Masculinity and Violence: Early childhood traumas which lead to violent behavior in young boys

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Masculinity and Violence: Early childhood traumas which lead to violent behavior in young boys

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Masculinity and Violence: Early childhood traumas which lead to violent behavior in young boys

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DECEMBER 2018

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Abstract

The goal of this study was to explore early childhood traumas young boys experience that may lead to violent behavior. The research questions for this study focused on childhood traumas, specifically child maltreatment, exposure to violence and drugs in the family and community, emotional abandonment from parents, drug use/abuse and residential mobility. This study consisted of open ended interview questions of incarcerated men at Old Colony Correctional Center. A grounded theory approach was used to analyze the data. Through a coding process, specific themes, concepts and relationships emerged from the data. The results of this study have indicated that experiencing early childhood traumas influences deviant behavior in later adolescence to early adulthood. The findings were also in line with current literature when exploring one specific trauma. However, more research needs to be conducted when analyzing individuals who experience more than one trauma in their life. This data contributes to the growing literature of masculinity and violence in the discipline of criminal justice.

Key terms: MASCULINITY, VIOLENCE, TRAUMA,
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Chapter 1: Literature Review

Introduction

The association between masculinity and violence has been in discussion for decades. Masculinity has become an important concept for understanding trends in violence and crime (Messerschmidt, 1993; Bowker, 1998, Kimmel & Messner, 2001). Masculinity commonly refers to socially constructed expectations of appropriate behaviors, beliefs, expressions, and styles of social interaction for men in a culture (Pollack, 1998). Kimmel and Messner (2001) claimed that masculinity is commonly developed through gender role socialization. During adolescence, young boys develop masculine traits and behaviors, which are taught through their family, peer groups, schools, and other social institutions (Parsons, 1964; Pollack, 1998).

In addition, boys unconsciously develop socially prescribed rules during adolescence, which are referred to as gender roles. These developed gender roles dictate how boys should behave, which emotions they should experience, and how they should express their emotions (Reidy, Smith-Darden, Vivolo-Kantor, Malone, & Kernsmith, 2017). As mentioned above, these gender roles are also taught through their family, peer groups, schools and other social institutions (Pollack, 1998).

The effects of young boys experiencing child maltreatment is detrimental to their mental and physical health and well-being. In addition, child maltreatment has many side effects, which will be discussed in the literature review. Child maltreatment refers to any act of omission or commission by a primary caregiver or other guardian that results in harm or threat of harm to a child, even if harm is not the planned result. The three main forms of child maltreatment are universally recognized as physical abuse, sexual abuse, and neglect (Gilbert et al., 2009; Leeb,

Childhood physical abuse refers to any physical injury that may damage health, inflicted by the father, mother, or any other individual with a responsibility of care and as non-accidental injury of the child, in the broadest sense (Polat, 2004; Turla, Dundar, & Ozkanli, 2009). Childhood sexual abuse refers to any sexual encounter between a child and an older person (Maltz, 2002). The definition of neglect can be compared with the definition of abuse, which is defined as any action(s) that result in harm (Christ et al., 2017). In addition to these traumas, exposure to violence influences the development of violence in young boys.

**Attachment Theory**

Attachment theory is a central theme in the development of children. Garbarino (2000) proposed that human development proceeds from attachment in the first year of life. Babies develop love for the people that care for them within the first three months of age (Garbarino, 2000). By nine months of age, most babies develop a specific attachment with one or more caregivers (Berant, 2017; Garbarino, 2000). The presence of attachment leads babies to explore and develop their skills, whereas the absence of a beloved object, leads babies to become more defensive, wary and withdrawn (Garbarino, 2000).

Bowlby (1969) described attachment theory as the ways in which human beings develop and maintain close relationships and emotional bonds with significant others, known as attachment figures, who fulfill needs for safety and comfort. Four forms of attachment were formed after exploring varieties of attachment: secure, insecure-avoidant, insecure ambivalent, and disorganized disoriented (Shaver & Mikulincer, 2007). A secure attachment is developed
when the relationship with the attachment figures are positive and consistent, and the individual has received comfort when they are distressed (Shaver & Mikulincer, 2007). Garbarino (2000) stated that parents who are responsive and gentle in their interactions with their baby end up with a baby who is securely attached.

