Are we asking the right questions? Assessing trauma histories of men involved in the justice system

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Abstract

Purpose – *It has been repeatedly reported that women who use the justice system tend to have experienced higher levels of trauma than their male counterparts, despite evidence to state that men tend to more often avoid disclosing trauma. This study recognised this problem and aimed to implement an alternative, yet structured way of exploring trauma histories of justice-involved men compared to what has traditionally been used in research and practice thus far. The intention was to explore if doing so would result in greater reporting of traumatic experiences.*

Design/methodology/approach – *A semi-structured interview was conducted with 62 men who were resident in a specialist treatment service in a UK high secure prison. The interview schedule framed questions about abuse and trauma in a neutral way.*

Findings – *There was a significant increase in the reported frequency of traumatic experiences across almost all categories of adverse experiences, compared to what had been documented in the available historical reports about participants.*

Practical implications – *The findings have implications for improving the assessment process for men who use justice services, which could in turn improve the process of formulation, treatment and risk management for these individuals.*

Originality/value – *Whilst the results are preliminary and further research is needed, to the best of the authors' knowledge, this is the first study to attempt such a novel way of assessing trauma histories in justice-involved men.*

Keywords *Trauma, Trauma informed, Forensic, Criminal justice, Prison, Assessment*

Paper type *Research paper*

Introduction

Trauma has been described as a global public health concern (Magruder *et al.*, 2017). The impact of trauma and adverse experiences can be far-reaching, long-lasting and problematic (Felitti *et al.*, 1998). In recent years there has been a growing recognition among policymakers, clinicians and academics of the need to develop and adapt services so that they are adequately equipped to support the trauma-related needs of service users across a range of clinical contexts (Raja *et al.*, 2015; Sweeney *et al.*, 2018; Thomas *et al.*, 2019). Among these have been service users within the Criminal Justice System (CJS; Willmot and Jones, 2022).

Previous studies have drawn links between adverse life experiences and offending behaviour (Crole-Rees *et al.*, 2025; Payne *et al.*, 2008). It has generally been observed that forensic populations show higher rates of childhood adversity than those in the general population (Bruce and Laporte, 2015; Mckenna *et al.*, 2019). Ford *et al.* (2019) completed an adverse childhood experience (ACE) prisoner survey in the UK and reported that 84.1% of their sample had experienced at least one ACE. Almost half reported having experienced

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four or more. Of those described in the study as "prolific offenders", 89.4% had at least one ACE and 61.7% had four or more. In the same study, violence perpetration was significantly associated with most of the individual "types" of ACEs. Levenson *et al.* (2016) found that compared to men in the general population, men with histories of sexual offending had more than three times the odds of having experienced child sexual abuse. They had nearly twice the odds of physical abuse, 13 times the odds of verbal abuse and more than four times the odds of emotional neglect and coming from an unstable home environment. Similarly, the same authors found that rates of four or more ACEs in a population of women with sexual offence histories were far higher than the general female population (Levenson *et al.*, 2015). Not only this, trauma and adversity are linked to the psychological factors that are commonly cited as risk factors (Andrews and Bonta, 2010) that increase the likelihood of a person committing an offence. For example, substance misuse (Bailey and Stewart, 2014), deficits in social problem-solving (Sutherland and Bryant, 2008), relationship problems (Dorahy *et al.*, 2013) and problems with emotional management (Marwaha *et al.*, 2016) have all previously been linked to trauma. Peltonen *et al.* (2020) found that severe stress related to traumatic or strong negative life changes in adolescence was in itself a risk factor for violent behaviour. These findings help to explain why the prevalence of trauma is high among forensic service users.

Within the literature focused on prevalence of trauma, it has repeatedly been reported that women tend to have experienced higher levels of trauma than their male counterparts, both in the general population (Olff, 2017) and in forensic populations. de Vogel *et al.* (2016) reported that women in secure inpatient care had more complex histories of victimisation compared to men. Komarovskaya *et al.* (2011) reported that compared to men in prison (12.5%), women reported higher rates of trauma (40.2%) on a self-report measure of post traumatic stress disorder. Messina and colleagues (2007) also studied people in prison and reported that women had much greater exposure to ACEs than did men and more often reported continued sexual abuse in adolescence and as an adult. They also found that women reported higher levels of traumatic distress overall.

When interpreting the results of the above-cited studies, it is important to consider other research that has repeatedly found that men are more likely than women to avoid disclosing traumatic experiences and emotional distress (Purves and Erwin, 2004; Ullman and Filipas, 2005). The reasons for this can be complex and multifaceted, but examples include not wanting to appear vulnerable or weak (Cleary, 2012) based on both the expectations of the individual, as well as societal or cultural expectations (Kgatle and Mafa, 2021); feeling too ashamed to open up about such experiences (Hlavka, 2017); fear of being identified as homosexual (Valente, 2005) or feeling emasculated (Alaggia, 2005; Kia-Keating *et al.*, 2005). Others may not initially recognise their experiences as having been abusive (Wallace *et al.*, 2019). The reluctance of males to disclose sexual abuse in particular increases as boys increase in age due to factors such as shame, fear of relying on others for support and fear of being labelled homosexual (Goodman-Brown *et al.*, 2003; Paine and Hansen, 2002; Spataro *et al.*, 2001). Alaggia (2005) suggests that men who have sexually offended in adulthood are fearful of disclosing childhood sexual abuse due to fear that they will be blamed or disbelieved. In addition, assumptions about men being less likely to have histories of trauma than women are reflected in discourse about people who are incarcerated. Research suggests that healthcare professionals share the same implicit biases as other members of society, where the belief is often that boys are not abused as frequently as girls (Fitzgerald and Hurst, 2017). If professionals assume those with whom they are interacting lack traumatic histories, questions may be asked in ways that deter men from opening up (Yager *et al.*, 2021) or may not be asked at all (Read *et al.*, 2006). Therefore, it is reasonable to argue that studies that have reported on the prevalence of traumatic and adverse experiences of men, both more broadly and particularly among men in contact with the CJS , present an underrepresentation of the scale of this problem.

