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TRAUMA, VIOLENCE, AND GENDER

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Introduction
Patterns of offending by men and women are different. Official recorded crime and self-reported delinquency by women are less serious, begin later in adolescence, and are less persistent than male criminality and delinquency (Cernkovich & Giordano, 1987; Lanctôt & LeBlanc, 2002). Above all, offending by men is much more common; in 2019, men accounted for 73% of all convictions, and 95% of the prison population in the UK (Ministry of Justice, 2020). However, many of the most widely used explanatory models of offending have little to say about these differences (Bonta & Andrews, 2016; Gottfredson & Hirschi, 1990; Kohlberg, 1976).

In this chapter we draw on the Power Threat Meaning Framework (Johnstone and Boyle et al., 2018) to examine the differences between men and women, or boys and girls, in how they experience maltreatment and adversity, what it means to them, and how they respond to it. Although the primary focus of this chapter is on gender differences, we acknowledge that it is also important to consider the intersectionality of other characteristics and identities such as race, socioeconomic status, sexual orientation, age, language, spirituality, religion, education, and physical/mental ability. These often overlap and operate together, creating different forms or types of discrimination and privilege.

Space does not allow for anything like a comprehensive analysis of the relationship between gender and offending, let alone of these intersectionalities. Instead, we aim to illustrate how the Power Threat Meaning Framework can help clinicians to incorporate the often overlooked issue of gender into their formulations.

The Power Threat Meaning Framework
The Power Threat Meaning Framework was developed primarily as an alternative to predominantly medical and biological models of mental health, though it can also be
applied to understanding the needs of people who offend or behave in other challenging ways. The assumptions underpinning the framework are:

- many mental health and behavioural problems can be understood as consequences of the negative operation of power;
- the threat and meaning posed by the negative operation of power leads to distress and prevents people from meeting their core emotional needs; and
- many psychiatric symptoms or behavioural problems can be understood as responses that the person has learned to protect themselves or to meet core emotional needs in other ways.

The framework’s focus on the negative operation of power as a basis for understanding behaviour and its emphasis on the uniqueness of each individual’s experiences and the meanings they ascribe to them, makes it a promising framework for starting to examine the link between adversity and offending, and how different patterns emerge in men and women.

Power: What Happens to People?

The framework describes power as operating in various forms including biological/embodied power, coercive power, economic power, social and cultural capital, and interpersonal power, most of which privilege white, male, heterosexual, wealthy, educated, and mentally healthy people (Boyle and Johnstone, 2020). Here we only have space to briefly consider the first two of these.

Embodied Power

The peak age for aggression in both boys and girls is around two, with girls being only slightly less aggressive (Tremblay et al., 1999). With the development of language and interpersonal skills, physical aggression becomes less frequent, though the reduction is faster among girls. Levels of verbal and indirect aggression in boys and girls remain similar into adolescence (Card, Stucky, Sawalani, & Little, 2008). Several factors have been suggested as inhibiting physically aggressive behaviour in women. Firstly, women across different cultures have been found to experience fear more intensely than men, both in general (Brebner, 2003) and specifically fear of retaliation (Eagly & Steffen, 1986), though these differences appear to reflect differential socialisation rather than biological differences. Secondly, level of empathy and guilt, both of which can inhibit aggressive behaviour, are generally higher among women than men (Baron-Cohen & Wheelwright, 2004), but are inhibited in women by the administration of testosterone (van Honk et al., 2011), suggesting a biological component.

Coercive Interpersonal Power

Overall, men are more likely than women to have experienced potentially traumatic events (though a focus on discrete events arguably excludes the impact of systemic
misogyny and other forms of discrimination), and more likely to have experienced
non-sexual assault, accidents, combat, fire or disasters, or serious illness, though
women are twice as likely to experience PTSD (Tolin & Foa, 2006). Men, and those
from ethnic minorities, are also more likely to have witnessed others being killed
or injured (Cronholm et al., 2015; Tolin & Foa). Women are more likely to have
experienced sexual assault, both in childhood and as an adult (Komarovskaya, Booker
Loper, Warren, & Jackson, 2011; Tolin & Foa). Sexual abuse of young girls is more
likely to be perpetrated by caregivers or family members (Wamser-Nanney & Cherry,
2018). Adolescent girls are more likely to be sexually abused by adult acquaintances
or adolescent partners, whereas boys are more likely to be abused by juvenile family
members, juvenile acquaintances, or juvenile strangers (Gewirtz-Meydan & Finkelhor,
2020). There is some evidence that sexual abuse of boys is more likely to occur before
puberty, whereas girls are more likely to be abused after puberty (Chaplo et al., 2017;
Gewirtz-Meydan & Finkelhor). Sexual abuse of girls tends to be more severe and
chronic than sexual abuse of boys (Ullman & Filipas, 2005).

