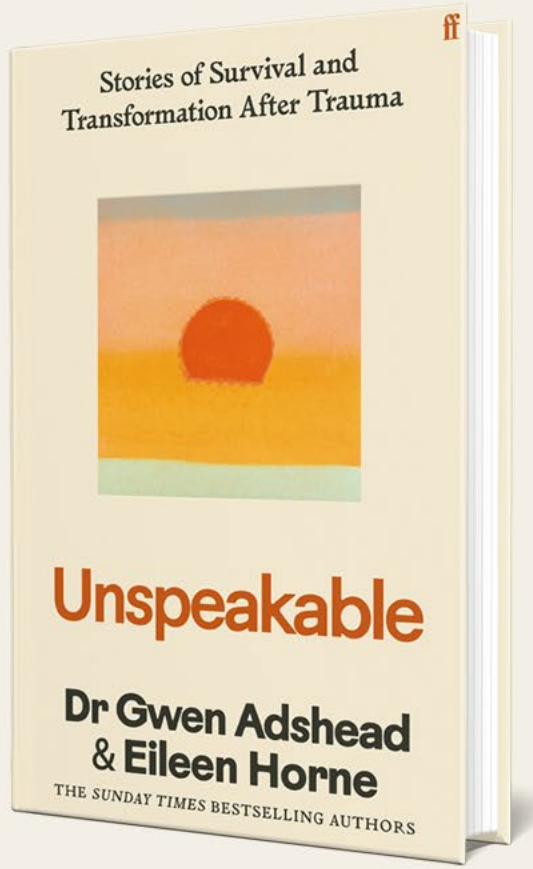
(b)What kind of therapy for what kind of offenders? More than one kind but in what order?



'Permanently recalibrated my empathy dial . . . Adshead quietly, humanely shows us that people remain people, despite their actions.'
New Statesman



'One of the most distinguished and brilliant minds in psychiatry.'
Marina Cantacuzino



'Infused with compassion and radical empathy, this book is thoughtful, important and a reminder that hope belongs to everyone.'
Christie Watson

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