Failure to recognise the experiences of trauma in men who use forensic services has direct implications for management and treatment efforts that aim to improve the mental health and emotional wellbeing of such individuals. It also has implications for efforts that aim to reduce offending behaviours and the risk of harm to the public that is presented by this group. In the broader sense, failure to acknowledge and understand the degree of trauma and adversity experienced by these individuals means that organisations run the risk of failing to adapt their services to account for this area of need. This could increase their risk of re-traumatising/compounding experiences of trauma for the service users who come into contact with them. It has been widely acknowledged that being detained in prison is experienced traumatically for many, for example (Hagan *et al.*, 2018). This is particularly pertinent when considering the research that supports the idea that trauma is linked to the presence of what are generally accepted as risk factors for offending (Bailey and Stewart, 2014) and how trauma is argued by some to be a risk factor in and of itself (Peltonen *et al.*, 2020). Simply put, by failing to effectively account for the trauma-related needs of service users, forensic services are at risk of worsening the problems they aim to address. At the individual level, a lack of awareness of adverse or traumatic experiences has implications for the process of assessing and formulating the risk behaviours and needs of service users (Koerner *et al.*, 2011). In theory, without a robust understanding of the risk presented by service users and the factors that drive it, risk management plans and treatments that aim to reduce re-offending and improve the mental health and emotional wellbeing (Kleber, 2019) will be limited in their effectiveness to do so (Hart and Logan, 2011; Mumma, 2011; Sturmey, 2010).

The aim of the current study was to implement an alternative, yet structured way of exploring trauma histories of men compared to what has traditionally been used in research and clinical practice thus far (e.g. the ACE questionnaire). This was done by encouraging all assessing staff at the research site to use a semi-structured document to guide their interviews with service users. This was to ensure a comprehensive assessment of a group of men who were resident in a specialist treatment unit in one of the high secure prisons in the UK. The intention was that by doing so, we would address and offer a method to overcome limitations regarding barriers to trauma disclosure in men that have long impacted the prevalence estimates of trauma in male forensic populations. We aimed to provide recommendations to practitioners on how to more accurately elicit this information as a way of supporting service development. By doing so the study intended to improve the process of psychological assessment, formulation, treatment and management for men who use forensic services.

Method

Design

The study used a simple pre/post design. The dependent variables were the different categories of trauma/abuse, and the independent variable was the semi-structured interview guide introduced to explore trauma histories. The dependent variables were initially measured by reviewing reports that had been prepared by clinicians that had previously assessed the men in the sample. We recorded how many participants had been reported as having experienced the different categories of abuse/trauma/adversity. This was again measured after the introduction of the assessment tool by recording how many men in the sample reported having experienced the different categories of trauma/abuse during the assessment process. The rates of participants recorded having experienced each category of trauma/abuse prior to and after the assessment process were then compared.

Research site

The research site was a 70-bedded specialist treatment unit located within one of the UK's high secure prisons. It had originally operated as one of the four units dedicated to the

Dangerous by virtue of Severe Personality Disorder programme in the UK. The intention behind the service was to enable those who were generally excluded from treatment in prison to be provided with interventions that could enable them to change. Typically, the men were excluded from treatment either because they were identified as "psychopaths" and it was considered that standard, cognitively focused offending behaviour interventions would increase the level of risk that they posed. Or because their behaviour was difficult to manage within group settings.

Treatment within the service consisted of five years of individual therapy based upon cognitive, interpersonal and sensorimotor theory. This was combined with a range of group therapies. The therapeutic programme was formulation-driven and responsive to the idiosyncratic needs of the individuals who received the treatment. It was informed by attachment theory and the neuroscience of trauma, and the service users were expected to work on resolving the consequences of their history of early childhood trauma and neglect before they started to look at their offending more directly around year three of treatment. Group therapies ran alongside the developing relationship with the individual therapist and targeted the addressing of early childhood trauma; changing interpersonal relationships, including more intimate ones; improving ability to cope with emotions; managing schema-driven thoughts, feelings and behaviour; and working on reducing the use of offending and addictive behaviours to cope. Information was shared across the staff group, and prison officers played a key role in emotionally supporting the service users and offering mentoring and guidance.

