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Criminal Adult Perceptions of Transition Services Following Histories of Physical Abuse as Children

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This is to certify that the doctoral dissertation by

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Abstract

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by

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MS, Walden University, 2015

BA, University of West Florida, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Criminal Justice

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Abstract

It is possible that childhood abuse and neglect could be linked to adult crime and delinquency. Intervention services' apparent ineffectiveness worries social workers, law enforcement, and policymakers. The literature found that abused children are more likely to commit crimes as adults without intervention and prevention, which harms society and abused children. Research suggests child abuse and adult crime may have early roots. The purpose of this qualitative study was to address adult victims firsthand accounts to identify intervention service gaps and suggest improvements. The qualitative design was used to address adult criminals who were abused as children and their unique experiences and perspectives. This study involved examining whether transitional services affected adult crime and used the conceptual framework of Robert Agnew's General Strain Theory. Purposive sampling was used to identify criminal justice system involved adults (18 and older) with a history of physical child abuse. Data was collected through semi-structured interviews involving participants' perspectives and experiences. Results found that customized therapies and interventions apart from Cognitive behavior therapy CBT, music therapy, and reunification services are beneficial to the recipient. This study is intended to improve rehabilitation and reintegration programs to help traumatized people live productive and crime-free lives. The study shows, early support programs could help the affected individuals to cope with these experiences, creating an environment that fosters a safer society. Social change implications will bring awareness to the lack of effective intervention services available to vulnerable children and lead to the development of more effective, responsive, and evidence-based transition services.

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Dedication

This study is dedicated to the loving memory of my beloved grandparents Lillie Crook and Mildred Mosley, my aunt Joyce Crook, my uncle Carl Crook, and my cousin Tashonne Mosley. To my parents, Cheroal Harris and Steven Crook, who never stopped believing in me. To my aunt, Tammi Greer who has always been my cheerleader and pushed me when I wanted to quit. To my friends, who knew my potential and knew anything I set my mind to I accomplish. To myself, for showing up, pushing through, and finishing what I started. To the obstacles that became stepping stones.

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Chapter 1: Introduction to the Study

Child abuse and victimization has been a subject of study in empirical research involving effects on adults. According to Bandura and Walters (1977), people model behaviors from others, especially authority figures, because of their influence. The potential of modeling behaviors increases if the behavior is perceived to lead to a particular outcome. Therefore, when there is direct exposure to experiences of sexual, physical, or emotional abuse or indirect exposure in terms of hearing or witnessing any form of abuse, children tend to grow up and develop these behaviors. Using this framework, there is the assumption that a history of abuse predisposes child victims to violent behaviors and criminal actions in adulthood. There are prevalent cases of violence, delinquency, and adult criminality associated with neglect, victimization, and abuse of children.

The relationship between child abuse and crime in adulthood is a widely-accepted discourse in criminology and related discipline. When children are abused, the risk of juvenile delinquency and offending in adulthood is high (Widom & Maxwell, 2001). Transitional services should have some form of mediating role. Adult criminality can be linked to specific causes (Minh et al., 2013). However, intervention services in the context of adult criminals with histories of child abuse have been neglected by researchers.

There is a need for evidence-based research regarding links between childhood abuse and victimization and adult criminality in terms of criminal outcomes of juvenile and adult offenders over time. This will lead to understanding of the need for programs and policies that protect children going through abuse and transitional services that ensure rehabilitation, reintegration, and physical and mental health treatments to prevent adult criminality. This chapter includes a review of the study background, problem statement, research gap, research question, conceptual framework, and nature of the study.

Background

There is a significant gap in literature regarding appropriate intervention measures for adult criminals with histories of child abuse in terms of their perceptions. There is a lack of knowledge and research regarding these perceptions. I aimed to fill this gap via this qualitative research study. I gathered rich and narrative data on how criminal adults who were abused as children feel about transitional services in their own cases. This helped to identify how transitional services can be used to break this cycle of crime.

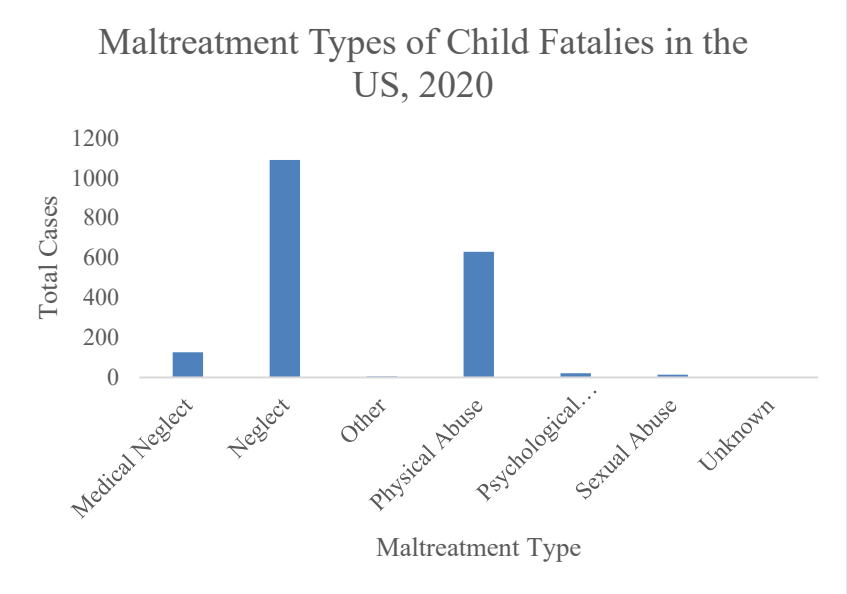
Child abuse is a significant factor determining an individual's adult behavior (National Institute of Justice [NIJ], 2017). More specifically, child abuse increases criminal probabilities for adults. Associations between child maltreatment, which includes abuse and neglect, and crime engagement during adulthood demonstrate harmful long-term consequences of child abuse (Drury et al., 2017).

Further, the NIJ (2017) reported childhood abuse leads to an increased risk of adulthood crime due to promotion of antisocial behaviors during childhood and adolescence and formation of antisocial relationships. Consequently, intervention services must consider individual behaviors related to their upbringing and implement necessary mechanisms to address problems.

Patterns of criminal behavior begin early in life for abused children and proliferate later in adulthood. Children who are brought up in abusive environments are twice as likely to engage in antisocial and criminal behaviors in adulthood relative to their peers. Parental physical and emotional abuse is one of the leading causes of antisocial behaviors among young adults, children, and adolescents (Jung et al., 2015). Aside from physical and emotional abuse, abandonment, neglect, and sexual abuse also contribute negatively to behaviors of children growing up (Drury et al., 2017). In the United States, physical abuse was the second most prevalent maltreatment cause of child fatalities in 2020 and accounted for 33% of total fatalities (see Figure 1). Intensity and level of crimes that are committed in adulthood intensifies depending on whether individuals undergo abusive childhoods.

Figure 1

Maltreatment Types of Child Fatalities in the United States, 2020



Further, McAra and McVie (2022) investigated 4,300 young people between 12 and 35 and found 25% had at least one criminal conviction which confirmed children who experienced extreme difficulties during childhood are more likely to commit crimes. The findings, as highlighted in Figure 2, highlight some of the different convictions held by different groups of offenders versus non-offenders.

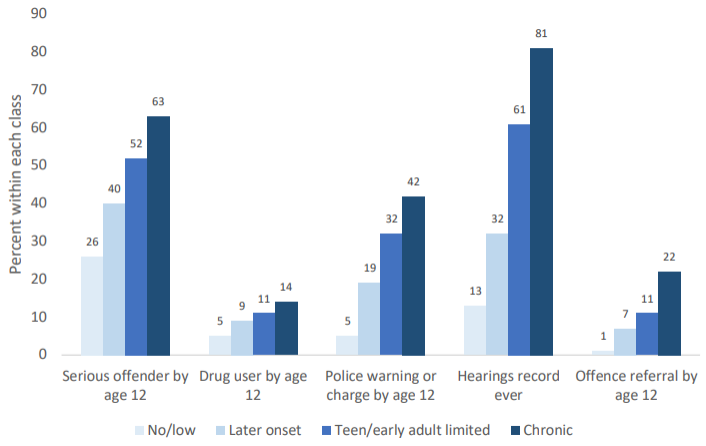
Problem Statement

There are insufficient empirical studies on adult criminals and their perceptions of transition services after a history of physical child abuse. There is a need for evidence-based practice involving transition services in general, which is informed by trial and error. These services can play a vital role in helping these individuals rehabilitate and

reintegrate into society. Designing and implementing effective programs that meet their needs is challenging without understanding how these individuals perceive these services.

Figure 2

Childhood Behaviors and System Contact Profile Based on Criminal Activity Level



This research highlighted a significant problem involving how the justice system perceives adult criminals. There is a clear need for transition services to help people with backgrounds involving physical child abuse reintegrate into society. There is a lack of awareness of these services, and many individuals who could benefit from them are not able to access them. This important issue needs to be addressed to ensure all individuals have a fair chance at rehabilitation and reintegration.

The problem was based on a review of literature on adult criminals and their perceptions of the transition services after a history of physical child abuse. A major gap was identified in literature. First, there is a dearth of information on how transition programs are perceived by adults who were physically abused as children. Second,

because there is a lack of research on the topic, little is known about how these people see mental health treatments. Thirdly, even though there have been assumptions regarding associations between childhood abuse and victimization and subsequent criminality, there is a significant gap in terms of information regarding childhood maltreatment and characteristics that may lead to risks of criminal victimization. These gaps in knowledge are problematic because they make it challenging to design and implement effective programs that meet needs of these individuals. Without understanding how these individuals perceive transition services, it is not possible to address their needs effectively. Therefore, I evaluated lifestyles and habits that may lead to crime victimization, which can help lead to suitable and appropriate policies and programs to help individuals that have gone through abuse.

Purpose of the Study

I explored adult criminal perceptions of transition services in terms of histories of physical child abuse. I specifically focused on how effective these services were perceived to be and what challenges or barriers existed involving accessing or completing them. Additionally, I identified any unmet needs or areas for improvement with current transition services. Qualitative data were collected through interviews with adult criminals with histories of physical child abuse and service providers who worked with this population. Findings inform the development of more effective and responsive transition services for adults with histories of physical child abuse.

Research Question

The research question for the current study was:

RQ1: What support/intervention services were implemented to reduce adult criminality associated with childhood victimization, and what are perspectives regarding effects (wellbeing, life, positive, negative) of services or lack of services they received?