Studies of justice-involved individuals show higher rates of childhood abuse,
particularly sexual abuse within the home among incarcerated women than men
(Baglivio et al., 2014), while men were more likely to have experienced or witnessed
violence outside the home (Wood et al., 2002). Among female prisoners, physical
and sexual assault as adults are the most commonly reported traumatic experiences
(Karatzias et al., 2018), while for male prisoners, the most common experiences are
witnessing someone else being killed or seriously injured, being assaulted themselves,
and childhood sexual abuse (Maschi, Gibson, Zgoba, & Morgen, 2011; Weeks &

Finally, the gender differences described in this section may need to be treated
with an element of caution. Most of the studies described here involve self-report
measures of trauma which are likely to be influenced to some degree by culturally
determined biases about what constitutes abuse and about the forms of trauma that
are “acceptable” for men and women to experience.

**Threat: How Does This Affect People?**

Threat refers to the risks that the negative influence of power may prevent an indi-
vidual from meeting their core needs. Threat here refers not just to physical threats
but also the threat to health, emotional well-being, and quality of life caused by neg-
lect, poor health, disability, or deprivation. Within forensic practice, the Good Lives
model (GLM: Ward, 2002) is widely used to frame offending behaviour as resulting
from needs that are unmet, or in ways that are ineffective or harmful. While different
patterns of adversity are likely to present different threats, experiences of chronic or
repeated adversity or maltreatment, particularly by carers who should be providing
a secure base, are likely to severely compromise the child’s sense of safety. As Maslow
(1987) has pointed out, after basic needs for food and shelter, the need for safety is the
most basic of human needs, without which, higher level needs for connection and
esteem cannot be consistently met.

There is a lack of research on the differential impact of intrafamilial and extra-
familial maltreatment. However, maltreatment in the home is likely to cause relational
harm, including disrupted attachments, feelings of abandonment, betrayal, shame, hostility, lack of protection, or entrapment. It may also be associated with strong feelings of shame and pressure to keep the maltreatment secret (Herman, 1992). In contrast, maltreatment outside is more likely to be committed by peers or strangers and the harm may be more social, for example, feelings of isolation or exclusion, loss of status or identity, a sense of injustice or social defeat. For young people experiencing multiple forms of adversity both inside the home and outside, the sense of danger and disconnection from others is likely to be more pervasive, unrelenting, and harmful.

Rose and Rudolph (2006) present evidence that, as a result of gendered socialisation, goals of interpersonal connection and intimacy in relationships are more important to girls, whereas goals of agency and status are more important to boys. As a result, maltreatment that threatens the sense of connection to others may be particularly distressing for girls, while for boys, maltreatment that threatens their sense of agency or status may be more distressing.

Meaning: What Sense Do People Make of This?

Gender can have a powerful impact on the meaning of adverse events, particularly for individuals or communities that hold traditional ideals of masculinity that reflect toughness, independence, and agency, and of femininity as reflecting sensitivity, subordination, and passivity. For example, sexual abuse is likely to be particularly shameful for girls in communities where sex is linked to notions of honour and shame (Gill & Harrison, 2019), but also for boys who hold traditional views of masculinity (Easton, Saltzman, & Willis, 2014). Alternatively, men may avoid identifying themselves as victims by reframing physical abuse as “character building” disciplinary punishment and/or by saying their abuse was justified by their behaviour (Gueta & Chen, 2016).

The role of patriarchal and sexist world views, in which masculinity is defined in terms of domination and control of women is well established in the areas of male-perpetrated sexual and domestic violence (Flood & Pease, 2009). However, there is a growing awareness of the links between masculinity and crime more generally, and in the relationship between masculinity and incarceration (Maguire, 2020). Connell (1995) developed the concept of protest masculinity; in societies where male superiority and privilege are assumed, socially and economically marginalised men who do not benefit from what Connell (2000) describes as the “patriarchal dividend” will tend to act in overly masculine ways such as through aggression and crime, in order feel superior.