Sample

The sample included 62 men who had been residents at the service over the study period. The mean age of the men within the sample was 43 years (range 23–66). The majority of the men were white (83%), and 17% came from a Black and Minority Ethnic group background. In terms of risk, 29% of the men were classified under the highest conditions of security within prison (known as Category A), whilst the remainder were Category B. Their mean Psychopathy Checklist-Revised score was 31 (a score of 30 or above is reserved for those who are considered at greatest risk of offence), and their mean scores on structured risk assessment scales, the HCR-20 (Historical Clinical Risk management – v3 – 20 item risk scale; Douglas et al.) and VRS (Violence Risk Scale), were 31.83 and 64, respectively. The vast majority of men within the sample had incurred a life sentence, and none of the men were able to be released without demonstrating a reduction in their risk. The mean tariff was 12 years, although the range included those with relatively short tariffs under the Indeterminate Public Protection sentencing scheme as well as those with tariffs approaching 30 years. Of the men, 35% were serving a sentence for murder, and a similar amount for other violent crimes. In total, 25% were convicted of rape as their index offence (5% were convicted of other sexual offences), but 44% were indicated to be sexually motivated index offences. Most of the men had seriously offended prior to their current index offence. Their mean number of convictions prior to age 18 was 8.41 (range 0–56), and post age 18 was 13.4 (range 1–68). Their mean number of convictions for sexual offences was 1.68 (range 0–10). Some men had already served life sentences and had been released before committing another serious offence that had warranted a further life sentence.

Prisoners were typically referred to the service because they had proved demanding to the system to cope with elsewhere. They had often spent a significant period of their sentence living under segregation conditions or even been housed in specialist close supervision centres. A significant proportion had seriously offended in prison, including a small number who had murdered another person whilst in prison. They had typically incurred many adjudications for breaches of prison rules and may have at times become involved in highly disruptive behaviour such as "dirty protest" and prison mutiny. Others had posed a serious risk to their own well-being through severe self-harming or suicidal behaviour.

The offending behaviour of the men within the unit was often observed to be extreme. The average prisoner within the sample demonstrated criminal versatility; that is, they had exhibited a broad range of offending behaviour. They had more often offended against an unknown victim, and their offending had, at least initially, appeared to be instrumentally motivated. Often the use of force within their offending had been excessive and prolonged (e.g. 90 stab wounds as part of the offence of one individual), and the offences for some included dismemberment of the victim's body. As a consequence of the extreme and at times unusual use of force, the individuals had often attracted significant media attention.

Materials

Materials included professional reports that had been prepared by various clinicians who had assessed the men prior to their admission to the research site. Participants typically had multiple contacts with professionals before they arrived at the research site, and Table 1 shows the number of reports available by discipline for the men upon their arrival. It is acknowledged that participants would have in all likelihood been assessed on other occasions also, for which reports were unavailable.

As well as professional reports, a semi-structured interview schedule was used to further explore the trauma histories of the participants during the first three months of their admission. The interview schedule was initially developed to support trainee, and less experienced psychologists in completing assessment and formulation reports prior to developing complex individual treatment plans. It was later revised and updated. The final version of the interview schedule consisted of almost 100 questions (plus prompts) clustered under 11 domains (A. Childhood & Family History; B. Education; C. Occupational History; D. Sexual Contact; E. Children; F. Other Significant Relationships; G. Forensic History; H. Risk to self; I. Physical Health; J. Use of Substances; K. Self-concept). The schedule was influenced by Crittenden's Adult Attachment Interview Schedule, and clinicians were encouraged to observe transference and countertransference during the interview as well as more general patterns of relating, defence mechanisms and coping strategies, including evidence of resilience. Examples of questions that participants were asked included "How was affection demonstrated within your family?", "How did you spend your time when unemployed?" "What would happen when you were naughty as a child?", "Did anyone try to touch you sexually as a child?". The full interview schedule is available on request from the first author.

It is acknowledged that there was a degree of subjectivity about the data collected using this method. For instance, at times, the therapist was required to reflect on the type of experiences described and decide whether an individual was emotionally neglected or emotionally abused on the basis of the information provided.

Procedure

A professional involved in the care and treatment of the individuals within the study firstly reviewed all file information and professional reports and recorded how many of the participants had reported experiencing each of the different categories or trauma/abuse.

Table 1 Reports available on prisoners upon arrival within the service by professional discipline

Discipline	*No. of participants*	*%*
Psychiatrist	43	69.4
Psychologist	58	93.5
Social worker	2	3.2
Probation officer	44	71

Source(s): Created by authors

Each individual service user was allocated a therapist who was either a qualified clinical, forensic or counselling psychologist or psychotherapist or a trainee forensic psychologist. Individuals who were considered harder to engage (e.g. because they were more volatile, they were more rejecting of therapists or more fearful of assessment) were allocated to qualified staff. Over a 12-week period, therapists assessed individuals using the guidance of the semi-structured interview schedule and recorded key adverse events each participant had disclosed in the period prior to their first Care Programme Approach (CPA) review. CPAs were generally held six months after admission to the research site. Prior to conducting the assessments, professionals had been provided a training workshop focused on enhancing clinical assessment skills and reducing implicit bias. This was to help them understand how thorough assessment and formulation could contribute to effective rapport building and treatment delivery in men who had previously been considered untreatable.

Ethical considerations

The overall assessment and data collection process had been approved by the relevant national health service ethics committee. All the collected data could be considered information that would be collected as part of a standard assessment within any residential treatment service for people with complex mental health problems. All the men in the unit had chosen to be referred to the service and were free to disengage with the assessment process without consequence if they so wished. They provided their informed consent to be included in the study.