Conceptual Framework

I used Robert Agnew's general strain theory. This theory was crucial to understanding how childhood physical abuse influenced adults' intervention service and criminal behavior perspectives. The three basic strain categories are failure to attain positive value goals, removal of positive stimuli, and introduction of negative stimuli (Agnew & White, 1992). These categories were used to help examine psychological and emotional impacts of childhood abuse and their links with criminality. In terms of the first category, failing to attain valuable goals might frustrate and disappoint. Emotional agony can lead to rage, hatred, and despair, driving alternative success strategies. Unmet needs and ambitions of abused children may lead to criminal behaviors. Positive stimuli such as jobs, meaningful relationships, and security are removed (Agnew & White 1992). People seek alleviation because this loss creates considerable emotional distress. Crime helps some people cope or find comfort. I analyzed how childhood trauma affected intervention service perceptions and criminal conduct.

Negative stimuli due to abuse and victimization can cause considerable mental suffering. Negative cues may push criminals to escape or retaliate. I explored how childhood trauma influenced intervention service and criminal perceptions. This helped

in terms of understanding emotional struggles of adults who were physically abused as children. I systematically analyzed interview and questionnaire data to address themes related to failure to attain positive aims, removal of positive stimuli, and introduction of negative stimuli. I explored these topics to understand complicated interactions between strain, intervention services, and criminality to address this serious issue. Via Agnew's general strain theory, I learned about complex relationships between childhood physical and emotional abuse, adult criminality, and intervention programs. I evaluated emotional effects of stress that occur due to childhood abuse that may manifest as criminal behaviors in adulthood.

Nature of the Study

I used a qualitative research design to examine complex views and experiences of adults who had gone through abuse as children and committed crimes in their later years. I examined how childhood trauma affected their opinions involving transitional and intervention services. I sought to investigate how childhood trauma may have led to criminal behaviors and how this demographic group viewed intervention services. Purposive sampling was used for this qualitative study to gather data. It involves selecting people with qualities related to research questions and phenomena (Creswell, 2014). This method enabled selection of individuals who were abused as children and have criminal records. This tailored sampling strategy ensured data were relevant to the research question and phenomena.

Participant semi-structured interviews were used to provide data. They expressed their thoughts and feelings in their own words, deepening understanding. They shared their stories and ideas in their own words. Interviews involved focusing on intervention services that were received as a result of childhood abuse that may have caused adult criminal conduct via carefully-constructed open-ended questions. A close-ended questionnaire was used to supplement and triangulate qualitative interview data. These were used to address participants' origins and experiences via demographic data. Thematic analysis was used to find themes and patterns in qualitative data. This helped identify links between individual experiences, childhood maltreatment, criminal conduct, and transitional and intervention programs.

Definitions

Child Abuse and Neglect: According to Giardino et al. (2018), the Child Abuse Prevention and Treatment Act (CAPTA) defined child abuse and neglect as "Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (p. 4).

Physical Abuse: Giardino et al. (2018) claimed "physical abuse occurs when a child has suffered due to the actions of his or her caregiver" (p. 4).

Neglect: According to Giardino et al. (2018), "neglect describes inadequate parenting or caregiving where there is potential for injury resulting from omissions on the part of the caregivers in meeting the child's basic needs" (p. 5).

Transition Services: Programs or services that offer support services to persons transitioning from one stage of life to another.

Assumptions

I assumed childhood neglect and abuse increased risks of crime victimization in adulthood. I also assumed individuals who encountered physical abuse during their childhood exhibited distinctive needs and required specialized support when transitioning to adulthood. Since these individuals may experience difficulties developing healthy relationships or dealing with trauma-induced symptoms, it was reasonable to assume to address these specific needs, there is a need to tailor these transition services to reduce the likelihood of criminality within this population.

I also assumed adult criminals who suffered child abuse had poor levels of trust in transitional services. Hepp et al. (2021) reported ill treatment in childhood is linked with increased levels of mistrust and fear of harm. Another assumption was effective transition services have the capacity to decrease the likelihood of criminality among this population. According to Waghorn and Lloyd (2005), programs that offer mental health counseling, education and job training, and support for autonomous living have proven effective in terms of curbing criminality. Such transition services can play a crucial role in terms of lessening the likelihood of high crime rates within this target group.

Scope and Delimitations

I explored the implementation of transition services and evaluated success of these programs in terms of deterring crime linked with childhood physical abuse. I sought

to examine participants' perceptions of efficacy of services in terms of decreasing criminal behaviors in adulthood. Specifically, I sought to establish how tailored transition services can serve needs of the target population. I provided an in-depth analysis of participants' perspectives and experiences, which will help inform efficacious intervention programs. This study only included adult criminals who had histories of physical abuse as children. I targeted adults over 18.

All participants were adults who were subjected to physical abuse during childhood and experienced transition services. Participants may be different from the general population, and this may limit generalizability. Also, the study was carried out during a specific time frame, which means I was unable to determine long-term impacts of transition service effectiveness in terms of deterring crime. I heavily relied on participants' self-reported data, which may have been subject to social desirability or recall bias.

Limitations

The study had numerous limitations. These limitations involved participants providing desirable responses, overreliance on self-reported data leading to recall bias, and limited control over confounding factors like abuse severity, race and ethnicity, and resource availability. I took reasonable steps to address these issues. First, I used internal consistency checks during data collection to address the issue of participants giving socially acceptable or desirable answers. Internal consistency questions were included to examine participants' answers. Disparities were found by comparing their answers to

earlier questions. I asked follow-up questions to explain contradictions. I sought honest rather than socially-influenced or prejudiced replies. Also, member checking was used to verify responses. Participants reviewed answers and the study summary. They were able to review their contributions for accuracy and validity. I verified data by having participants confirm or clarify their responses, which strengthened its reliability and trustworthiness. I triangulated data to reduce self-reported data recall bias. This involved comparing interview data to other sources. I chose not to consult with service providers or therapists during the study. I sought to reduce recollection bias by correlating self-reported data with other sources. I did not apply statistical control approaches during data analysis over confounding characteristics including abuse severity, race and ethnicity, and resource availability. This helped to ensure anonymity among participants. To control confounding variables, regression analysis was employed. I incorporated confounders like abuse severity and demographics.

Overreliance on self-reported data could lead to significant margins of error due to lack of pertinent information. I went off-script to probe participants for veracity. Member checking was used to check for consistency and sincerity of responses.

Significance of the Study

While there is some research on perceptions of individuals regarding the criminal justice system, there is little research on perceptions of transition services after involvement with the criminal justice system. I aimed to fill this gap in literature by conducting a qualitative study with a sample of adults who experienced childhood

physical abuse and were involved with the criminal justice system due to that abuse. I explored participants' perceptions of transition services that were available after their involvement with the criminal justice system. Findings of this study should contribute to understanding needs of this population and development of more effective transition services for adults who experienced childhood physical abuse.

This study is significant because it includes information about perceptions of adults with histories of physical child abuse. Many adults who have been abused as children struggle with various issues. This study includes insights regarding how these adults perceived services that were designed to help them transition into adulthood. This is an important topic to study because there is currently a lack of research about this topic. Furthermore, this study includes valuable insights regarding needs of this population and how best to support them. Findings of this study will be used to inform future policies and practices concerning transition services for adults with histories of physical child abuse.

Summary

This chapter included an introduction to the topic and background information. The research problem was described as well as the aim and objectives of this proposed study. I addressed the important but often overlooked issue of adults who experienced childhood physical abuse and become involved in the criminal justice system. Potential long-term effects make this problem important to address. Child abuse is traumatic and linked with adult crime in literature. How these individuals view transition services to

help them reintegrate into society is largely unknown. Lack of empirical studies on adult criminals with histories of childhood physical abuse and transition services highlights the importance of addressing this problem. This study is needed due to this literature gap, which suggests the criminal justice system and social services may not be meeting needs of this vulnerable population. Agnew's general strain theory was used to help explain complex relationships between childhood trauma, emotional strain, and criminal behavior. This framework emphasizes the emotional and psychological toll of childhood physical abuse, which may lead to criminal behaviors as a coping mechanism. I used this framework to examine the topic. I focused on adults who were abused as children and received transition services. This demographic was carefully chosen to ensure the research's relevance to the target population. This scope may limit generalizability of results, but it allows for a deeper understanding of this group's unique challenges and perspectives.

I also described the research methodology I used for collection and analysis of data. Research limitations, delimitations, and scope and significance of the study were also described in this chapter. The conceptual framework was introduced and will be discussed in much greater detail in Chapter 2. Literature is addressed in Chapter 2 regarding the topic under study.

Chapter 2: Literature Review

Several studies have investigated relationships between child abuse and individual behaviors in adulthood. Research suggests physical abuse indirectly predicts antisocial behavior among children in their early years (Jung et al., 2015). Emotional abuse also significantly contributes to antisocial behaviors among children both directly and indirectly in their early years and later into adulthood. Physical abuse contributes to later crime involvement.

Drury et al. (2017) stated adverse childhood experiences occur daily among criminal offenders, especially federal sex offenders. According to Drury et al., 36% of federal sex offenders indicated they had been abandoned or neglected during their childhood by their fathers, 20% indicated that they had been emotionally, verbally, or physically abused, and 27% cited sexual abuse in their childhoods. Drury et al. (2017) stated emotional and physical abuse contributes to antisocial behaviors and criminal involvement, respectively.

Abused and neglected children may develop different behavioral, social, and criminal characteristics compared to their peers who have more favorable environments growing up. Child abuse and sex/gender were crucial factors in terms of predicting criminal career trajectories. Most criminal offenders were likely to be males who were abused or neglected in their childhood. Drury et al. (2017) concluded abuse and neglect contribute to criminal involvement among children in adulthood.

Adult criminals often negatively perceive transition services such as probation and parole (Maxwell et al., 2016). These negative perceptions can lead to lack of participation in these services and a higher likelihood of recidivism (McAra & McVie, 2022). However, there is little research on how histories of physical child abuse may affect adult criminals' perceptions of transition services. These histories may lead to even more negative perceptions of transition services among adult criminals. This is because physical child abuse can lead to mistrust and suspicion, which may be magnified when dealing with authorities such as probation officers (Voith et al., 2016). Additionally, physical child abuse can lead to anger and resentment, making it difficult for adult criminals to engage with transition services that are designed to help them (English et al., 2002).

Voith et al. (2016) stated abusive environments influence violent victimization among disadvantaged young adults in their childhood and contributes to later victimization in adulthood. The victimization cycle proceeds well into adulthood, especially among females (Voith et al., 2016). Accordingly, girls who are exposed to violent family victimization and conflicts in childhood are more likely to face revictimization during adulthood. For men, physical abuse may also lead to later revictimization in adulthood. However, there is no correlation between neighborhood location and victimization in adulthood.