Threat Responses: What Do People Do to Survive?

The Power Threat Meaning Framework reframes many mental health symptoms and problematic behaviours as threat responses that enable the person to survive and to meet their needs in response to overwhelming power and threat and offending behaviour can also be understood in this way. There is a lack of direct research into
gender differences in the links between needs and offending. However, there are various pieces of evidence that suggest that men and women may commit crime in general, and violence in particular to achieve different goals, or to achieve similar goals in different ways.

For example, many women first come into contact with the criminal justice system through behaviours they engage in to achieve safety by escaping abusive homes – for example drug use, sex work, or shoplifting – whereas this pattern appears less common among men (Chesney-Lind, 1989; Daly, 1994). Gueta and Chen (2016) observed that male prisoners often reported becoming involved in crime in order to fulﬁl the role of “breadwinner” and to support their families, whereas female prisoners reported being motivated by power and status.

When it comes to violent crime, gender differences appear to be inﬂuenced by widespread cultural assumptions that regard violence by men as acceptable or even admirable in certain circumstances, while violence by women is often seen as shameful or deviant. It has been argued that status or respect as a motivation for violence is predominately found in men (McDermott, 2015), particularly in criminal and other subcultures that hold a view of masculinity that values dominance and independence (Copes & Hochstetler, 2003). Leadbeater, Kuperminc, Blatt, and Hertzog (1999) found that adolescent boys were more likely to express distress through aggressive and delinquent behaviour, whereas adolescent girls were more likely to respond with inward-focused responses such as depression, suicidal ideation, and eating disorders. Leadbeater et al. suggested that these responses reﬂect the greater societal emphasis on aggression and self-assertion in boys and on socialising, self-regulation, and emotional sensitivity in girls. Sutton (2017) reported that male gang members were more likely to report joining a gang to earn money and reported greater neighbourhood disadvantage than female members, while female gang members were more likely to describe their gang as a surrogate family that provided a sense of belonging. Female gang members reported coming from high crime neighbourhoods and feeling unsafe in multiple environments.

One of the few types of violent crime where gender differences have been studied is intimate partner violence. Among heterosexual couples, men report being more likely to initiate violence and to use violence to exert power or dominance, whereas women are more likely to report using violence in self-defence or retaliation (Hamberger & Guse, 2002).

Personal Narratives: Vea and Paul

Vea and Paul are patients in the National High Secure Healthcare Service for Women and the Men’s Personality Disorder Service respectively at Rampton Hospital. Their names and personal details have been changed to protect their identities. Their personal narratives demonstrate the multi-factorial contextual Power Threat Meaning approach, incorporating social, psychological, and biological factors.

A collaborative discussion, based on the Power Threat Meaning Framework: Guided Discussion document (Johnstone and Boyle et al., 2018), provided a way for Vea and Paul to reﬂect and consider the framework in relation to their own life experiences.
Vea and Paul were guided to discuss and reflect on the following questions:

- What has happened to you? (i.e., How is power operating in your life?)
- How did it affect you? (i.e., What kind of threats does this pose?)
- What sense did you make of it? (i.e., What is the meaning of these situations and experiences to you?)
- What did you have to do to survive? (i.e., What kinds of threat responses are you using?)
- What are your strengths? (i.e., What access to power resources do you have?)
- What is your story? (i.e., Pulling of these reflections together)

**Vea’s Story**

Some of Vea’s experiences have been modified to protect her identity. The name *Vea* means *seen*. This name seemed fitting given Vea believes she was never truly *seen* by anyone.

**What Happened to Me?**

My biological mother abused alcohol and drugs and I was born prematurely. My biological father was incarcerated for a serious offence. I never knew him. I was adopted as a baby. I have no memory of my biological parents.

My adoptive parents cared for lots of other children. The household was always busy and noisy, and to some degree it did not feel stable. I often sensed unfairness between the children within the household. I felt I wasn’t noticed, listened to, or understood.

I am mixed heritage. I looked and felt different to my adopted family and amongst my peers at school. I am always aware of my difference and I never felt I fitted in anywhere. I was sexually abused in my early teens. When I disclosed this abuse, I was not believed. I displayed challenging behaviour at school and home. I often felt I was disciplined more harshly than others. I felt I was misunderstood, unloved, and unfairly treated.