Results

As we aimed to compare frequencies between multiple pairs of related categories, analysis was conducted using multiple McNemar tests. Adedokun and Burgess (2012) describe the McNemar test as the most appropriate tool for analysing pre-post differences in related dichotomous variables. Table 1 displays how many of the participants had each type of childhood trauma/abuse recorded for them pre- and post-implementation of the self-report measure. It also includes the level of statistical significance for the differences recorded between each category of trauma/abuse.

Analysis revealed that the rates of all forms of trauma/abuse reported, other than accident or early parental death, significantly increased following the administration of the novel self-report measure. In addition to the data captured in Table 2, there is further data about the number of people who had sexually victimised the participant, but that is not reported here.

Table 2 Comparison of recorded childhood trauma/abuse

Category of trauma/abuse	*No. on admission*	*No. following assessment*	*% on admission*	*% following assessment*	p *(two tailed)*
Sexual abuse	16	41	25.8	66.1	$p < 0.001$
Physical abuse	22	45	35.5	72.6	$p < 0.001$
Neglect (emotional and physical)	21	50	33.9	80.6	$p < 0.001$
Emotional abuse	6	41	9.7	66.1	$p < 0.001$
Parental antipathy	5	37	8.1	59.7	$p < 0.001$
Parental domestic violence	9	27	14.5	43.5	$p < 0.001$
Local authority care	17	33	27.4	53.2	$p < 0.001$
Accident	2	6	3.2	9.7	$p = 0.125$
Early parental death	5	8	8.1	12.9	$p = 0.250$
Parental separation	19	40	30.6	64.5	$p < 0.001$
Hospitalisation	3	13	4.8	20.8	$p = 0.002$
Bullied	4	48	6.5	77.4	$p < 0.001$
Poverty	2	10	3.2	16.1	$p = 0.008$

Source(s): Created by authors

For those men who had been sexually abused during childhood, experiencing this at the hands of more than one perpetrator was common. Given that many of the participants had offended against women, it is worthy of note that of those who had been sexually abused during childhood, 52% had been abused on at least one occasion by a woman (acting independently of any men).

As well as looking at the childhood experiences of participants, we also considered trauma and abuse in adulthood. Table 3 provides a comparison of recorded adulthood adversity experienced by participants. All differences observed in this part of the analysis were statistically significant.

Discussion

The aim of this study was to implement an alternative, structured way of exploring trauma histories of men involved with the CJS in an attempt to overcome limitations regarding barriers to trauma disclosure in men that have impacted prevalence estimates of trauma in male forensic populations. This was done by using a novel semi-structured interview to guide the assessment process for service users following their admission to a specialist treatment unit in one of the UK high secure prisons. It was found that the service users reported significantly higher levels of trauma in almost all categories when asked about their histories using the semi-structured interview compared to what they had previously reported to professionals. The findings provide support for the claim that prevalence rates of trauma among men in contact with the justice system are an underestimation of the scale of the problem. This is important because failure to recognise the experiences of trauma in men who use forensic services has direct implications for management and treatment efforts that aim to improve the mental health and emotional wellbeing of such individuals, as well as those that aim to reduce offending behaviours and the risk of harm to the public that is presented by this group. It is still common for professionals working within the criminal justice system to suggest that male prisoners are less likely than female prisoners to have a history of trauma. Government policy designed to reduce societal violence and sexual violence is labelled as "Violence Against Women and Girls Strategy" (2021) despite stating it is intended to reduce violence against men and boys too. It is perhaps therefore unsurprising that policy documents relating to prisons also reflect a bias that women in prison are more likely to have histories of trauma than their male counterparts. Our data challenges this assumption. Our finding support those of O'Rourke *et al.* (2025), who found that it was possible to talk about the concept of difficult life events with male prisoners. The authors found that the young men in their sample demonstrated a lack of common language and understanding of what "counts" as trauma, which was compounded by not talking about their experiences. It could be that this helps to explain the lack of recognition of trauma in men who use justice services. It could be that the assessment interview schedule used in the current study helps men to discuss their experiences when they perhaps do not recognise them as trauma. More research is, however, needed to support this claim. O'Rourke *et al.* (2025) also advise that clinicians avoid assumptions when working with this group. This is a recommendation that we support.

Table 3 Comparison of recorded trauma/abuse in adulthood

Category of trauma/abuse	*No. on admission*	*No. following assessment*	*% on admission*	*% following assessment*	P *(two tailed)*
Physical assault	0	10	0	16.1	$p = 0.002$
Sexual assault	1	23	1.6	37.1	$p < 0.001$
Accident	1	10	1.6	16.1	$p = 0.004$
Peer pressured violence	1	12	1.6	19.4	$p < 0.001$
Sex work	0	6	0	9.7	$p = 0.031$

Source(s): Created by authors

The reasons for men being less likely to report trauma or report experiences as having been abusive are complex. It was observed at the research site that most of the men who had been admitted had spent many hours in conversation with staff in the CJS discussing their histories. However, they were typically more comfortable talking about the wrongs they had committed rather than the ways in which they themselves had been wronged. They had been involved in so many discussions about their criminal behaviour whilst in prison that they had mastered a way to manage conversations about it. Even if they were somewhat disconnected or dissociated whilst doing so. Research by Liddon *et al.* (2018) supports this where men were less inclined than women to seek help for psychological issues. Most of the men who were admitted to the research site came because others had identified them as having psychological issues rather than because they identified themselves as being in need of help. However, once in treatment, service users often expressed awareness that they had deep problems to address (Blagden *et al.*, 2023). Participants in the current study initially expressed reluctance to discuss their own history of being harmed, citing several fears. Their main worry seemed to be fear that any discussions of trauma would be interpreted as an attempt to evade responsibility for their offending. Several expressed a lack of worthiness to accept treatment or a fear of engaging in something they knew would be very painful (Blagden *et al.*, 2023). They also expressed reluctance to betray the loyalty of their family (especially where their family had remained in contact with them despite the shame their offending had exposed their family to), and they wanted to protect their family from the intrusion of the CJS.