Maxwell et al. (2016) stated physical abuse during childhood may contribute to abusive behaviors and victims becoming perpetrators. Therapeutic interventions are

necessary to decrease the likelihood of criminal behaviors among abused and neglected children.

Literature Search Strategy

I focused on literature written in English fusing the following electronic databases: Google Scholar, PubMed, Wiley, EBSCOHost, PMC, and CINAHL. I used the following keywords: *childhood abuse*, *victimization*, *adulthood victimization*, *violent childhood experiences*, *child victim perceptions*, *childhood neglect*, *victimization in childhood*, *child maltreatment*, *continuity of victimization*, *violent child trauma*, and *adulthood trauma and crime*. Articles were selected, retrieved, and analyzed for relevance. I checked abstracts and reference lists for consideration of eligibility. I focused on childhood abuse, neglect and violence, adult criminality and victimization, definitions of exposure and outcomes, and estimates impacts. The Results were then compiled and used to compose the literature review.

Conceptual Framework

It has been argued that strains and stressors increase individual likelihood of having negative reactions, including frustration and anger (Agnew, 2001). Crime may be seen as a method by which stress and strain can be reduced.

The three categories of strain are loss of positive stimuli, presentation of negative stimuli, and goal blockage. Examples of loss of positive stimuli include losing a romantic partner or death of a loved one (Agnew, 2001). Examples of presentation of negative

stimuli include physical attacks and verbal abuse. Examples of goal blockage include failure to achieve valued goals (Agnew, 2001).

Agnew (2001) argued each of these categories of strain may lead to offending. In this research, the data collected will be examined by reference to Agnew's general strain theory and in the context of the three categories of strain described above. This theory is described as sound and as such has sparked renewed interest in its use for understanding the factors that may predict the propensity for committing crimes (Froggio, 2007).

Literature Review

Most of this research suggests a strong link between the two, with individuals who experienced abuse as children being more likely to engage in criminal behavior as adults (Weeks & Widom, 1998). This relationship is particularly pronounced in cases of severe abuse, such as sexual abuse (Drury et al., 2017). While the exact mechanism by which child abuse leads to crime in adulthood is still not fully understood, several theories have been put forward to explain this link. One theory suggests that child abuse can lead to a feeling of powerlessness and hopelessness, leading to criminal behavior to regain a sense of control (National Institute of Justice, 2017). Another theory suggests that child abuse can lead to anger and resentment, which can be directed towards society and the law, leading to criminal behavior (McAra & McVie, 2022). Whatever the mechanism, it is clear that there is a strong relationship between child abuse and crime in adulthood. Studies have shown that most adult criminals have a history of child abuse

(English at al., 2002). This suggests that child abuse can lead to criminal behavior in adulthood.

Child abuse can have a lasting impact on the brain, leading to impulsive and violent behavior (Lansford et al., 2007). While there is no definitive answer, the consensus is that child abuse is a major contributing factor to crime in adulthood. This research can help inform policies and programs that reduce crime and improve public safety. This relationship has important implications for both prevention and intervention. Prevention efforts should focus on reducing child abuse. In contrast, intervention efforts should focus on supporting individuals who have experienced abuse and helping them to find positive and productive ways to cope with the trauma.

Childhood Abuse Contributing to Violent Behaviors in Adulthood

Several studies have shown that childhood abuse is a significant risk factor for later violence in terms of victimization and perpetration. One study found that nearly half of all violent offenders in a state prison sample reported being physically abused as children (Weeks & Widom, 1998). Another study found that abused and neglected children were significantly more likely to be arrested as juveniles and adults than those who were not abused (Lansford et al., 2007). The link between childhood abuse and later violence is not always direct. For example, childhood abuse may contribute to later violence indirectly by increasing the likelihood of other risk factors, such as substance abuse or mental health problems (Drury et al., 2017). Nevertheless, childhood abuse is a serious problem with far-reaching consequences. To develop effective prevention and

intervention strategies, it is vital to continue studying the link between childhood abuse and violent behaviors in adulthood.

Victims of childhood abuse are more likely to engage in violent behaviors as adults, and those who experienced more severe abuse are more likely to be violent. Several factors contribute to the link between childhood abuse and violence in adulthood. One is that abuse victims often learn to view violence as a way to solve problems. They may also have difficulty controlling their emotions and may be more likely to lash out in anger. Additionally, childhood abuse can lead to mental health problems such as depression and post-traumatic stress disorder, increasing the risk of violence. While it is clear that childhood abuse can contribute to violence in adulthood, it is essential to note that not all abuse victims will become violent. Several other factors can influence whether or not someone will become violent, and it is essential to remember that many abuse victims lead happy and prosperous lives.

In highlighting the link between child maltreatment and criminal behavior in adulthood, Cuadra et al. (2014) focused on examining physical abuse, sexual abuse, and physical neglect as aspects of child maltreatment. The proposition is that direct or indirect exposure of children to abusive and violent experiences in their early development shows a high likelihood of adopting similar beliefs and attitudes that support violent qualities, which lead to engaging in abusive or offensive behaviors in later life. This aspect is regarded as a cycle of violence where the young victims internalize maladaptive, violent attitudes and beliefs, such as physical aggression, to accomplish interpersonal and

personal goals. Research in cognitive development also indicates that through adverse experiences, the cognitive structures of individuals are interpreted based on distorted beliefs and attitudes and their responses to situations (Cuadra et al., 2014). The processes being theorized in this case support the deduction that maltreated children with experiences of neglect and abuse alter the processing of information in social situations of provocation and threats, causing them to focus on aggression and interpreting the actions with hostility. Therefore, aggressive behavior and criminality in later years become a way of regaining control and power from the maltreatment they experienced in childhood, leading to long-lasting criminal thinking approaches and increasing criminal offending risks.

Berg et al. (2019) confirmed that childhood adversity, mainly household dysfunction, experiences of neglect, and abuse is a significant factor in violent behaviors, particularly in childhood. Berg et al. (2019) supported the results of Hoon et al. (2021), who conducted a study to investigate the long-term effects of early-life experiences focusing on violent tendencies. Berg et al. (2019) found that people exposed to various forms of adversities in childhood are likely to engage in violent behaviors during adulthood. These findings highlight the significance of acknowledging the profound impact of childhood adversity later on an individual's life outcome. In a similar outlook of the influences, Minh et al. (2013) used a life course framework to identify the modifiable contextual influences and determinants related to adult criminality and examine aspects of childhood neglect and abuse, use of substances, and adult partner

violence. The researchers focused on sample of 13 women who had gone through violence with their intimate partners in an in-depth interview, as they recounted their childhood abuse experiences, their criminality or substance use. The findings indicated that the attitudes towards relationships and self were adversely affected by the experiences of childhood neglect and abuse, as they developed into attitudes of tolerance to violence and low self-worth. These experiences also led to maladaptive coping strategies developing and persisting into adulthood, including dysfunctional behaviors. These results show that experiencing neglect, dysfunctional family settings, or abuse can lead to the internalization of aggressive behaviors and the formation of maladaptive coping mechanisms. Based on these findings, such people may grow up with social norms and distorted understanding and struggle to regulate effectively their emotions contributing to adulthood violent tendencies.

Likewise, Henneberger et al. (2021) found that peer influence is another critical issue in violent behavior development. The findings of Henneberger et al. (2021) established a direct relationship between adolescent delinquent peers and violent behavior during adulthood. These findings confirmed a positive correlation between the two showings that people associated with delinquent peers are likely to be violent, especially toward their children. The findings of Henneberger et al. (2021) are supported by those of Copp et al. (2019) in that people surrounded by their peers who at one point engaged in delinquent or violent behaviors have a higher likelihood of them adopting or imitating such behaviors. In another study by Copp et al. (2019), the authors found that peer

influence can normalize violence and offer support and reinforcement to engage in aggressive behavior. Thus, interventions that aim to prevent violent behaviors are needed to address the dynamics of peer pressure and offer a positive socialization process, especially during adolescence.

The link between mental health conditions and adult violent behaviors is an important and complex research area. As such, Haj-Yahia et al. (2019) performed a study that examined this association and found that people diagnosed with specific psychiatric disorders are always more likely to be violent. The findings of Haj-Yahia et al. (2019) accentuated the importance of comprehensive mental health assessment and suitable treatment, particularly in strategies for violence prevention. In support of Fairchild et al. (2019) findings, conduct disorder is a common mental health disorder commonly related to a surged violent behavior risk. Fairchild et al. (2019) found that conduct disorders are mainly characterized by persistent aggression trends and disregard for other people's rights. Kim et al. (2016) also noted that childhood maltreatment has the detrimental consequence of victims exhibiting various socio-behavioral and mental health issues, which may lead them to become perpetrators of crime. Using a sample of 206 adult probationers, Kim et al. (2016) conducted interviews and used self-reported questionnaires to assess the history of childhood maltreatment in terms of physical abuse, emotional abuse, sexual abuse, and emotional neglect, and how they led to mental health issues in later life, contributing to criminality. They noted that childhood maltreatment was significantly related to recidivism even when the psychiatric disorders were

controlled, indicating the impacts of the experiences on their behaviors. Based on these findings, it is evident that people with conduct disorder may typically engage in bullying, aggression, or even violent acts. As such, the disorder manifests typically during adolescence or childhood and can continue into adulthood if not treated.

According to Koelch et al. (2019), antisocial personality disorder is another primary psychiatric disorder linked directly to a surged risk of violent behavior. Koelch et al. (2019) found that people with ASPD show a chronic trend of disregarding other people's rights, impulsivity, and absence of remorse and empathy. Likewise, Fairchild et al. (2019) asserted that these people might also engage in a wide ray of violent and aggressive behaviors, such as manipulation and physical assault. It is imperative to note that although most people with ASPD are usually violent, not all have violent behaviors. Based on these findings, it is apparent that the probability of engaging in violence is substantially higher than among people with the condition.

According to Hope et al. (2019), socioeconomic factors also play a vital part in shaping the violent behavior risk in adulthood. Hope et al. (2019) found that people in socioeconomically disadvantaged neighborhoods are likelier to participate in violent behaviors. Hope et al. (2019) support the findings of Fairchild et al. (2019), who established that neighborhood disadvantages entail a wide array of factors such as poverty rates, educational attainment, unemployment, and limited resources access. Fairchild et al. (2019) found that living in such neighborhoods can expose a person to different challenges and stressors contributing to developing violent behaviors. Apart

from that, restricted economic opportunities and insufficient access to quality healthcare and education can develop an environment characterized by hopelessness, social disorganization, and frustration that foster higher violence. Based on these findings, the relationship between neighborhood disadvantages and violent behaviors can be linked to different underlying mechanisms.