Contrary to secure attachment, insecure-avoidance indicates a high level of distress and inability to comfort or console (Garbarino, 2000). Berant (2017) discussed that insecure avoidance is characterized by developing a compulsive self-reliant coping style. In addition, these coping styles attempt to avoid pain and frustration caused by unsympathetic and unavailable attachment figures (Shaver & Mikulincer, 2007). The attachment theory helps to explain why young males develop violent behavior through childhood. Once the boy enters early childhood and adolescence they develop their masculine identity.

**Masculinity and Gender Roles**

Masculinity has become an important concept for understanding trends in violence and crime (Messerschmidt, 1993; Bowker, 1998, Kimmel and Messner, 2001). Masculinity commonly refers to socially constructed expectations of appropriate behaviors, beliefs, expressions, and styles of social interaction for men in a culture (Pollack, 1998). Moreover, masculinity refers to possessing the qualities that are traditionally associated with men (Pollack, 1998). The issue of masculinity and violence has been discussed and identified in past and present discussions of criminological thought (Pollack, 1998). Early attempts to link masculinity with violence came from Parsons (1964).
Gender role socialization.

Parsons (1964) developed gender role and socialization theories. According to Parsons’s (1964) socialization theory, structural differentiation was a responsibility from society. In addition, Parsons (1964) argued that social institutions have progressively lost many of the functions they performed in the past and have become differentiated, but more specialized. The division of labor within the family between men and women was necessary to warrant proper socialization of children. In addition, young boys are taught certain, appropriate behaviors and traits that are appropriate for boys and men through their family, peer groups, schools, and other social institutions (Parsons, 1964; Pollack, 1998). Through this socialization process, boys and girls internalize proper gender roles and become men or women by the practices embedded within these institutions (Bird, 2008; Parsons, 1964).

In the United States there are a recognized set of rules, morals and norms that govern how boys and men should act (Berke & Zeichner, 2016). Boys unconsciously develop socially prescribed rules at a young age, known as gender roles. Gender roles dictate how boys should behave, which emotions they should experience, and how they should express certain emotions (Reidy et al., 2017). Generally, the gender role expectations for males are that they should be confident, assertive, demonstrate sexual prowess, and hide all vulnerable emotions. In addition, males are supposed to demonstrate fearlessness through engaging in risk-taking behavior and establish dominance through aggressive and violent behavior (Berke & Zeichner, 2016; Bowleg et al., 2011; Mahalik et al., 2003; Mosher & Sirkin, 1984; Reidy et al., 2017; Vandello & Bosson, 2013).

Certain heterosexual definitions of masculine norms include having the desire to attract the opposite sex, be successful, play sports actively, displaying physical strength, and bottling up
emotions by not showing or telling how they feel (Martino, 2000; Rosenberg, Gates, Richmond & Sinno, 2017). When displaying such masculine behaviors, it becomes a norm to reject and oppress any feminine traits, including expressing emotions (Levant & Richmond, 2015; Martino, 2000; Rosenberg et al., 2017).

Young boys commonly use homophobia to enforce and regulate their hegemonic masculinity (Rosenberg et al., 2017). Connell (1995) discussed that men’s adherence to traditional forms of masculinity is essential to maintaining male dominance. The two primary components of masculinity are homophobia and avoidance of femininity, particularly aggressive actions towards males (Brown & Alderson, 2010; Keiller, 2010; Theodore & Basow, 2000; Wilkinson, 2004). Males use homophobic language as a way of enforcing aggression and masculinity, no matter their sexual orientation (McCormack, 2011). Although there has been a universal acceptance of the LGBT community, the use of homophobic language remains significantly high (Anderson, 2005; Kian, Clavio, Vincent & Shaw, 2011; Yeung, Stombler & Wharton, 2006).

Furthermore, gender socialization begins at early infancy, starting with paternal, family and community interactions, then continues through adolescence with guided gender assignment and peer relationships in school and the community (Fagot & Leinbach, 1993; Ruble, Martin & Berenbaum, 2006). Once children are enrolled in school, they begin to learn how to regulate and enforce specific hegemonic masculinity.