Other observations were that the vast majority of participants in the study had been raised alongside other families where the children had been similarly mistreated. To some degree, they saw violence and emotional abuse as “normal” child-rearing practices. They could often cite other people who had been treated more harshly or been exposed to worse violence than they had been, which they used to dismiss and minimise their own abuse. They also contrasted themselves with siblings who had not ended up in contact with the justice system even when there was evidence that their siblings may have different kinds of psychological issues, e.g. suicidal behaviour, suggesting that abuse therefore could not have played a part in their offending behaviour. Those men who had a history of sexual trauma often expressed worry that they would be perceived as homosexual if this was discovered. Or they blamed themselves for not being able to protect themselves. They described feeling emasculated by the abuse, and until they had established a degree of trust in the unit, they spoke of a fear that others would prey upon them if they appeared vulnerable.

As well as the internal factors that inhibited participants from discussing traumatic histories, assumptions about men being less likely to have histories of trauma than women are often reflected in discourse about people who are incarcerated. If psychologists assume those with whom they are interacting lack traumatic histories, questions may be asked in ways that deter men from opening up or may not even be asked at all (Yager *et al.*, 2021). Research suggests that healthcare professionals share the same implicit biases as other members of society (Fitzgerald and Hurst, 2017). Since society assumes boys are not sexually abused as frequently as girls, it may be expected that professionals working in prisons may assume that men in prison have less sexual trauma than women in prison in their histories. LaRue’s (2020) research on setting bias suggests that clinicians were significantly more likely to assign a fictitious client a diagnosis of anti-social personality disorder when they believed them to be located in prison than when they were located in hospital. The opposite was true for a diagnosis of borderline personality disorder (BPD). Whilst those with BPD do not appear more likely than those meeting diagnostic criteria for another personality disorder to have a traumatic history (Golier *et al.*, 2003), it is possible that professionals working in prisons expect to see less trauma in the histories of their service users than those working in hospitals.

The findings also have implications for the routine processes followed for working with and assessing men in prison. Referral into this particular service was an involved process. Whilst service users could self-refer, most were referred by other professionals working within the CJS who were familiar with their offending history. Those who were accepted for prolonged assessment were typically accompanied by extensive documentation about the individual's risk and offending history. The overwhelming majority had been assessed by multiple professionals on multiple occasions. Typically, these professionals had spent several hours in the company of the service user and had sometimes worked with them over a very extensive period. This is common for individuals serving long prison sentences. Despite this, the current findings suggest that what was known about any early adverse life experiences of service users was limited prior to them being assessed in the way described here. If the assessment process outlined in this study is implemented on a broader scale within the criminal justice system, a true representation of the prevalence of trauma in men who come into contact with such services could be gleaned. It could be argued that this is required before justice services can become truly trauma informed.

A potential issue with the data collection for the study relates to the possibility that referring professionals did not document experiences of trauma for the service users in their referral reports. However, whilst possible, we deem this to be unlikely. The service in which the research was conducted pitched itself as a trauma-focused treatment service. It had a specified treatment model that emphasised the need to address each service user's own trauma before addressing their offending behaviour. However, the service users were typically referred because they presented with behavioural challenges to routine prison service management and treatment options. Many of the referrers had worked hard to secure a place for the individual they had referred. Five years of treatment in the high secure prison estate is a scarce resource and referrers or holding prisons (in case of self-referrals) had to engage with quite a complex process over a period of weeks or sometimes months. Many would probably have felt they had a good understanding of the person they were referring, and they handed over significant documentation, including reports from probation officers, psychologists (usually forensic but occasionally clinically qualified) and psychiatrists. Had the referring professionals known about adverse early childhood experiences in the individual's history, it seems unlikely that they would have neglected to report it.

Clinical staff at the research site were trained to understand that the men they would encounter would probably have traumatic histories. The use of the semi-structured interview schedule helped these professionals to ask questions in a neutral manner in an attempt to capture details of a service user's history in order for an effective formulation to be arrived at. For instance, rather than be asked "Have you ever experienced sexual abuse?" men were asked "How old were you when you first had sexual contact with another person, and how old was the person you had this contact with?" Instead of being asked "Were you physically abused?" men were asked "Did anyone ever physically discipline you?" And "Did this ever lead to bruises or injuries?" Asking questions in this manner appeared to enable participants to be open about their histories. This was likely because they were not required to make value judgements about their experiences and decide whether it would be considered abusive or not. The findings suggest that training staff might overcome their inherent biases against being able to see men as victims of abuse. Doing so as well as exploring trauma histories in a way that avoids such value judgements may enable forensic practitioners to complete more accurate assessments of service users. This would in turn enable case formulations, treatment plans and risk management strategies to be more effective.