Substance abuse and its association with violence contributing to criminal behavior have been expansively studied. An inclusive study that accentuated the bidirectional link between violent behaviors and substance abuse was conducted by Seff et al. (2022). The adverse effect of substance abuse on the possibility of engaging in criminal acts was highlighted by this review. Various mechanisms can be used to comprehend the association between violence and substance abuse. Firstly, the substances' pharmacological effects can directly impair judgment, decision-making abilities, and impulse control, aggregating the likelihood of violent and aggressive behaviors. Similarly, according to Flach and Razza (2022), people can be more prone to react violently to provocations since cognitive processes can be disrupted, and inhibitions can be lowered by intoxication. Secondly, the social contexts in which substance abuse occurs usually favor violence. Interpersonal disputes and conflicts over drug-related concerns can escalate where drug dealing and drug use are prevalent, which may result in violent confrontations (Flach & Razza, 2022). Moreover, involvement in illicit activities can be increased by substance abuse. The reason is that people engage in violent activities to get money or drugs to sustain their addiction.

On the contrary, the findings of Paulus et al. (2021) showed that people with a tendency for violence may use substances to deal with emotional dysregulation, trauma, and stress. Feelings of power and control can be enhanced, and emotional pain can be numbed momentarily by substance abuse. Substance use can intertwine with criminal behaviors since people may depend on alcohol or drugs to fuel aggression. These findings are supported by Flach and Razza (2022), who denoted that the essential for integrated interventions tackling the reciprocal relationship between violent behaviors and substance abuse is accentuated by their adverse effects. Long-term success may not be achieved when only substance abuse is focused on without addressing underlying criminal tendencies. Likewise, a critical causative factor may be ignored by violence prevention efforts that fail to consider the role of substance abuse.

Based on these findings, it can be inferred that an all-inclusive approach that addresses the intricate association between violence and substance abuse should be adopted by integrated interventions. These interventions might include violence prevention programs that tackle substance abuse and use, besides substance abuse treatment programs that incorporate violence prevention components. These integrated interventions can disrupt the cycle of violence and substance abuse by targeting the causative risk factors and providing alternative coping approaches to people.

Common Intervention Services Reducing Violent Behaviors in Adulthood

According to Solbes-Canale et al. (2021), acknowledgment of the essentialness of applying trauma-informed strategies when tackling the necessities of people who have

experienced physical child abuse at one point in their lives and minimizing their criminal behavior risk has been increasing. Trauma-informed therapy is among the vital intervention services that have emerged in this regard. Solbes-Canale et al. (2021) conducted a study showing that trauma-focused therapies like CBT (Cognitive-Behavioral Therapy) effectually minimize trauma-related symptoms. This study found that EMDR (Eye Movement Desensitization and Reprocessing) has also proved effective in minimizing the risk of people who have experienced child abuse showing criminal behavior. In support, Lewis et al. (2020) conducted a meta-analysis that discovered the effectiveness of EMDR in minimizing post-traumatic stress disorder (PTSD) 's symptoms and associated criminal behavior risks. Therefore, these findings show that EMDR assists people in reprocessing distressing memories and cultivating adaptive responses to triggers.

Another trauma-focused therapy used as an intervention method for people who have experienced physical child abuse is DBT (Dialectical Behavior Therapy). This notion was demonstrated by a study by Ciesinski et al. (2018). It is also vital to address substance abuse in mitigating adult criminality in people who have experienced child abuse besides trauma-focused therapies. The programs also aim to avert criminal involvement and relapse. Kothgassner et al. (2021) conducted a systematic review showing that interventions incorporating trauma-informed care with substance abuse treatment have effectively minimized criminal behavior. Kothgassner et al. (2021) found that substance abuse treatment programs provide inclusive support to people fighting

addiction. DBT effectively minimizes aggression and self-harm among people who have suffered from child abuse.

In addition, criminal behavior among people who have experienced child abuse is also significantly reduced by mental health services. Steiger et al. (2021) found that this population commonly faces mental health challenges like PTSD, depression, and anxiety. Criminal involvement can result from these conditions if proper treatment is not administered. Chui et al. (2021) discovered in their study that it was unlikely for people who received sufficient mental health treatment to portray vicious criminal behavior than those that could not access such services. Based on these findings, criminal behavior risks can be reduced, and mental well-being can be improved significantly by access to psychotherapy, medication management, and psychiatric evaluation.

According to Steiger et al. (2021), for people who have experienced physical child abuse to receive effectual intervention services, a collaboration between law enforcement agencies, social workers, mental health professionals, and other service providers is essential. The reason is that individuals' needs are inclusively assessed when the approach taken is multidisciplinary (Steiger et al., 2021). Promoting positive outcomes and recidivism reduction among people who have experienced child abuse has been successfully achieved through collaborative care models that implement close collaboration between service providers. This concept was proven by a study by Chui et al. (2021). Chui et al. (2021) found that reducing the risk of criminal involvement also necessitates providing sufficient mental health support and tackling substance abuse.

Delivering inclusive care to people who have experienced child abuse requires collaborative approaches incorporating various service providers (Chui et al., 2021). Promoting mental well-being, addressing substance abuse, and providing trauma-informed care are some intervention services that support and minimize adult criminality among people who have experienced physical child abuse.

Challenges in Intervention Services for Reducing Adult Violence Associated with Childhood Abuse

The areas and challenges for enhancement in the current intervention services that reduce the likelihood of those who have undergone physical child abuse are intricate. These challenges entail incorporating survivors' perspectives in service development and evaluation, the importance of specialized and tailored interventions, and the essentialness of analyzing long-term effectualness. According to De Sousa et al. (2020), limited accessibility and availability of intervention services for those who have experienced physical child abuse is a considerable challenge. There are various factors involved that may make many people not gain access to good services. An individual may fail to afford the required intervention due to financial constraints. It was also discovered in a study by McGorry et al. (2022) that adult survivors of child abuse not accessing mental health services were mainly due to financial issues. Thus, increased resources and funding are required to make intervention services more accessible and affordable to those who need them.

De Sousa et al. (2020) opined that the lack of awareness regarding available services is another obstacle to access. Lack of outreach efforts in reaching the target population, the stigma surrounding seeking help, and limited information dissemination can cause this lack of awareness. The essentialness of community outreach programs and public awareness campaigns to enhance the accessibility of services to people with child abuse histories was accentuated by a study by McGorry et al. (2022). Furthermore, intervention service availability may differ across different geographic areas and communities. For instance, it is likely for rural communities to experience difficulties in gain access to specialized services because of a lack of service providers and limited resources. It can be suggested from these findings suggest the need for targeted resource allocation and interventions to certify equitable access to services for people living in rural areas.

A one-size-fits-all approach may be ineffectual in addressing the specific challenges of people with a history of physical child abuse. According to Deshields et al. (2021), every person's trauma and experiences are unique. The factors considered by tailored interventions include the nature and severity of the abuse experienced, cultural background, gender, and age (Deshields et al., 2021). It is essential to incorporate trauma-informed care into different settings for individuals at risk of adult criminality to receive holistic and inclusive support. Schools' role in recognizing and supporting children with a history of abuse was accentuated in a study by Seinfeld et al. (2023). It also emphasized schools' role in preventing future criminal involvement and promoting resilience by

implementing trauma-informed approaches. Some vital settings for pinpointing and tackling the necessities of people who have undergone child abuse include community programs, schools, and juvenile justice systems.

One of the Juvenile Justice system's vital roles is offering intervention services for young people who are likely to enter the criminal justice system due to having undergone physical child abuse (Quinn et al., 2021). Providing therapeutic support, tackling the primary issues contributing to criminal behavior, and addressing trauma can best be achieved through tailored interventions within the juvenile system. The essentialness of individualized treatment plans and trauma-informed practices within the juvenile justice system to enhance effectual rehabilitation and minimize reoffending was accentuated by a study by Quinn et al. (2021). Similarly, Dragomir and Tadros (2020) found that providing specialized interventions necessitates community-based programs. For instance, guidance, positive reinforcement, and support can be provided by mentorship programs that pair people with positive role models who have undergone similar challenges (Dragomir and Tadros (2020). According to the findings, positive outcomes like reduced engagement in criminal behavior and enhanced self-esteem were contributed to by these programs.

Giacomucci and Marquit (2020) found evidence that supports the positive effects of mental health services, trauma-focused therapies, and substance abuse. However, it is essential to conduct further studies to analyze their long-term effectualness in minimizing criminal conduct among people who have experienced physical child abuse (Giacomucci

& Marquit, 2020). Valuable comprehension of the long-term effect of interventions on enhancing positive outcomes and minimizing criminal behavior in the survivors' lives is provided by Bunting et al. (2019). These studies showed that valuable comprehension of the long-term effect of interventions could assist in determining whether addressing specific challenges that may emerge with time requires additional interventions or support. According to Bunting et al. (2019), there was limited evidence on the long-term effectualness of interventions in minimizing criminal behavior despite some of them showing short-term benefits. It is thus evident that more inclusive research that analyses the sustained impacts of interventions on delinquency over stretched periods is needed. In addition, determining the long-term sustainability and feasibility necessitates the assessment of the cost-effectualness of interventions (Bunting et al., 2019). Service providers and policymakers can be assisted in prioritizing interventions that portray the most effective impact in minimizing criminal conduct and make well-versed decisions concerning resource allocation by cost-effectiveness analyses.

Mateo et al. (2019) found that survivors' voices and perspectives should be included in service development and evaluation processes to certify that intervention services effectively address the needs of people who have experienced physical child abuse. Valuable understandings of the appropriateness, relevance, and effectualness of current services can be provided by their lived experiences (Mateo et al., 2019). Capturing survivors' experiences and perspectives can be achieved using qualitative research methods like focus groups or interviews. Such methods allow people to

emphasize their unmet needs, express their viewpoints, and recognize service gaps. Intervention services can be custom-made to meet survivors' preferences and needs when they are actively involved in the research process. As such, interventions' effectiveness, responsiveness, and empowerment are ensured. The experiences of child abuse survivors who had received trauma-focused interventions were explored in a study by Kaur et al. (2021). The study accentuated the essentialness of survivor empowerment and engagement in service development. A sense of ownership and agency among people seeking help can be promoted by survivor input, which can guide the cultivation of supportive, inclusive, and respectful interventions.

According to Kaur et al. (2021), survivor perspectives can contribute to evaluating and enhancing intervention services. Feedback mechanisms like focus groups or satisfaction surveys can facilitate survivors providing valuable perceptions of their experiences with the interventions (Kaur et al., 2021). Therefore, through this feedback, service providers can be informed about the strategies for improving the general impact and effectiveness of the services, weaknesses and strengths of the interventions, and potential areas of improvement.