**Gender role discrepancies.**

There is strong evidence that suggests conforming to masculine gender roles has detrimental outcomes, including behavioral, physical, and mental health consequences (Reidy et
However, there is a significant amount of research that indicates that not conforming to masculine gender roles also has similar consequences to conforming to masculine gender roles, known as gender role discrepancy (Courtenay, 2000; Erol & Karpyak, 2015; Mahalik, Lagan, & Morrison, 2006; Mahalik, Levi-Minzi, & Walker, 2007; Sanders, 2011). Simply put, discrepancies are differences between two or more things that should be the same.

Prior research has shown that males who engage in gender role discrepancy are more likely to be depressed, attempt suicide, report less satisfaction with their life, endorse overall lower rankings of the psychological well-being, use and abuse alcohol and drugs, initiate drug use before adolescence, initiate sexual intercourse before adolescence, and are sexually active (Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Kann et al., 2016; Reisner et al., 2015; Rieger & Savin-Williams, 2012; Savin-Williams & Ream, 2003; Toomey, Ryan, Diaz, Card, & Russell, 2010). Moreover, the negative mental and behavioral health consequences associated with gender role discrepancies for males are more robust than for females (D’Augelli, Grossman, & Starks, 2006; Rieger & Savin-Williams, 2012).

**Adult influence on gender role socialization.**

Parents play a pivotal role in the gender role socialization of their children. They encourage and regulate masculinity for boys throughout their childhood and adolescent years of their life. Unconsciously, mothers and fathers play a significant role in constructing gender norms by establishing gender preferences and behaviors that they find acceptable (Clearfeld & Nelson, 2006; Kane, 2006; Martin, 2009). Prior research has reported that there are mothers and fathers who explicitly blame themselves for not producing heterosexual, meaning masculine sons (Kane, 2006; Rosenberg et al., 2017). Similarly, mothers commonly teach their children about romantic relationships and love through a heterosexual lens (Martin, 2009).
Parents engage in gender differentiated responses and reactions to their children’s emotional expressions (Chaplin, Cole, & Zahn-Waxler, 2005). Although parent’s differential treatment of their sons and daughters may be outside of their awareness, they are subtle in appearance (Fivush, 1998). In addition, Fivush (1998) discussed that instead of using overt parenting strategies of clear rewards, punishments, or explicit directives, parents commonly exert implicit pressure by showing more attention to certain emotions that are considered gender appropriate and acceptable. Overt parenting styles are important for the development of children’s emotional competence. However, parental attention, whether it be punishing or encouraging, is also an important factor conveying certain emotions as gender appropriate or acceptable (Brody, 1999; Denham, Zoller, & Couchoud, 1994; Eisenber, Cumberland, & Spinrad, 1998; Gottman, Katz, & Hooven, 1997).

Child Maltreatment

Child maltreatment refers to any act of omission or commission by a primary caregiver or other guardian that results in harm, or threat of harm to a child, even if harm is not the planned result. The three main forms of child maltreatment are universally recognized as physical abuse, sexual abuse, and neglect (Gilbert et al., 2009; Leeb, Paulozzi, Melanson, Simon & Arias, 2008). Child maltreatment consistently remains a major public-health issue in the United States. In 2016 there were approximately 676,000 victims of child maltreatment that was reported to child protective services. Of those children victim of child maltreatment, 1,750 children died from suffering child maltreatment (Violence Prevention, 2018). In addition, one in four children experience some form of child maltreatment in their lifetime and one in seven have experience child maltreatment in the last year (Violence Prevention, 2018). Child maltreatment contributes to a multitude of long-lasting effects, such as education and employment issues, mental health,
drug and alcohol misuse, risky sexual behavior and criminal behavior, which commonly persists into adulthood (Gilbert et al., 2009).