Within the unit, it was observed that staff and service users who were more established in treatment spoke openly about the common prevalence of trauma (at a general level) in the histories of the men that were treated in the unit. Those who had been in treatment for a

couple of years or more, often spoke openly about the abuse or other harms they had experienced. They role modelled that a history of being harmed was not something to be ashamed of and could be spoken of openly without fear of repercussion. This was particularly powerful when service users who worked hard to maintain a "tough man" persona spoke up about their own abuse. It could be that the process of enabling some service users to openly tell their stories through the methods discussed here would empower others to do the same. This again has implications for accurate assessment and formulation and for trauma-informed service provision within the justice system.

Limitations

The main limitation of this study relates to the interview schedule that was used as part of the assessment of the trauma histories of the participants in the study. This measure has not yet been validated, and as such, our findings need to be interpreted with a degree of caution with this considered. It would be beneficial for future studies to examine the psychometric properties of the measure and validate its use with male forensic service users. We also acknowledge that we did not control for self-report bias, which is a recognised problem in individuals who score highly on measures of psychopathy (Ziegler *et al.*, 2011). In addition, our study was small by virtue of the sample size and consisted of service users detained in a very specific service, of which there are few others in the UK and elsewhere. This plus the absence of a control/comparison group means that generalisability of our findings is limited. Including how the findings generalise to women in prison, the general male prison population, people who have personality disorder diagnoses outside of the forensic context and those of non-white ethnicity. When compared to the wider prison estate, it is noteworthy that there was a higher proportion of white service users among our sample. It is currently unclear why this was observed, although research has found that compared with white service users, personality disorder was significantly less prevalent among BAME groups (Hossain *et al.*, 2018). The fact that the service that was the focus of the current study was a specialist personality disorder unit may explain the observed difference in ethnicity. Taken altogether, this means that the interview schedule will need to be used with other groups of service users in different settings before any certainty can be claimed about the effectiveness of the tool and if our findings reflect trauma disclosures of male forensic service users more broadly. Finally, due to the nature of the data available, we were only able to conduct analysis related to the frequency at which traumatic experiences occurred. We were unable to conduct any more sophisticated analyses and were unable to consider the severity of traumatic experiences, rather than just the frequency of them. Based on all of these limitations, we deem our findings to be preliminary, and further research is required to support them. Nevertheless, they do have important implications for trauma-informed assessment with men who use the criminal justice system.

Conclusion

Consensus is that women who use the justice system tend to have experienced higher levels of trauma than their male counterparts, despite evidence to state that men tend to more often avoid disclosing trauma. The current study tested this idea using a novel approach to taking trauma histories of justice-involved men. Through asking the right questions, there was a significant increase in the reported frequency of traumatic experiences compared to what had been documented in the available historical reports about participants. This increase was observed across almost all categories of adverse experiences. To the knowledge of the authors, this is the first study to attempt such a novel way of assessing trauma histories in justice-involved men. The findings have implications for how to approach assessment with such individuals, as well as having implications for formulation and treatment.

Implications for practice

- Clinicians working with justice-involved men should not assume an absence of traumatic experiences.
- When assessing trauma histories of justice-involved men, clinicians should try and avoid asking questions that require the person to make a value judgement about their experiences. More neutral questions could elicit a more in-depth response.
- Such questions, for example, could include "How old were you when you first had sexual contact with another person and how old was the person you had this contact with?" Instead of "Have you ever experienced sexual abuse?"
- Assessing trauma histories in this way could lead to more accurate formulation and understanding of risk, which could in turn lead to greater treatment benefits.

References

Adedokun, O.A. and Burgess, W.D. (2012), "Analysis of paired dichotomous data: a gentle introduction to the McNemar test in SPSS", *Journal of MultiDisciplinary Evaluation*, Vol. 8 No. 17, pp. 125-131.

Alaggia, R. (2005), "Disclosing the trauma of child sexual abuse: a gender analysis", *Journal of Loss and Trauma*, Vol. 10 No. 5, pp. 453-470, doi: 10.1080/15325020500193895.

Andrews, D.A. and Bonta, J. (2010), *The Psychology of Criminal Conduct*, Routledge, London.

Bailey, K.M. and Stewart, S.H. (2014), "Relations among trauma, PTSD, and substance misuse: the scope of the problem", in Ouimette, P. and Read, J.P. (Eds), *Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders*, American Psychological Association, pp. 11-34.

Blagden, N., Evans, J., Gould, L., Murphy, N., Hamilton, L., Tolley, C. and Wardle, K. (2023), "The people who leave here are not the people who arrived." a qualitative analysis of the therapeutic process and identity transition in the offender personality disorder [OPD] pathway", *Criminal Justice and Behavior*, Vol. 50 No. 7, pp. 1035-1052, doi: 10.1177/00938548231165529.

Bruce, M. and Laporte, D. (2015), "Childhood trauma, antisocial personality typologies and recent violent acts among inpatient males with severe mental illness: exploring an explanatory pathway", *Schizophrenia Research*, Vol. 162 Nos 1/3, pp. 285-290.

Cleary, A. (2012), "Suicidal action, emotional expression, and the performance of masculinities", *Social Science & Medicine*, Vol. 74 No. 4, pp. 498-505.