Mateo et al. (2019) also found that the current intervention services for minimizing criminal behavior linked to childhood victimization prove effective. However, some various areas and challenges need improvement. Some of the crucial aspects that need attention are the requirement for specialized and custom-made interventions and the limited accessibility and availability of services. Other aspects

include the incorporation of survivors' viewpoints in service development and assessment and the essentialness of analyzing long-term effectualness (Mateo et al., 2019). Interventions can be further improved to satisfy the precise necessities of people who have undergone physical child abuse when these challenges are addressed, and evidence-based practices are incorporated.

Summary

This chapter examined and explored the literature on childhood abuse and its impact on the children impacted. This chapter has given a critical analysis of the existing literature on abuse to children and their effects on life, especially the links with adult offending. This chapter also explored the literature on the link between childhood abuse and criminal offending in adulthood. Previous studies on the link between childhood abuse and violent behavior in adulthood is also explored in this chapter. Moreover, the studies that have proven the importance of trauma-informed intervention services were reviewed in this chapter, and the latter's potential and its current shortcomings were presented. This chapter generally explored evidence of the need for transition services for adults who were abused as children.

One of the themes that appear across the literature is that timely, accessible, and individualized transition services are critical in helping abused children successfully transition into adulthood. The literature has shown that more has been documented regarding the relationship between early abuse and adult criminality, but transition

services and perceived value and efficacy are not well discussed, especially from the point of view of already affected justice-involved adults with an abuse history.

This deficiency points to the proposed study's importance, which will help grasp the perceptions of such individuals concerning the support and services they received or did not receive in crucial transitional phases. The following section presents the methodology for articulating the perspectives and reporting the qualitative design, sample selection, data collection processes, and morality that directed the study.

Chapter 3: Research Method

This study involved exploring adult criminal perceptions of transition services after histories of physical child abuse. I specifically focused on how effective these services were perceived to be and what challenges or barriers existed in terms of accessing or completing them. This chapter includes a breakdown of the methodology, study design, data collection and analysis process, and ethical considerations.

Research Design and Rationale

I explored adult criminal perceptions of transition services among those with histories of physical child abuse. This provided an opportunity to identify perceived effectiveness and barriers of these services in terms of access and completion. Therefore, it was essential to conduct qualitative research using a phenomenological design. Qualitative research is mainly used to gain perspectives and ideas regarding people's feelings, thoughts, and experiences through mechanisms such as interviews (Sutton & Austin, 2015). The phenomenological design is used to explore participants' feelings during an activity or event where their experiences and perceptions can be documented (Paque et al., 2018). I did not obtain demographic information, and interviews were anonymous in order to maintain ethical protections. Previous studies have highlighted the benefit of phenomenological studies in terms of supporting research involving individual experiences with specific situations, leading to a greater understanding of personal perspectives, which was the primary focus of this research.

Role of the Researcher

In qualitative research, researchers have the role of addressing feelings and thoughts of participants. This involves asking them questions and listening to them talk about experiences, opinions, and thoughts. Researchers have the primary responsibility of safeguarding information provided by participants, ensuring confidentiality and anonymity. Various ethical issues may arise involving the right to privacy, avoiding misrepresentations, and establishing open and honest interactions (Van den Hoonaard, 2002).

In this study, I played the role of the observer, engaging in examining and investigating data. In research studies, personal relationships may develop with participants when collecting some types of data. It is imperative for researchers to evaluate potential effects of such relationships by defining the role of the researcher (Morrow, 2008). This research was done with random participants who met inclusion criteria as outlined in the volunteer flyer and consent form, and there were no personal or professional relationships with myself. This meant no researcher biases or power relationships were established, and an ethical protocol was prepared to address any issues regarding such relationships. I also ensured there was no bias by having open conversations with participants about the topic without guiding them toward certain answers and analyzing data without previous dispositions. Researchers must establish boundaries with participants when investigating sensitive issues because they may

become blurred (Dickson-Swift et al., 2006). This can be done through mindfulness mediation, creating awareness, and remaining receptive and open to information given by participants instead of relying on previous knowledge and understanding.

Qualitative research also requires researchers to maintain integrity and confidentiality of participants by ensuring their autonomy and anonymity through each phase of the study, with written clarification regarding the purpose of the research and how data are used (Morrow, 2008). In informed consent forms, researchers specify collection methods, the aim of studies, and use via comprehensible language.

Methodology

Participant Selection Logic

I used purposive sampling, collecting data from a target population based on their specific characteristics. This was a form of nonprobabilistic sampling. It involves sampling individuals on purpose due to their experiences (Mujere, 2016). This provided an opportunity to recruit an appropriate sample with ages, backgrounds, and cultures, allowing differences and similarities to be understood in greater detail.

I intended to recruit between five and 10 participants between September and October, 2024. All participants were required to be 18 or older, criminal offenders who were physically abused as children, and received some form of intervention services. Following identification of five to 10 participants, they were provided with letters of invitation to the study and a consent form via email which informed them of the study's purpose, study objectives and benefits, voluntary nature of participation, right to

withdraw at any time without judgement or consequence, risks associated with participation, protection of their identity at all times, study duration, and participant expectations.

Instrumentation

I used semi-structured interviews with the target sample to support the study's aims. The use of semi-structured interviews has been encouraged due to the ability to gain insight regarding individual perceptions and experiences, which facilitates a response to the research question. Previous studies have emphasized the practical nature of adopting semi-structured interviews due to their flexible structure, which provides a more significant opportunity for dialogue and follow-up questions during the interview (Adams, 2015). Such approaches further support the opportunity for additional changes or new questions to be asked during the interview, which can help to facilitate a more detailed response to the research aims (Kendall et al., 2014).

An interview guide was developed to support the creation of interviews. Interview guides are used to provide interviewers with basic sets of questions which can lead to further probing questions based on participant responses (see Appendix A). The use of interview guides can provide an opportunity to structure the interview further and provides an opportunity to prepare comparisons between the participant's responses.

To determine the relevance and effectiveness of these questions, including the wording of the questions, role play interviews were conducted to determine if they could derive appropriate responses from the participants. The interviews were conducted with

friends and family who were not included in the main study. This allowed for an understanding of whether the instruments effectively measured the intended items. An effective instrument will help the response rate from potential participants. This will also provide an opportunity to test the interview guide's reliability in receiving appropriate responses and if rich data can be obtained. This will allow any issues or problems during the data collection period to be identified and rectified prior to the main study (Morin, 2013). Moreso, the conduction of a pilot study, using role play, will provide an opportunity for the interviewer to gain critical skills and an understanding of the conduction of the interview and enhance the awareness of how questions can be interpreted (Majid et al., 2017).

Following the initial role play interviews, the transcripts will be analyzed using thematic analysis to evaluate the effectiveness of the questions, ensure that the questions are clear and the respondents understood the questions, in order to provide quality feedback. This will provide an opportunity to change any wording or modify any questions which are identified as problematic or do not provide appropriate responses. This will also give an awareness of any questions that may pose a short response of 'yes' or 'no' by ensuring that questions are interpreted as open-ended rather than closed-ended.

To support the semi-structured interviews, the participants will be asked to complete a questionnaire that collates relevant information. Each questionnaire will be conducted prior to the interview stage of the study, which will ask participants to provide background information and provide an opportunity to gain more insight into the study's

population. This will include questions such as the admission of childhood abuse, adult criminal history, and participation in support services. This information is essential and relevant to the study. To ensure that all participants are aware of how to complete the questionnaire, they will be provided with an information sheet which will focus on resolving any misinterpretations or understandings which may arise.

Data Analysis Plan

Initially, the completed questionnaires will be entered into a Microsoft Excel (Microsoft Corporation, Chicago, IL) database customized to the proposed study. Then, the data will be analyzed using descriptive statistics. All data will be presented using mean or median for continuous data.

Secondly, each interview will be transcribed and prepared for analysis following the recommendations of Brinkmann (2014) and will follow the structure of thematic analysis present by Willig et al. (2017). Firstly, Brinkmann (2014) emphasized the importance of gaining a complete sense of the context and perceptions during an interview, and therefore the transcripts should be reviewed on multiple occasions. Therefore, it was deemed appropriate for all transcripts to be read four times. In lieu of being provided a copy of the transcripts, a debrief session will be completed immediately after the interview to summarize the participants responses and confirm they have understood everything correctly (Mero-Jaffe, 2011).

Using Willig et al. (2016) thematic analysis, a six-stage process of familiarization, generating initial codes, searching for themes, reviewing themes, defining, and naming

themes and producing a report will be implemented. The primary rationale for selecting Braun and colleagues' approach is its prevalence in the literature as a popular and effective analysis form. This is mainly due to its ability to provide an in-depth account of the individual's experiences with specific scenarios, such as physical child abuse in the proposed study, but to further allow an opportunity to explore different themes which may arise. This provides an opportunity to conduct a thorough evaluation and exploration of the participant's responses, allowing for themes and patterns in responses to be identified and evaluated in-depth.

Issues of Trustworthiness

Qualitative researchers need to clearly give evidence by ensuring the trustworthiness of the findings based on the main criteria of credibility, transferability, dependability, and confirmability.

Credibility refers to the validity of the work being done in the research, establishing confidence that the findings, from the participant's perspective, are credible and authentic (Polit & Beck, 2014). In qualitative research, credibility is assured by having multiple perspectives during the data collection process with varied engagements in each setting, ensuring the appropriateness of the data. This occurs through theoretical triangulation, the researcher's authority, member checks or participant validation, peer debriefing, or demanding approaches used in data collection.

Transferability focuses on the applicability of the results to the same individuals or contexts. Thus, it is the degree to which the findings can be transferred or generalized

to other settings or contexts (Polit & Beck, 2014). This can be established by giving solid descriptions of the results from many methods of data collection, saturation of data, and forming a nominated sample through purposive sampling.

Dependability caters to data stability over time and the study conditions, similar to reliability in quantitative research (Polit & Beck, 2014). This ensures that the study findings can be repeated within a similar cohort of participants. This can be established by including the maintenance of an audit trail of process logs, noting all activities happening during the study, and replicating the study stepwise.

Confirmability is based on the confidence extended in the results to be corroborated or confirmed by other researchers, establishing consistency (Polit & Beck, 2014). Qualitative researchers can establish this by keeping detailed notes of all their analyses and decisions during the progression of the study, and colleagues or peers can review the notes, discussing them during peer debriefing sessions. Member checks, triangulation approaches like data sources, methodological, theoretical, and investigators, and reflexivity through journals and weekly meetings with investigators can also be used.