I was placed back into care as a teenager. I felt completely rejected by my adopted family. I moved frequently between placements across the country. I had no control or say about when or where. I was completely powerless and helpless. I felt totally at the mercy of the social services.

Financially, I had extremely limited funds. This limited my options and opportunities. When living on my own, I did whatever I could to make money. This involved prostitution and sometimes putting myself in extremely vulnerable and terrifying situations.

As a woman, I felt quite empowered when using my body and my looks to get certain needs met (financial, safety, security, connection). This felt good at times; however, some of the situations I put myself in ended up being dangerous, unhealthy and were traumatising. The memories still haunt me.
I feel incredibly ashamed of myself and angry at everyone who has ever let me down. I envy those who are more privileged or fortunate than myself. I used drugs to numb these difficult feelings, but they continued to fester underneath. My illegal drug use has also exposed me to some extremely difficult and traumatic situations.

How Did This Affect Me?

**Relationally** I have always struggled interpersonally throughout my life. I never felt I ‘fitted in’ anywhere. I struggled to trust, feel safe and connect with people. I always expect my relationships to end. I often end up pushing people away by being too intense with them, so they eventually end up rejecting or abandoning me.

**Emotionally** I sometimes find it difficult to feel anything; to connect with my emotions. When I do connect with my emotions (negative or positive), I struggle to regulate them. They are far too intense and all consuming. I sometimes lose control. It has catastrophic when I have lost control. I have severely hurt other people, as well as myself.

**Socially/in the community** I feel vulnerable in social situations, I struggle to fit in and to feel as though I ‘belong’ with others. My anxiety usually worsens in these situations and I sometimes act in unnatural ways e.g. by being too loud or showing off. I often feel ashamed about my behaviour afterwards.

**Economically/materially** I am poor. I have never had much money, and when out of the care of inpatient services, I struggled to meet my basic needs. I did whatever I could to make money. I feel both angry and ashamed about this.

**Environmentally** I lived in some places which were unsafe. Often quite deprived areas where there was a lot of crime and access to drugs. It was difficult to relax and to feel safe in these places. I had to be hypervigilant.

**Bodily** My body was regularly invaded. I struggled to know what was appropriate and what wasn’t. People didn’t always respect my personal space or boundaries. I have struggled physically. I have areas of chronic pain and have caused significant debilitating injuries to parts of my own body. I have cycled through periods of binging, purging, and starving.

**Identity** I have no clear sense of identity. I had little support to be able to develop my own beliefs, values, and identity. I often feel ashamed about myself.

Some circumstances made the threats I was exposed to harder to survive. I experienced a range of adverse experiences from even before my birth, onwards. I did not feel protected or loved by my parents or carers. I felt betrayed and let down, even by the organisations which were meant to protect me. I did not have anyone I could confide in about the threats, and when I did, I wasn’t believed. Over the years, I faced several threats from several different perpetrators. Some of these were deliberate acts of harm.
towards me from other people. Some were repeated and ongoing. I felt I had little control over them and was unable to escape. Some of the threats were physically invasive and multi-layered.

**What Sense Did I Make of What Happened to Me?**

What I believe, feel and experience:

- Unsafe, afraid, and attacked – “I always have to be on guard. No one can be trusted”
- Different, alienated, isolated, and lonely – “I have never felt as though I belonged or fitted in. I have always felt different, excluded and alone”
- Bad, unworthy – “I’m not good. I’m a monster”
- Shamed, humiliated – “I am unlovable. There is something wrong with me. Everyone sees it”
- Abandoned and rejected – “People always leave me. They don’t like me”
- Betrayed – “My family and professionals have betrayed me. I feel angry at everyone who has ever let me down”
- Emotionally overwhelmed – “I can’t manage my feelings. Sometimes I feel too deeply”
- Emotionally empty – “Sometimes I feel nothing at all”
- Sense of injustice and unfairness – “Why me? Why was I treated so differently? I hate them!”
- Hopeless – “It will never change”

**What Did I Have to Do to Survive?**

I have survived in different ways. My threat responses have different functions and differ depending on the context or situation I am in.

I am hypervigilant and at times, paranoid and suspicious. I struggle to sleep and relax. I am always on ‘guard’, watching and waiting for the next threat. I know it is coming eventually! I ‘read’ into things ‘too much’, overthinking. I am just trying to protect myself.