Crole-Rees, C., Lawrence, D., Blundell, L., Saward, K., Jones, L., El Anany, S. and Forrester, A. (2025), "Eye movement desensitisation and reprocessing (EMDR) within prisons and the criminal justice system", *Medicine, Science and the Law*, Vol. 65 No. 1, pp. 5-8.

De Vogel, V., Stam, J., Bouman, Y.H., Ter Horst, P. and Lancel, M. (2016), "Violent women: a multicentre study into gender differences in forensic psychiatric patients", *The Journal of Forensic Psychiatry & Psychology*, Vol. 27 No. 2, pp. 145-168.

Dorahy, M.J., Corry, M., Shannon, M., Webb, K., McDermott, B., Ryan, M. and Dyer, K.F. (2013), "Complex trauma and intimate relationships: the impact of shame, guilt and dissociation", *Journal of Affective Disorders*, Vol. 147 Nos 1/3, pp. 72-79.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V. and Marks, J.S. (1998), "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study", *American Journal of Preventive Medicine*, Vol. 14 No. 4, pp. 245-258, doi: 10.1016/S0749-3797(98)00017-8.

Fitzgerald, C. and Hurst, S. (2017), "Implicit bias in healthcare professionals: a systematic review", *BMC Medical Ethics*, Vol. 18 No. 1, doi: 10.1186/s12910-017-0179-8.

Ford, K., Barton, E., Newbury, A., Hughes, K., Bezeczky, Z., Roderick, J. and Bellis, M. (2019), *Understanding the Prevalence of Adverse Childhood Experiences (ACEs) in a Male Offender Population in Wales: The Prisoner ACE Survey*, Public Health Wales.

Golier, J., Yehuda, R., Bierer, L., Metropoulou, V., New, A., Schmeidler, J., Silverman, J. and Siever, L. (2003), "The relationship of borderline personality disorder to post traumatic stress disorder and traumatic events", *American Journal of Psychiatry*, Vol. 160 No. 11, pp. 2018-2024.

Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D. and Gordon, D.S. (2003), "Why children tell: a model of children's disclosure of sexual abuse", *Child Abuse & Neglect*, Vol. 27 No. 5, pp. 525-540.

Hagan, B.O., Wang, E.A., Aminawung, J.A., Albizu-Garcia, C.E., Zaller, N., Nyamu, S. and Transitions Clinic Network. (2018), "History of solitary confinement is associated with post-traumatic stress disorder symptoms among individuals recently released from prison", *Journal of Urban Health*, Vol. 95 No. 2, pp. 141-148.

Hart, S. and Logan, C. (2011), "Formulation of violence risk using Evidence-Based assessments: the structured professional judgement approach", in Sturmey, P. and McMurran, M. (Eds), *Forensic Case Formulation*, John Wiley & Sons, New York, NY, pp. 83-107.

Hlavka, H.R. (2017), "Speaking of stigma and the silence of shame: young men and sexual victimization", *Men and Masculinities*, Vol. 20 No. 4, pp. 482-505.

Hossain, A., Malkov, M., Lee, T. and Bhui, K. (2018), "Ethnic variation in personality disorder: evaluation of 6 years of hospital admissions", *BJPsych Bulletin*, Vol. 42 No. 4, pp. 157-161.

Kia-Keating, M., Grossman, F.K., Sorsoli, L. and Epstein, M. (2005), "Containing and resisting masculinity: narratives of renegotiation among resilient male survivors of childhood sexual abuse", *Psychology of Men & Masculinity*, Vol. 6, pp. 169-185, doi: 10.1037/1524-9220.6.3.169.

Kgatle, M.O. and Mafa, P. (2021), "Hidden trauma: men's non-disclosure of female perpetrated partner violence in selected communities of Limpopo province", *Humanities & Social Sciences Reviews*, Vol. 9 No. 5, pp. 68-74.

Kleber, R.J. (2019), "Trauma and public mental health: a focused review", *Frontiers in Psychiatry*, Vol. 10, p. 451.

Koerner, N., Hood, H.K. and Antony, M.M. (2011), "Interviewing and case formulation", in Barlow, D.H. (Ed.), *The Oxford Handbook of Clinical Psychology*, Oxford University Press, Oxford, pp. 227-256.

Komarovskaya, I.A., Booker Loper, A., Warren, J. and Jackson, S. (2011), "Exploring gender differences in trauma exposure and the emergence of symptoms of PTSD among incarcerated men and women", *Journal of Forensic Psychiatry & Psychology*, Vol. 22 No. 3, pp. 395-410.

LaRue, G. (2020), "Misdiagnosing borderline personality disorder: does setting bias and gender bias influence diagnostic decision-making?", Doctoral dissertation, Wright State University, available at: http://rave.ohiolink.edu/etdc/view?acc_num=wsupsych1562840248763243

Levenson, J.S., Willis, G.M. and Prescott, D.S. (2015), "Adverse childhood experiences in the lives of female sex offenders", *Sexual Abuse*, Vol. 27 No. 3, pp. 258-283.

Levenson, J.S., Willis, G.M. and Prescott, D.S. (2016), "Adverse childhood experiences in the lives of male sex offenders: implications for trauma-informed care", *Sexual Abuse*, Vol. 28 No. 4, pp. 340-359.

Liddon, L., Kingerlee, R. and Barry, J. (2018), "Gender differences in preferences for psychological treatment, coping strategies and triggers to help seeking", *British Journal of Clinical Psychology*, Vol. 57 No. 1, pp. 42-58.