Ethical Procedures

When researching the adults' perception of transition services geared toward children after a history of physical child abuse, several ethical considerations must be considered. First and foremost, it is vital to ensure that all participants in the research are fully informed of the nature of the study and have given their informed consent to participate. This will be supported by providing an information sheet and ensuring that

the researcher answers any questions or queries from the participants before conducting the study. This study will be entirely voluntary, and all participants will volunteer without pressure or requirement from the researcher or any staff within the facility. This also includes ensuring that participants know their right to withdraw from the study without fear of consequence or judgement.

Secondly, before completing any interviews, participants will review the Informed consent approved by the University Institutional Review Board. This will ensure the appropriate access can be granted and provide an opportunity to proceed with interviews with the appropriate participants.

Furthermore, the research must be conducted to protect the participant's privacy and confidentiality. This will see all participants provided with a pseudonym to hide their identity and ensure that their information remains confidential. Furthermore, all participants will be asked not to disclose any information that may act as identifying information and ensure that they are aware of the strict confidentiality guidelines the study will follow. Further, all data will be stored in line with the Data Protection Act (2018) and the Declaration of Helsinki.

Fourth, prior to any data collection, the study will receive ethical approval from the University Institutional Review Board. This will ensure that all ethical requirements are met and that the study poses no harm to the participants.

Finally, the researcher will disclose any conflicting interests in the study and any funding partnerships offered, as this could be a pivotal factor to consider when

interpreting the study results. Currently, there are no anticipated conflicts of interest, and no funding will be provided.

Summary

This chapter provided a description of the research methodology that will be used in the proposed research study. The justification of the research methodology was also described in this chapter. In addition to describing how the data will be collected and analyzed, this chapter also outlined the ethical considerations and how those issues will be dealt with in the proposed research study. The study uses a qualitative research strategy to explore participants' experiences with a suitable sample size. In this case, the researcher plays the significant role of the observer, examining, investigating, and representing the research while safeguarding the information provided by the participants. The chapter also indicates the recruitment of participants and the use of semi-structured interviews with the target sample to support the study's aims and the data analyzed through thematic analysis. There is also an indication of the potential ethical issues and how they will be considered in the study. The next chapter focuses on presenting the study results, noting the variety of aspects identified, and highlighting the issues for discussion.

Chapter 4: Results

This chapter includes the results from a purposive sample of seven participants who experienced adverse childhood experiences and were offered support or intervention services. My purpose was to address the research question:

RQ1: What support/intervention services were implemented to reduce adult criminality associated with childhood victimization, and what are perspectives regarding effects (wellbeing, life, positive, negative) of services or lack of services they received?

I used thematic analysis to explore patterns, feelings, and ideas expressed by participants. Three emerging themes were type of services, their efficiency or effectiveness as experienced by patients, and challenges during the process.

Chapter 4 includes information about the setting of the study. Then, participant demographics are highlighted, followed by an explanation of the data collection process. I also provide a detailed assessment of trustworthiness of evidence by exploring data credibility, transferability, dependability, and confirmability. I then present interview findings. Finally, I highlight whether research findings answered the research question.

Setting

Participants were individuals who experienced abuse in their childhood and who had criminal records. These individuals may have also worked with correctional officers to rehabilitate and reintegration back into society. Their child abuse experiences might trigger posttraumatic stress responses, which had the potential to influence their

responses. To counter this, I described the study's objectives, kept the interviews short, and refrained from asking questions that would trigger memories or re-living traumatic events.

I acknowledged some participants might have faced abuse by officers who were charged with helping them reintegrate into society. Fedock et al. (2021) stated women inmates as well as those on parole and probation were subjected to sexual abuse by parole officers and other correctional staff, and they reported feeling humiliated, frustrated, fearful, and degraded, as they were left with psychological scars since they were being treated as objects of abuse by state officers. This had the potential to affect questions relating to the nature of support services they received and their appropriateness. I addressed this concern by focusing on positive aspects of counseling and other reintegration support services, which avoided causing participants duress.

Financial constraints might have directly impacted respondents during the study, given that most individuals who have had time in prison struggle to secure proper employment positions. I used Zoom calls, which is accessible via mobile phones and did not require any financial burden on participants, making it easier for them to participate unimpeded.

Participant Demographics

Participants in this study were comprised of individuals who had experienced adverse childhood experiences and later had interventions as either adults or adolescents.

Services included cognitive behavioral therapy, music therapy, individual and group counseling, reunification services, and support programs.

Participants' age when having access to these services ranged from 15 to adulthood, though most participants began their interventions at 18 or older. Most participants stated adulthood was a more appropriate age to participate in therapy services. There were participants who had weekly sessions for months and others who received short, general, and low-intensity services. Participants faced challenges involving transportation, finances, and emotions, including stigma and vulnerability to fear (see Table 1).

Table 1

Participant Demographics

Interviewee	**Age at Service**	**Gender**	**Services Received**	**Abuse Age**	**Duration of Services**	**Service Timing**	**Notes on Effectiveness**
Subject A	Adult (18+)	Male	Counseling (Individual & Group), Music Therapy, TF-CBT, Reunification	Childhood	4–8 months	Adult	Very effective; improved emotional regulation and trust
Subject B	Child	Male	Counseling, Regular Check-ins w/Child Welfare	Childhood	1-2 years	Child	Felt supported; mentors others now
Subject C	Adult	Male	CBT, Interpersonal Therapy, Safe Spaces,	Childhood	3-6 months	Adult	Helpful, but wanted longer/more

			Recreational Activities				frequent sessions
Subject D	Teen	Female	Guardianship, Social Worker, Counseling	Childhood	~6–7 sessions over ~6 months	Child	Felt safe, but counseling was limited in depth
Subject E	Teen	Female	CBT, Counseling	Childhood	~6–7 sessions	Child	limited emotional exploration
Subject F	Adult	Male	Counseling, Community Support, used distractions (games, videos)	Childhood	~4 + years	Child	Counseling offered, but no lasting engagement recalled
Subject G	Adult	Female	Counseling as an adult	Childhood & Adult	~2 + years	Adult	Counseling delayed due to stigma; now advocates for long-term therapy

Data Collection

I interviewed seven participants who had histories of childhood abuse and some interactions with the criminal justice system. . Interviews took place online via Zoom. I posted flyers on social media platforms to attract volunteers. Only audio was recorded for this study, eliminating the possibility of participants being identified by face. In addition, recordings were anonymized, and no personal details relating to their names, contact addresses, or ages were used, ensuring anonymity. Data collection was conducted once after I ensured interview questions were clear and precise by conducting pilot role play interviews and finetuning them appropriately. Participants were urged to stay in locations

with minimal environmental noise to ensure audio recordings were clear and easy to transcribe. I stored audio files on a password-protected computer to safeguard them. No unusual circumstances were encountered during data collection because I took adequate precautions to protect participants, including avoiding questions that triggered negative experiences, which might disrupt responses. Participants were happy throughout interviews, confirming no negative issues affected their participation.

Data Analysis

Data were transcribed using Zoom transcribe software. The researcher in this study proofread the transcribed content and rechecked the audio data to ensure that the output was consistent and that nothing was taken away or misrepresented during the process. Each interview was then read at least four times to ensure a firm grasp of what the respondent had put out. The first session was reading all the responses once to get a feel for what they were saying. A preliminary set of major themes from the data were described. One example of the most identifiable concepts from the first reading was therapy, counseling, and support groups. After this, reading through the data two more times helped the researcher find other major and minor themes in the story, as there was a basic understanding after the first reading. The third reading focused on the composition of the major themes, with the similarities, differences, and underlying tones. Later, these major and minor themes were categorized, and respective quotes were highlighted in various colors to avoid any incongruency. In the last reading, the researcher counterchecked and ensured that all the major and minor themes were identified and

coded appropriately to warrant no codification or categorization discrepancies. The emerging data was then tabulated and entered into a Microsoft Word document. Data were represented using tables and graphs. No discrepant cases were identified in the analysis since the rigorous coding and categorization process ensured proper classification.

Evidence of Trustworthiness

Credibility

Chapter 3 of this study established grounds for determining the research's credibility, noting the need to capture multiple perspectives during data collection as Polit and Beck (2014) described, emphasizing its significance in creating confidence and authenticity in a study. Likewise, the collected data in this research meets the credibility threshold described in that chapter because the perspectives captured were for seven (7) participants who had varied traumatic childhood experiences and crime activities. Therefore, their insights broadened the understanding of the impact of childhood trauma and the increased risk of such individuals engaging in delinquent activities in their adulthood. The study's credibility was further cemented by the triangulation of their thoughts, ensuring that the shared themes were captured during data collection and analysis.

Transferability

The previous chapter discussed transferability as part of the trustworthiness requirement in research, which Polit and Beck (2014) described as the ability to apply or

generalize results in different contexts and settings. This chapter aligns with that description because the same study can be applied when studying other effects of childhood abuse and its impact on areas like decision-making, long-term relationships, and trust, to mention but a few. The data collection approach adopted in this research, especially those focusing on purposive sampling, can be replicated in similar studies.

Dependability

Chapter 3 of this research also highlighted *dependability* as a prerequisite for a study's trustworthiness. Polit and Beck (2014) defined the likelihood of similar research yielding similar outcomes when repeated with a similar cohort population. Chapter 4 demonstrates the replicability of this study because it is possible to find another seven (7) with similar childhood traumas and engagement in criminal activities that saw them incarcerated and later released through parole, probation, or other related services. Repetitive studies using a different cohort can follow all the process logs captured in this study because they are well-structured and easy to follow.

Confirmability

The last trustworthiness concept covered in Chapter 3 of this research is *confirmability,* which is described as findings that other researchers can corroborate by assessing the study's consistency in known study processes (Polit & Beck, 2014). Chapter 4 confirms the confirmability described in the previous chapter because there are detailed notes that other researchers can use to authenticate this qualitative study's research progress and adherence to study protocols. The study can also be subjected to a

peer review where the processes are subjected to even more severe scrutiny, including the strategies used in triangulating the data, the methodology and theoretical strategy adopted, and data presentation. No unusual circumstances arose during the data collection process.

Results

Types of Services

Participants confirmed that they utilized different support services to reduce the impacts of childhood victimization. Individual and group counseling, CBT, music therapy, reunification, and support were essential or primary services (see Table 2).