**Childhood Physical Abuse**

Childhood physical abuse refers to any physical injury of such a nature that may damage health, inflicted by the father, mother, or any other individual with a responsibility of care and as “non-accidental injury of the child”, in the broadest sense (Polat, 2004; Turla, Dundar, & Ozkanli, 2009). This damage may arise from any action that may or may not leave marks on the child’s body, including striking with the bare hand, striking with a tool, pushing, shaking or burning (Kaplan, Pelcovits, & Labruna, 1999; Turla et al., 2009). Johnson (2000) described that child abuse as childhood trauma that is commonly repeated, and it is primarily inflicted by those closest to the child. Prior studies have reported that in various countries in all regions of the world, 80 to 98 percent of children experience corporal punishment in their home (Waterston & Mok, 2008).

*Effects of childhood physical abuse.*

Primary effects of childhood physical abuse occur directly after the initial encounter of the abuse. Children may suffer medical problems and pain from physical injury, and in the most severe incidents, death (Turla et al., 2009). Physical pain from childhood physical abuse may pass with time, and wounds may heal. However, the emotional pain from those physical wounds will last forever.

Various research studies have concluded that children who experience physical abuse develop significant psychological and emotional problems (Turla et al., 2009). Children who have experienced physical abuse generally have significant problems within their home, at
school, and interactions with their peers, when compared to children who are from non-abusive environments (Turla et al., 2009). Certain emotional and psychological effects that children experience after being physically abused are sleep issues, apathy and lethargy, depression, eating disorders, excessive hostility towards others, and an inability to concentrate (Hall & Hall, 2011; Turla et al., 2009).

**Childhood Sexual Abuse**

Child sexual abuse refers to any sexual encounter between a child and an older person (Maltz, 2002). Child sexual abuse is all too frequent and has received much attention in recent years. Long, Burnett, and Thomas (2006) reported that 12 to 18 percent of men were victims of childhood or adolescent sexual abuse. Certain forms of sexual abuse that do not include touching have been reported less often, which means that the number of children who have been sexually abused during their childhood may be significantly greater (Maltz, 2002). Moreover, there are many forms of childhood sexual abuse.

Sexual abuse can involve seduction by a beloved relative or it can be violently committed by a stranger. Sexual abuse usually is difficult to define due to the various forms of it, the different levels of frequency, the variation of circumstance where it may occur, and the different relationships associated with it (Maltz, 2002). According to Maltz (2002) “sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion” (p. 321). Similarly, Ratican (1992) defines sexual abuse as “any sexual act, overt or covert, between a child and an adult or older child, where the younger child’s participation is obtained through seduction or coercion” (p. 33).
Maltz (2002) claimed that incest has been reported as the most common form of childhood sexual abuse. The impact of childhood sexual abuse and its effect varies in each individual and in each case. Still, the nature and dynamics of sexual abuse during childhood is often traumatic (Maltz, 2002). When boys experience sexual abuse during their childhood it potentially hinders their normal social growth. In addition, there is an increased risk for adverse outcomes, which include mental health issues, behavioral problems and social problems (Fergusson & Mullen, 1999; Hilberg, Hamilton-Giachritis, & Dixon, 2011; Paolucci, Genuis, & Violato, 2011; Putnam, 2003).

Long-term effects of childhood sexual abuse.

Childhood sexual abuse has been associated with many adverse outcomes, including higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, sexual problems and relationship problems (Hall & Hall, 2011). The most common long-term symptom among men you experienced abuse during their childhood is depression (Hall & Hall, 2011). Often, victims of childhood abuse have trouble externalizing the abuse, which results in negative thoughts and internal rotting of the individual (Hartman, Finn, & Leon, 1987). Ratican (1992) describes victims of childhood sexual abuse to feel down most of the time, have suicidal thoughts, have disturbed sleeping patterns, and have disturbed eating patterns.

Victims of childhood sexual abuse frequently take personal responsibility for the abuse, experiencing guilt, shame, and self-blame (Hall & Hall, 2011). Children usually blame themselves and internalize negative thoughts and messages about themselves after experiencing childhood abuse. Browne and Finkelhor (1986) claimed that children who experience childhood
sexual abuse frequently display aggressive behaviors, self-destructive behaviors, and experience suicidal thoughts.