McKenna, G., Jackson, N. and Browne, C. (2019), "Trauma history in a high secure male forensic inpatient population", *International Journal of Law and Psychiatry*, Vol. 66, p. 101475.

Magruder, K.M., McLaughlin, K.A. and Elmore Borbon, D.L. (2017), "Trauma is a public health issue", *European Journal of Psychotraumatology*, Vol. 8 No. 1, p. 1375338.

Marwaha, S., Gordon-Smith, K., Broome, M., Briley, P.M., Perry, A., Forty, L. and Jones, L. (2016), "Affective instability, childhood trauma and major affective disorders", *Journal of Affective Disorders*, Vol. 190, pp. 764-771.

Messina, N., Grella, C., Burdon, W. and Prendergast, M. (2007), "Childhood adverse events and current traumatic distress: a comparison of men and women drug-dependent prisoners", *Criminal Justice and Behavior*, Vol. 34 No. 11, pp. 1385-1401.

Mumma, G.H. (2011), "Current issues in case formulation", in Sturmey, P. and McMurran, M. (Eds), *Forensic Case Formulation*, John Wiley & Sons, New York, NY, pp. 33-61.

O'Rourke, R., Marriott, M., Trigg, R. and Kitson-Boyce, R. (2025), "A phenomenological analysis of young male prisoners' experiences of trauma: 'trauma is every day'", *International Journal of Law, Crime and Justice*, Vol. 81, p. 100732.

Olff, M. (2017), “Sex and gender differences in post-traumatic stress disorder: an update”, *European Journal of Psychotraumatology*, Vol. 8 No. sup4, p. 1351204.

Paine, M.L. and Hansen, D. (2002), “Factors influencing children to self-disclose sexual abuse”, *Clinical Psychology Review*, Vol. 22 No. 2, pp. 271-295.

Payne, E., Watt, A., Rogers, P. and McMurran, M. (2008), “Offence characteristics, trauma histories and post-traumatic stress disorder symptoms in life sentenced prisoners”, *The British Journal of Forensic Practice*, Vol. 10 No. 1, pp. 17-25.

Peltonen, K., Ellonen, N., Pitkänen, J., Aaltonen, M. and Martikainen, P. (2020), “Trauma and violent offending among adolescents: a birth cohort study”, *Journal of Epidemiology and Community Health*, Vol. 74 No. 10, pp. 845-850.

Purves, D.G. and Erwin, P.G. (2004), “Post-traumatic stress and self-disclosure”, *The Journal of Psychology*, Vol. 138 No. 1, pp. 23-34.

Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S. and Rajagopalan, C. (2015), “Trauma informed care in medicine”, *Family & Community Health*, Vol. 38 No. 3, pp. 216-226.

Read, J., McGregor, K., Coggan, C. and Thomas, D.R. (2006), “Mental health services and sexual abuse: the need for staff training”, *Journal of Trauma & Dissociation*, Vol. 7 No. 1, pp. 33-50.

Spataro, J., Moss, S.A. and Wells, D.L. (2001), “Child sexual abuse: a reality for both sexes”, *Australian Psychologist*, Vol. 36 No. 3, pp. 177-183.

Sturmey, P. (2010), “Case formulation in forensic psychology”, In Daffern, M., Jones, L. and Shine, J. (Eds), *Offence Paralleling Behaviour: A Case Formulation Approach to Offender Assessment and Intervention*, John Wiley & Sons, New York, NY, pp. 25-53.

Sutherland, K. and Bryant, R.A. (2008), “Social problem solving and autobiographical memory in posttraumatic stress disorder”, *Behaviour Research and Therapy*, Vol. 46 No. 1, pp. 154-161.

Sweeney, A., Filson, B., Kennedy, A., Collinson, L. and Gillard, S. (2018), “A paradigm shift: relationships in trauma-informed mental health services”, *BJPsych Advances*, Vol. 24 No. 5, pp. 319-333.

Thomas, M.S., Crosby, S. and Vanderhaar, J. (2019), “Trauma-informed practices in schools across two decades: an interdisciplinary review of research”, *Review of Research in Education*, Vol. 43 No. 1, pp. 422-452.

Ullman, S.E. and Filipas, H.H. (2005), “Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors”, *Child Abuse & Neglect*, Vol. 29 No. 7, pp. 767-782.

Valente, S.M (2005), “Sexual abuse of boys”, *Journal of Child and Adolescent Psychiatric Nursing*, Vol. 18 No. 1, pp. 10-16.

Wallace, S., Wallace, C., Kenkre, J., Brayford, J. and Borja, S. (2019), “Men who experience domestic abuse: a service perspective”, *Journal of Aggression, Conflict and Peace Research*, Vol. 11 No. 2, pp. 127-137.

Willmot, P. and Jones, L. (2022), *Trauma-Informed Forensic Practice*, Routledge, London.

Yager, J., Kay, J. and Kelsay, K. (2021), “Clinicians cognitive and affective biases and the practice of psychotherapy”, *American Journal of Psychotherapy*, Vol. 74 No. 3, pp. 101-138.

Ziegler, M., MacCann, C. and Roberts, R. (2011), *New Perspectives on Faking in Personality Assessment*, Oxford University Press, Oxford.

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