Table 2

Type of Services

Interviewee	Support Services Received
Subject A	Counseling, Reunification services, Music therapy, Trauma-focused Cognitive Behavioral Therapy (CBT)
Subject B	Counseling, Child Welfare
Subject C	Self-care activities, Support groups, Therapy, and counseling sessions
Subject D	CBT
Subject E	CBT, Counseling
Subject F	Counseling, Guardianship intervention
Subject G	Therapy, Counseling

Counseling and Therapy

Some participants expounded on the rehabilitation perspective of counseling and therapy as key factors in their journey. In individual counseling, consumers understand and process their emotions and trauma in a manner that is unique to them and using their approaches. Group counseling provided orientation, affiliations, and support, reducing participant exclusion. CBT was especially useful in breaking unhealthy thinking patterns and improving participants' emotional coping abilities. Participant "D" states, "I received therapy in my adulthood. CBT, and I think it was so focused on treating the past traumatic events that I had."

Music Therapy

Individuals could use music created by the other participants to explore their traumatic experiences from different angles, express feelings without using words, and build relationships. For example, by singing along to a particular rhythm when playing musical instruments, the participants could express feelings they feared to express through words. Such relief was established emotionally and helped create client therapist-bond or therapeutic relationships within such environments, exemplified by participants who had an opportunity to play the guitar or work on the piano.

Reunification Services

The research established that reunification services helped participants in the study regain the trust of their families. These therapeutic programs focused on the patients' families and, by engaging them, created better patient understanding among

them. Reunification services were said to help build family relationships and develop a new healthy relationship.

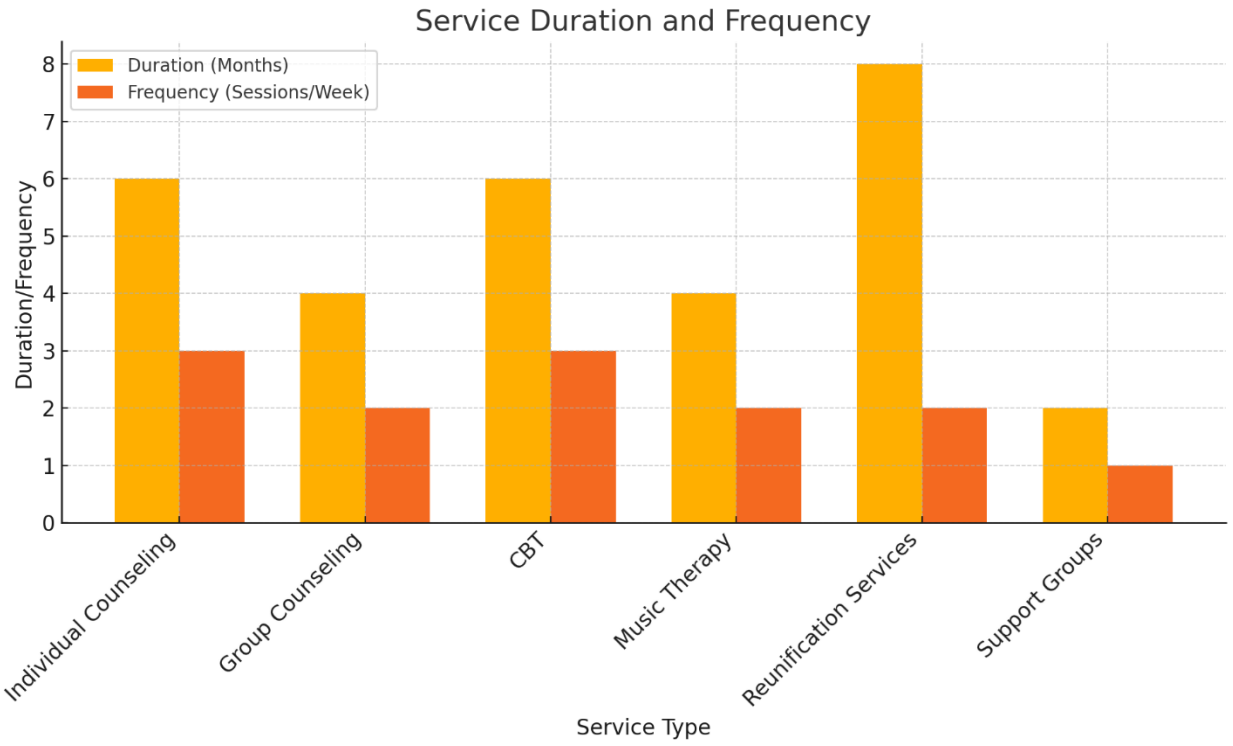
Support Groups

Support groups offered the participants an essential aspect of companionship and motivation during the trial. Participant "D" states, "Bringing in a group of people with similar issues, and sometimes we hear them sharing their stories and listen to their stories and interacting with these people who have been victims." These peer-based environments enabled individuals to elicit support from those who went through similar processes and feel that they belong. Community members in these groups also said they benefited from the support and good company that other participants offered them when struggling with loneliness and suicide after being discharged from these centers. Respondent "F" adds the need for a follow-up plan, noting, "The people who are "helping" or "counseling" have [to] understand [the] specialty of particular age ranges because if you were abused at a young age versus a teenager, you are going to have different issues, and it needs to be followed."

These services were planned and delivered at different frequencies and with other timelines, as shown in **Figure 3**. Individual and group counseling with clients and/or parents usually took three to six months with weekly counseling sessions, while music therapy and reunification programs lasted several months. The participants noted the need for organization and intensity of these services, but some suggested higher frequency in sessions.

Figure 3

Service Duration and Frequency



Effectiveness of Services

Participants qualified for the services offered by the intervention as responding to their emotional and psychological requirements. Some outcomes were demonstrated as better emotion management, better social relations, and an increased overall quality of life. Some participants mentioned progressive advances, with others stating that they experienced vast enhancements after some months of engaging in therapies. However,

sometimes factors like stigma, timetable, and financial problems endanger the efficiency of the services.

CBT and mindfulness exercises efficiently controlled the participants' emotional stimuli and stress levels. Several participants explained that CBT provided strategies for negative thinking and emotional regulation. Methods like writing in a diary or any space to dump emotions, meditation, and yoga were reported most often as helping to cultivate a strong defense mechanism and keep the mind steady, as captured in Table 2.

Reunification services were very useful in ensuring that the families develop trust together. Thus, such programs fostered organized face-to-face interactions and activities that allowed the participants to restore damaged or distant family relationships. Also, group therapy helped the participants feel they were not alone in facing specific problems and establish more connections with others.

Music therapy and individual counseling were revealed as the most valuable and efficient means for working through trauma. Music therapy helped participants exercise their voices by singing, and in this way, they made sense of concrete experiences of feeling. Therapy allowed the participants to express feelings in a demanding voice and put them into words. Supplemental one-on-one counseling sessions enabled a focused, concentrated focus on analyzing participants' situations, enabling them to develop ways of freeing themselves from the situation in a friendly environment interfaced by the counselor.

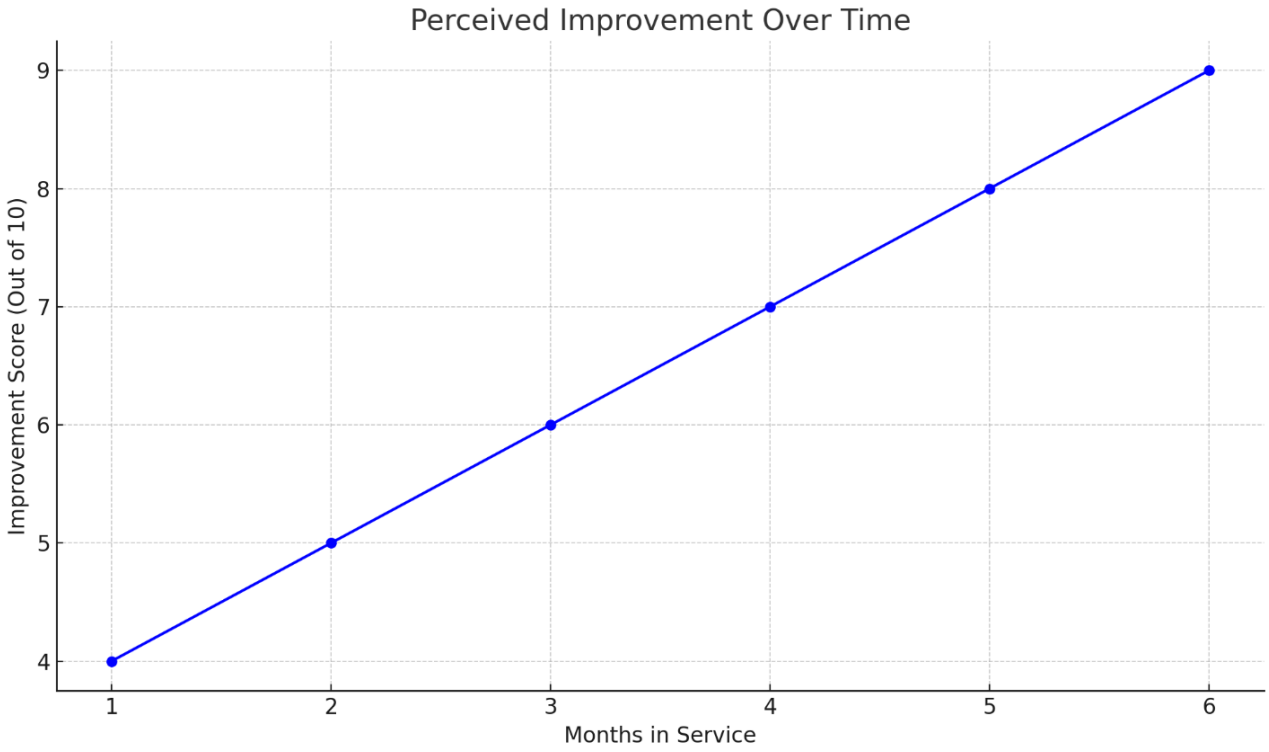
Table 3

Improvement Score in Months (Out of 10)

Month	Improvement Score (Out of 10)	Description
1	4	Initial engagement, participants felt hesitant and unsure.
2	5	Gain confidence and adapt to therapy.
3	6	Improvement in emotional regulation and stress management.
4	7	Progressive growth in self-awareness and interpersonal skills.
5	8	Participants reported improved relationships and controlling mechanisms.
6	9	Sustained progress, with participants feeling empowered.

Figure 4

Perceived Improvement Over Time



Barriers to Access and Area of Improvement

The participants interviewed highlighted different barriers that limited them from accessing intervention services. The external barriers Include factors such as distance, cost of transport, parking space, and weather conditions. Pain was the most significant barrier to accessing intervention services and limiting the therapeutic engagement to therapy or counseling. One of the main concerns was the transport activity; in many cases, the participants lived in secluded areas or lacked convenient transportation. The availability of finances also remained a significant problem since the standard sessions with the therapist and supplementary costs remained a dream for many patients. Furthermore, participants described emotional barriers, which include stigmatization and

reluctance to share their past traumatic experiences, particularly in the early stage of therapy.