Eating disorders and body issues have also been reported as a long-term effect of childhood sexual abuse. Ratican (1992) claimed victims of childhood abuse experience body image problems that are related to feeling ugly, gross, or filthy, dissatisfied with their body or appearance, developing eating disorders, and obesity. Similarly, most victims of childhood sexual abuse experience chronic anxiety, tension, anxiety attacks, and phobias (Ratican, 1992). Experiencing childhood abuse can be terrifying and may cause long-term stress. In addition, McNew & Abell (1995) reported that childhood sexual abuse is traumatizing and can be comparable to symptoms of war-related trauma. Other forms of long-term effects of childhood abuse will be discussed in future academic work.

**Neglect**

Although neglect has a detrimental impact on adolescents, there has not been much research conducted on the prevalence of neglect compared to other forms of child maltreatment (Menned, Kim, Sang, & Trickett, 2010; Rees, Stein, Hicks & Gorin, 2011). Stowman and Donohue (2005) stated that most of the research on the outcomes of neglect does not include any assessment of the effects of psychological neglect nor the experiences of neglect during adolescence. Furthermore, neglect by caregivers remains as the most frequent form of child maltreatment in adolescence and has a significant impact on health, child development and overall well-being (Hart, Binggeli & Brassard, 1997; Hildyard & Wolfe, 2002).
The two broad domains of child maltreatment include neglect and abuse (Christ et al., 2017). Neglect occurs when there is an absence or omission of care, which most likely results in psychological or physical harm (Christoffel et al., 1992; Sedlack et al., 2010). The definition of neglect can be compared with the definition of abuse, which is defined as any action(s) that result in harm. Still, many legal definitions of neglect include potential harm and actual harm (Christ et al., 2017).

According to the National Incidence Studies of Child Abuse and Neglect there are two criteria to define maltreatment, which are the harm standard and the endangerment standard (Christ et al., 2017). The harm standard refers to “an act or omission resulting in demonstrable harm in order to be classified as abuse or neglect” (Sedlack et al., 2010, p.3). The endangerment standard includes children who were not harmed by maltreatment but were considered endangered according community professionals that work with children and families (Sedlack et al., 2010). Moreover, the endangerment standard is usually the most important criteria for recognizing psychological neglect, mainly because psychological neglect may not always result in observable harm, specifically during adolescence (Christ et al., 2010).

Abandonment of father

Fathers play a significant role in the development of boys in the United States. According to Garbarino (2002) there are two specific patterns of father influence that help to understand the development of violent boys, which are the “presence of an abusive father and the absence of a caring and resourceful father” (p.45). When boys are in the presence of an abusive father, they often learn very dangerous lessons about manhood. These lessons are usually taught
unconsciously through exposure to violent behavior (Garbarino, 2002). Still, boys who do not have a loving, caring and resourceful father in their life suffer as well. Prior research shows that having an absent loving father associates with an increased likelihood that an adolescent will engage in delinquent behavior (Garbarino, 2002).

Fathers play a pivotal role in the development of boys during their adolescent years and early childhood (Pollack, 1998). Prior research has shown that fathers broaden and liven boys play activities during adolescence and teach their sons how to express their emotions instead of keeping them bottled up (Garbarino, 2002; Pollack, 1998). In addition, boys who grow up with fathers commonly become less aggressive, less excessively competitive, and are better able to express their feelings of vulnerability and sadness (Pollack, 1998). Interaction between father and son during adolescence is extremely important. Pollack (1998) discussed that adolescent boys who share activities with their father will have increased likelihood of gaining an adequate education and have a lower incidence of juvenile delinquency.