I disconnect or numb difficult feelings through dissociation, disconnection, fragmentation, and substance misuse. I learnt how to effectively dissociate early on in life. This helped protect me from intense, painful feelings and situations. Unfortunately, I have in the past, had little control over this and struggled to manage myself in dissociated states. I can be dangerous to other people and myself and have caused significant harm to people when in this state.

I give in and submit. Sometimes, when I lack confidence, I give up easily. I don’t even try to help myself. I self-sabotage. I try to appease people as it feels easier than opposing them.

I fight and overcompensate. I argue. I have been physically violent, or I act out and show off. I feel intense anger and rage. I am usually much more violent and punitive towards myself than to others.
I avoid. I hide and flee. I am not always open about how I feel with people.

I struggle to remember. I either don’t process events at the time, or I struggle to recall them as it feels too painful and shameful to think about what I have done.

I use drugs and alcohol to moderate my feelings. To soothe, detach, or to stimulate.

Sometimes I feel hopeless and wish to die. Other times, I need support and I struggle to ask for help, verbally, in a healthy way.

I hurt myself to regulate my feelings. My tolerance for pain is extremely high. Sometimes I don’t feel any physical pain at all.

What Are My Strengths?

In my early life, I had few strengths, other than my physical fitness, sporting and singing ability, I felt I had little else to draw on as a resource, other than my looks.

During my adult life, whilst in services, I developed more resources and strengths. These have helped me significantly. I draw on these resources and feel less of a need to resort to my previous unhealthy threat responses to survive.

I have experienced caring, secure relationships. I still test these from time to time, but deep down, I know I can trust more now.

I have supportive friends. I don’t have many, but the few I have is more than I’ve ever had in my whole life. I feel less uncomfortable about being different now, and realise that, everyone is in fact unique, and that’s okay.

I have experienced a sense of community, belonging and social support.

I have had access to information, knowledge, and alternative views, widening my understanding of myself and the world around me. This has helped me to have a more mature outlook on things.

I have developed more skills and abilities. I use these to cope and I am less likely to hurt myself and others now.

I listen to my body and my mind more. I realise now, that when something feels ‘off’, my body is usually trying to warn me.

I have experienced compassion from others, and I have become much more compassionate towards others. Sometimes it is hard to be compassionate towards myself, but I do try.

I have felt much more connected and appreciative of the world, particularly of nature.

I have learned better ways to manage my emotions and to healthily express my thoughts and feelings.

I have been able to begin to process and heal some of my earlier trauma and pain. I know this will take time but being able to start this has been life changing.
I have learned how to express myself more. I now write, talk and am much more creative.

My confidence and self-esteem have grown. I still have some way to go, but it’s a start.

**Paul’s Story**

**What Happened to Me?**

I was sexually abused at a very early age. My so-called mother was a drunk. She had several different partners coming and going. I was like a football for them.

When my mother was married to my stepfather it felt like I got a kicking every day. I’d get locked in cupboards. My PE lessons were hit and miss, more miss because I was “very clumsy” apparently and I was always taking notes to school saying how clumsy I was, and I couldn’t play PE because I was badly bruised.

If I did show any emotion I’d just get beaten and beaten and beaten and abused in one way or form or another. If it wasn’t name calling, it’s being beaten, if it’s not being beaten, I’m having my head held under the water in the bath.

I was the oldest in my family. From about eleven years old I hardly went to school because I had to look after my siblings, cooking, cleaning, wiping their backsides, taking them round the parks, you name it. My mother was too interested in pills and booze and going out trying to find fellas.

We were like a magnet for people who abused people. My younger sister ended up being abused by several different people. She also ended up on porn films when she was about 13. We attracted those types of people because we were that vulnerable and helpless.

I was 15 when I finally got away. I would run away regularly, and the police would pick me up, and I would tell them my mother was violent and they would just take me back home anyway and say that she loves you. I told the social services and nothing happened. The school, social services, everybody was trying to convince me to go home. In the end I just gave up. I’d go home, and as soon as I got outside the door my anxiety went right up through the roof. The last time they brought me back, my mother was waiting for me. She had my clothes in bin bags and she said “there’s your clothes, I don’t want you anymore”. I sat in that car and I cried my eyes out, one because of the rejection and two because I was so damn relieved to be out of that.