Table 4

Barriers to Access Areas of Improvement

Interviewee	Duration (months)	Barrier
A	24	Fear of judgment
B	12	Financial struggles
C	9	Fear of vulnerability
D	3	Scheduling conflicts
E	4	Transportation
F	0.5	None specified
G	9	Financial struggles

Time constraints, such as working or family responsibilities, interfered with the proposed timings, and there was no recourse to telemedicine to deal with physical ailments as they exist today. These challenges make inclusive, affordable, and scalable innovation in the delivery of services an appreciable necessity.

Some factors were particularly significant to the provision of the intervention services. The selectivity of counseling came out repeatedly, and the participants stressed the issues that needed to be explicitly addressed for their cases. Climates that did NOT include judgment helped participants be comfortable and share their feelings.

Specifically, peer support groups allowed participants to meet with other people and discuss their problems; thereby, they did not always feel that isolated.

Participants pointed out that therapeutic approaches, such as mindfulness and psychoeducation, provided them with practical interventions for emotion and stress regulation. This was alongside creative models identified as appropriate and valuable in clinical practice, including music therapy. Together, these components produced overall and meaningful changes essential for participants' recovery.

Participants explained areas that need to be strengthened to improve the intervention services being offered. Telehealth options were often recommended because they would help with transportation and time schedules. Most participants also proposed extended or more protracted time intervals for therapy to enable the patient to go deep and achieve the desired results.

Intervention Preference

According to participants, recovery entailed using music and cognitive behavioral therapy (CBT). Regarding emotional communication, they used gestures that involved playing musical instruments such as the guitar and the piano during music therapy. Participation in this activity made establishing comfortable communication with them during CBT sessions possible. CBT helped the participant to change unhelpful thoughts and find ways of dealing with feelings of emotional escalation using a mindfulness-based approach. These interventions resulted in better regulation of emotions and the general feelings of perceiving well-being. One of the participants attributed the combination of

free and guided techniques to their improvement in working through trauma and developing strength.

For instance, both methods benefited participants who received individual therapy and group therapy. Getting individual exposure helped allow the client to dive deeper into their trauma. At the same time, group therapy exposes them to others going through the same thing, so they have someone to relate with. At first, participants were skeptical about group therapy, but they liked the group setting, stating that it helps with loneliness and everyone can encourage one another. Thus, being built on the integration of the key elements of both approaches, the analysis revealed that by using coping strategies and creating the perception of belonging, one can transform one's posttraumatic and addiction processes.

Summary

The support and intervention services implemented to lower adult criminality linked to childhood victimization include counseling, Cognitive Behavioral Therapy [CBT], music therapy, reunification services, and support groups. Findings indicate that CBT was particularly effective in controlling individuals' emotional stimuli, negative thoughts, and stress levels. Reunification services helped restore damaged trust, allowing the affected to connect better with others. Individual counseling and music therapy were noted as the most valuable interventions because they helped the affected individuals in the recovery journey to overcome the trauma. The next chapter explores recommendations that are based on the current findings and best practices to help victims

of childhood abuse to overcome the challenges they face and avoid engaging in criminal activities.

Chapter 5: Discussion, Conclusion, and Recommendations

I examined perceptions of adult criminals who were abused as children had regarding intervention services they received. I assessed the role of child abuse as it relates to adult criminality by applying various theoretical approaches, conducting a systematic literature review, and analyzing data. The fundamental rationale for conducting this research was to enhance understanding early-life adversity and criminal behaviors to guide development of effective interventions and policies that are needed to reduce recidivism, promote outcomes of transition services, and prevent criminal activities. Major findings indicate a strong relationship between childhood abuse and victimization and adult criminality. Study outcomes reinforce the importance of adopting targeted support programs and early interventions to mitigate child negligence, victimization, and abuse and reduce the likelihood of developing delinquent behaviors and serious criminal conduct in adulthood.

Interpretation of Findings

I found a strong correlation between adult criminality and child abuse. Exposure to various forms of assault affects child development by creating environments for developing behaviors that lead to criminality in adulthood. Emotional, sexual, and physical abuse during childhood increases risks of aggressive tendencies, substance use disorders, and development of antisocial behaviors, which are associated with criminal activities. Also, study findings confirm the efficacy of transition services in terms of preventing adult criminality for individuals who have experienced childhood abuse and

victimization. Interventions like music therapy, counseling, CBT, reunification services, and support groups are effective in terms of mitigating negative behaviors in adulthood. These interventions reduce adult criminality related to childhood victimization by influencing factors and drivers of criminal behaviors among adults.

Children who are exposed to traumatic experiences like neglect and violence can internalize these behaviors and replicate them in their adult lives. As they grow up, they learn and embrace family conflicts and gender-based violence as norms due to prolonged exposure. Such experiences are integrated into their minds and may manifest in adulthood. Childhood trauma interferes with psychological wellbeing and control, resulting in inappropriate mechanisms to cope with similar occurrences in adulthood.

I used the general strain theory in this analysis as a critical theoretical framework to understand correlations between child abuse and crime. Affected individuals tend to be frustrated, experience immense fear, and experience emotional deprivation, triggering episodes of criminality. Findings confirmed children who transition to adulthood without proper support to cope with their negative childhood experiences can seek criminal means to deal with their negative emotions.

Study findings also add to existing knowledge regarding links between childhood abuse and victimization and adult criminality. This study extends knowledge by highlighting the role of mental health issues and racial orientation in terms of the transition from child victim to adult criminal. Future researchers can build on current

knowledge to develop more effective and sustainable solutions to factors contributing to the development of negative behaviors in children.

Limitations of the Study

The study adds incredible value to the knowledge of criminal adult perceptions of transition services after a history of childhood abuse and victimization. It helps to comprehend critical developmental issues that must be addressed to achieve a smooth transition from childhood to adulthood despite negative and traumatizing experiences during early life and how such challenges can be addressed through targeted and well-designed interventions. However, the study has several limitations that inform the direction of future studies and recommendations on the same topic.

First, a sample of seven participants was too small to be considered representative and allowed for the generalization of the findings to the entire population. As Boddy (2016) avers, researchers should ensure that their sample sizes are large enough for the outcomes of sample analysis to be applied to the population being studied. The data collected through interviews conducted via Zoom or the self-reported data could introduce recall bias as the respondents may exaggerate or underreport their experiences of childhood abuse.

Another limitation relates to the researcher's failure to incorporate confounding factors into the analysis of variables and parameters. It is clear that the study establishes a correlation between childhood abuse and victimization and the tendency to engage in criminal conduct later in life. However, it fails to determine causation as confounding

variables like environmental factors and genetic predispositions could also influence the indulgence in criminal acts.

Recommendations

Future studies should use large samples that must be scientifically designed to address sampling bias and ensure sample results can be generalized for the population. Longitudinal designs and more data collection tools will assist in establishing causal relationships and enhancing validity and reliability of findings. It is also important to expand the study to diverse populations and include personal interviews. This approach is necessary to provide deeper insights regarding personal experiences of individuals who have histories of childhood abuse and criminal activities. I recommend that the scope of the study be broadened to analyze and measure relative effectiveness of various therapies, educational initiatives, and childhood support services. In particular, some participants noted they experienced progressive responses following continued therapy interventions. This will help in terms of drafting appropriate interventions to address cases of delinquent conduct among young people as well as manifestations later in life.

Implications

This research underscores the need to address childhood abuse by implementing practical interventions for preventing crime. This implies society must adopt mechanisms to resolve family-related violence and minimize its effects on children. These interventions will promote effective child development and enhance public safety by reducing criminal behaviors. By adopting policies that include early support and

interventions, survivors can adopt positive life behaviors, thereby reducing crime rates and incarceration-linked expenses (Miller & Najavits, 2012). From a methodological perspective, this study underscores the significance of adopting multidisciplinary approaches that integrate criminology, social work, and psychology to offer holistic approaches for individuals who are affected by abuse, neglect, and victimization. These strategies will lead to responsible life decisions and interventions that minimize impacts of confounding factors in the study. Multidisciplinary approaches can be used to address other significant variables.

Conclusion

The indulgence in crimes during adult life is strongly connected to adverse childhood experiences, and there are numerous studies supporting this relationship. Understanding the exact mechanism through which these experiences drive individuals or survivors of childhood abuse to criminal activities may be complex. Nonetheless, there are many theories explaining how violence, neglect, victimization, and abuse lead children to develop behaviors that culminate in crime in adulthood. This study adds to the existing knowledge and evidence that support interventions for populations at risk of increased crime rates due to early-life adversities. Society should understand that childhood trauma triggers the indulgence into adult criminality. As such, early support programs could help the affected individuals to cope with these experiences, creating an environment that fosters a safer society. The study contributes to developmental psychology and criminology by offering insights, evidence, and interventions that can be

incorporated into the existing theories and professional practice to support effective child growth and enhance crime management.

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Appendix A: Interview Guide

Area of Interest	Question	Probe
Thoughts on transition services	Can you describe the support/intervention services (example: counseling, therapy, education, interaction with Child Welfare, etc) received for significant adverse childhood experiences?	Which transition services have you used?
	At what point in your life did you receive these services, and do you feel this timing was appropriate (for example immediately after the adverse childhood experiences or later in life)?	When did you use these services? What happened in these services?
	How long did the services last? How often? (ie. weekly, 2x times, monthy, etc) Do you feel the duration of services was sufficient? Why or why not?	How long were the services? Was the length of time adequate?
	Were there any barriers that prevented you from receiving the services (ie. transportation, time, money, family support)? If so, can you explain?	Was there anything that stopped or limited you from receiving the services?
	Did the services address your needs or situation (ie. well-being, life outcomes, and positive effects)? If not, why? Were there elements of the support you received that you found particularly helpful in managing any challenges (ie. emotional upheaval, trauma,	What was good? How did it help you? Did it make you feel different?

	or stress) you faced? If so, how?	
	Would you mind sharing any specific components of the support services that stood out for you and/or did not meet your needs? How could they be improved?	Why was it bad? How could it be better? Did you feel worse after engaging in the service?
	Are there any types of support or services that would have been beneficial to you but were not available? If so, can you provide details?	Do you think the service overall is effective?
	Given the opportunity, what changes would you suggest for the support services provided to individuals who have been identified as victims of childhood physical abuse?	How could the service be better? Why would that help? Do you think that would help other individuals with similar needs as yourself?