Growing up fatherless is a primary predictor that an adolescent will be poor, moved from home to home, neighborhood to neighborhood, in and out of foster care, and have more difficulty establishing stable, positive and healthy relationships with their social peers (Garbarino, 2002). In addition, growing up fatherless increases the chances that an adolescent boy will grow up in a neighborhood where resources are scare, resulting in lack of normal opportunities for the individual to succeed (Garbarino, 2002). Similarly, Pollack (1998) discussed that the absence of a father has been linked to diminished self-esteem, depression, delinquency, violence, crime gang membership, academic failure and difficulties with emotional commitments. African American children are a prime example of growing up in these disadvantaged neighborhoods, whereas over 60 percent of them live in single parent homes (Pollack, 1998).
Another disadvantage of growing up fatherless is that there is an increase in the chance that an adolescent boy may lack a male figure, guide, mentor, protector, etc. In poor, disadvantaged neighborhoods there are various external factors that influence adolescent boys to engage in delinquent behavior. Boys who grow up in these environments need a father or other male figure to help prevent them from succumbing to the negative external factors and possibilities that may consist in their life (Garbarino, 2002). Still, growing up without a father does not result in an adolescent boy becoming involved in delinquent behavior, dropping out of school, developing substance abuse habits or being incarcerated (Pollack, 1998). Garbarino (2002) described that most children without fathers reach out and find other role models to fulfill the role of a father figure, such as a coach, teacher, extended family, grandparent or sibling.

**Abandonment of mother**

While research has shown that the absence of a father manifests many consequences for boys and is associated with delinquency and criminal behavior, the absence of a mother in an adolescent boy’s life is also associated with criminal behavior and delinquency (Garbarino, 2002; Pollack, 1998). Research conducted by Garbarino (2002) proposed that men who were involved in heinous and violent crimes did not have the presence of their mother for significant periods of their adolescent years. In addition, some mothers are absent from their children’s life because they are in and out of prison their whole life, in drug treatment programs, move away from their children and have close relatives take care of their child, and may be deceased (Garbarino, 2002; Pollack, 1998). There is not much research on the pain that adolescent boys suffer from when their mother is absent from their life, but it is prevalent and affects them deeply.
Exposure to Violence

A large amount of research on adolescents and violence has focused on child maltreatment, aggression between parents, and community violence (Margolin & Gordis, 2004). Margolin and Gordis (2004) stated that some forms of aggression, such as corporal punishment, and pushing or shoving are considered normative acts by most of society. However, certain forms of severe aggression can be traumatic to a victim or a witness, especially if the form of aggression is a beating or a weapon is involved (Margolin & Gordis, 2004). Although there are high rates of co-occurrence between all categories of exposure to violence, published works have mainly focused on child abuse, domestic violence and community violence separately (Appel & Holden, 1998; Margolin & Gordis, 2000). A considerable issue is the wide range of severity in the violence to which children may be directly or indirectly exposed to.

Exposure to violence remains a prevalent public health issue for adolescents in the United States (Shukla & Weisner, 2015; Madan et al., 2014). According to a national survey conducted in 2009, more than 60 percent of children and adolescents who participated in that survey were exposed to violence over that past year, whether they were exposed to the violence directly or indirectly (Finkelhor, Turner, Ormrod, Hamby & Kracke, 2009). Also, approximately 46 percent of the youths involved in that survey had been assaulted at least one time in the past year, about 25 percent of the youths were indirectly exposed and witnessed a violent act, and 10 percent of the youths had seen their family member assault another member of the family (Finkelhor et al., 2009).
Exposure to Violence in the Family and the Community

Adolescents who are exposed to family and community violence are commonly associated with several symptoms such as aggression, depression, posttraumatic stress, and academic and cognitive difficulties (Margolin & Gordis, 2004). Violence is a public health problem, and children are extremely vulnerable to the effects of it. In addition, violence is the primary source of injury and effects various aspects of cognitive, social, behavioral and emotional functioning (Margolin & Gordis, 2004). Violence can affect children if they are exposed to it directly and indirectly, meaning that if they have a close relationship with the victim they may be affected as well (Margolin & Gordis, 2004).

Shukla and Wiesner (2015) stated that children and adolescents of color who reside in economically disadvantaged inner-city communities commonly report high levels of violence exposure (Croch, Hanson, Saunders, Kilpatric & Resnick, 2000; Finkelhor, Ormrod, Turner & Hamby, 2005; Shukla & Wiesner, 2015). Certain effects of indirect and direct exposure to violence during adolescence can be extremely damaging because this is a period of their life when they have a heightened susceptibility to risk, as they transition from youth into adulthood (Reese, Vera, Thompson & Reyes, 2001; Shukla & Wiesner, 2015).