After that I went to a care home, but I didn’t really fit in. I was there for about a month and then they put me in a foster home with a lovely lady called Sue. I was there for about 5 or 6 months and it was brilliant. I stopped wetting the bed, I had a life, I had friends for a little while. That was the first time I had some stability in my life.
After that I got my own flat. I ended up being a prisoner in my own home because when I came out of my house I would just freak out around people and had these urges to attack them and the voices in my head were saying hit them, hit them, hit them. I went to the doctor and they referred me to this unit. On a good day I’d turn up and try to explain what I was going through, but I could barely talk back then or even think straight, even on a good day. There were times that I said to them that I needed help otherwise one day I was going to hurt someone really bad. I’d keep these appointments up for a little while until things got really bad and I really feared going out because of hurting other people, and I would end up not getting another appointment. I was in fear of getting attacked, hurt or rejected by other people. It was just easier to be alone, away from everybody, so I isolated myself as a prisoner in my own house.

When I was locked up I got my social work file and it said that I was at risk from being born basically, so they knew. The school would report me for not turning up, or the hospital reported me for having broken fingers; they’d turn up and then they’d go away again. They knew.

**How Did This Affect Me?**

**Lack of safety.** It was one of those things where I couldn’t do right for doing wrong, every single thing was wrong. Even when I followed their every instruction it was wrong. I developed a skill very early on of not showing any emotion. It was survival.

Because of my appearance I got bullied at school, so I was constantly fighting outside, trying to survive and I was constantly fighting at home, trying to survive, but in a different way. At home I had to fight to keep my emotions in check and try my damnedest to try to please them even though everything was wrong, or at least stay out of their way.

**Lack of connection.** It’s indescribable, the feeling of not being wanted, there wasn’t many days go by where I didn’t have the thought of ending my own life, because of all them problems. I just wanted to crawl into a hole and die, I just wanted it all to end.

**Inability to express emotions.** It got beat in to me so it was a natural thing for me, I didn’t just shut other people out I shut myself out, I shut my own emotions out, I wasn’t even allowed to feel and when I did I was too afraid of losing it.

**What Did This Mean to Me?**

I saw everybody as a threat. And I mean everybody, even though they said that they were trying to help me, it drove me bloody crazy, people were bringing me stuff that I didn’t want, and I saw it as a threat.

One of the worst things is defectiveness, I continued all the abuse, but in my head. I saw everything everybody ever said to me and I just kept it
repeating to myself. I felt like everybody around me was normal and I was abnormal, I felt like a non-human, like an alien, like I wasn’t from this planet. I felt like the whole world didn’t understand or wasn’t even interested.

What Did I Do to Survive?

I became numb, I became shut off from everything. When I spoke, I spoke in a flat tone, I had virtually no facial expressions, my body language was non-existent; I was really difficult to read. It was like a massive wall that’s very difficult to penetrate or get over.

I was a magnet for bullies… I was passive; I was so frightened I couldn’t say no, and when I did say no they’d take no notice anyway and would just continue.

So, I’d stay away from everybody, to stay away from harm and harming others. I wanted to live on a desert island on my own so there was no one else around, no people around, no problems. But when I was alone, I wasn’t away from all the torment and the flashbacks and the memories, so it stuck with me anyway.

I hated drinking, I can’t stand the taste or the smell of it. But with the nightmares and the flashbacks, all that intense feeling, it took the edge off. So for a short time, it was nice. But then it was followed by other problems. I used to smoke cannabis too; all the tension from my body would go. I’d go into this dreamland where there was nothing, no pain, no bad memories, no abuse, no flashbacks, no torment, just pure escape; it was ecstasy. But I couldn’t afford to go out and buy it all the time.

But then people would push me so far and I’d lose it. I was regularly fighting in and out of school at a very early age. I got in to such an uncontrollable rage I just couldn’t control myself, it wasn’t just me hitting them and going away, I’d be hitting them, knocking them to the ground, then jumping on top of them, trying to smash their head open and I had to be dragged away because I was screaming with rage and I couldn’t stop myself. All my emotions would come out, every single thing, so even after I finished, I was bawling, I was throwing up, I was crying my eyes out. I would feel so guilty about my uncontrollable rage.

I would try and keep my emotions to myself and keep that rage in because of how far it could go, I didn’t know when it would stop. I couldn’t stop it, so I ended up being a target, and people would push me and push me and then when I got into that rage where I couldn’t stop and was dragged off they would be the ones crying.

I became prickly and hostile towards others to prevent them from hurting me, I didn’t know I was being prickly towards them, I would just be sarcastic all the time. I got the point where I couldn’t cope with being around people, I would just keep myself to myself. It’s hard to look back and see how standoffish and unfriendly I was, just staring at everyone because I was
so fearful of them attacking me. I wouldn’t take my eyes of them just in case they would creep up on me when I wasn’t looking, I became the aggressor.

I wanted to have relationships and have a normal life like everybody else, and I did have a few but most wouldn’t last. All the abandonment and rejection I’d had as a kid played out later on in life by pushing other people away before they rejected me; any sign of any relationship breakup I would just stay away. I ended up with abusive partners. For some strange reason when I saw someone that I really liked I was really passive and I didn’t go near them, but the people that came to me I would partner up with and would live that life of abuse again.

What Is Life Like Now?

I came here and I started building relationships with the psychologists. It took me 6 months to build my first relationship. Just to get talking and when that psychologist moved on and I moved on to another psychologist it took me maybe 5 months. The psychologist that I am working with now, it took me weeks to open up. By this point I had done a lot of DBT-based work, speech and language therapy. I started working with this psychologist around 2 years ago and she introduced me to a number of books which helped me understand myself in a more trauma-based way, to unlock what I am feeling and thinking and why, and link the trauma to the feeling. I read a lot of self-help books and this has helped me because people say things to you and you don’t quite believe, but when you read the exact same thing in a book you think it must be true, so it helps me build trust. Even now I find it very difficult to trust after 9 years of therapy.

I’ve been here for 9 years now and I’ve learned a lot of new skills. It doesn’t stop the trauma or the PTSD or the nightmares, it doesn’t help me concentrate but it helps me get through the day. For the first time I am actually building relationships, not with just one or two people but with everybody and I am able to maintain and repair and I’m learning how to speak to people, even how to elaborate myself. For the first time in my life I have got a life. For me it’s coming out of the darkness into the light.

Conclusions

Although what Vea and Paul experienced was very different, their descriptions of the impact are strikingly similar. Neither felt safe or connected to others, even as adults. Both were let down, not just by their families, but by professional agencies that should have protected them, leaving them with a chronic sense of mistrust and injustice that frustrated their desire to feel connected to others. Both felt overwhelmed by unmanageable emotions that sometimes led them to behave extremely destructively.

Vea and Paul also describe many similar strategies for survival: being hypervigilant to threat, dissociating from overwhelming emotions or using drugs and alcohol to numb them; and being trapped in an endless cycle of wanting connection to others.
but being hurt or hurting others when they found it, leading to a sense of frustration and despair.

These narratives also point to some of the gendered patterns described in the first part of the chapter. Paul described being sexually abused from an early age, though the impact on his later sexual development in his narrative is unclear. Vea describes being sexually abused in her early teens and, we might speculate that that experience influenced her decision to engage in sex work, like many justice-involved women (Chesney-Lind, 1989), to establish some sense of agency and control in her life. Vea also refers to managing her distress through self-harm, a pattern that is much more common among women than men (see Chapter 9), as well as creating a sense of control over her body through binging, purging, and starving. These observations perhaps suggest a more general pattern – that there is a broader range of “socially acceptable” responses to trauma for women, whereas the range of “acceptable” or “normal” outlets for men in some communities may be limited to stoical detachment, heavy drinking and violence.

Like most forensic practitioners, both authors of this chapter work exclusively with patients of one gender and so we rarely consider our patients’ behaviour through the lens of gender. Collaborating on this chapter has revealed the similarities and differences in pathways from adversity to violence in men and women. It also shows that we have much more to understand about the different experiences of adversity faced by men and women, how they and society regard those experiences, and how they adapt to survive. The Power Threat Meaning Framework, with its core, compassionate assumption that emotional distress and troubled behaviour are understandable responses to life circumstances, provides a promising framework for this exploration.

**Further Reading**


Motz, A., Dennis, M., & Aiyegbusi, A. (2020). Invisible trauma: Women, difference and the criminal justice system. Routledge. A psychoanalytically informed account of the development of violence and other offending, identifying pathways for change to address trauma within the lives of women and their children. It highlights the role of emotional, social, and cultural forces in traumatising women who come into contact with the criminal justice system.

**References**


Phil Willmot & Yasmin Siddall


Herman, J. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. Basic Books.

Trauma, Violence, and Gender