When adolescents are exposed to violence in their family setting, their home and community they lose sense of being in a safe-haven and become disfigured by danger (Margolin & Gordis, 2004). Unfortunately, some parents have not been able to prevent violence from occurring in the family or community setting. Also, some parents may be the perpetrators, victims, or are affected themselves from violence that compromise their care taking abilities for their children (Margolin & Gordis, 2004). Certain stressful consequences of violence for adolescents include breakups of parents, relocation of the family and repercussions following
disclosure of abuse (Margolin & Gordis, 2004). In addition, adolescents who are exposed to violence may experience tragic life stresses such as poverty, parents’ unemployment and parents’ substance abuse (Margolin & Gordis, 2004). Furthermore, adolescents who are directly and indirectly exposed to violence report significantly high levels of depressive symptoms, along with other negative emotions (Buka, Stihick, Birdthistle & Earls, 2001; Kliewer, Lepore, Oskin & Johnson, 1998; Manasse & Ganem, 2009).

**Exposure to Media Violence**

Adolescents exposed to media violence has become a significant public health problem in the United States (Rideout, Foehr & Roberts, 2010). Huesmann and Taylor (2006) define media violence as “visual portrayals of acts of physical aggression by one human against another” (p. 395). Exposure to violence through media has been associated with anxiety and depression during adolescence (Madan, Mrug & Wright, 2014). The average adolescent spends close to 20 hours a week watching television in the United States (Rideout et al., 2010). Of all the television programs aired in the United States, 61 percent of them involve violence, and 91 percent of films involve violence (Anderson et al., 2003; Worth, Chambers, Nassau, Rakhra & Sargent, 2008). Additionally, during primetime television, which is a fixed time where people are most likely to watch television, television shows aired during those times portray three to five acts of violence per hour (Smith, Nathanson & Wilson, 2002; Browne & Giachritsis, 2005). Adolescents who watch television programs, movies and other media are exposed to a substantial amount of violence due to the high prevalence of violence in these televised programs, films and other media (Madan et al., 2014).

There are well documented, detrimental effects of media violence on aggressive behavior (Madan et al., 2014; Anderson et al., 2003; Huesmann & Taylor, 2006).
increases anxiety in adolescents by making them believe that the world is extremely hostile, and crime ridden, like the films and television shows that they are watching daily for long periods of time (Morgan & Shanahan, 2010; Nabi & Riddle, 2008). Anxiety impairs functioning through sleep disturbances, concentration difficulties, depressive symptoms and substance abuse (American Psychiatric Association, 2000; Marmosrstein, White, Loeber & Stouthamer-Loeber, 2010; Starr & Davila, 2011).

Madan et al. (2014) claimed that exposure to media violence may potentially become problematic in late adolescence. Research shows that television shows, films and other media play a significant role in the socialization of adolescents and classify development by providing certain ideologies, values, perspectives and behaviors (Arnett, 1995; Gerbner, 1998; Roberts, Foehr & Rideout, 2005). Media plays an important role in the socializing role of adolescents due to the surplus amount of time that they spend interacting with it (Madan et al., 2014). According to the American Academy of Pediatrics (2001), adolescents spend more time watching television shows, movies and other media, than spending time with parents and educators. Similarly, exposure to media violence becomes more prevalent in later adolescence and emerging adulthood because often children receive less parental supervision, which allows them to view violent and gory movies (Center for Research Excellence, 2009; Chen, Dornbusch & Liu, 2007; Motion Picture Association of America, 2013).

*Media violence and anxiety.*

Adolescents who are exposed to violence through media may experience detrimental effects on their anxiety, especially in late adolescence (Madan et al., 2014; Degnan, Almas & Fox, 2010). According to the American Psychiatric Association (2000) certain anxiety symptoms involve difficulties with concentration, worry, fatigue, irritability, muscle aches and muscle
soreness. These symptoms usually negatively affect academic work, relationships and physical health (American Psychiatric Association, 2000). Madan et al. (2014) stated that exposure to media violence potentially increases anxiety through the experience of threat. Certain violent movies that seem relatively realistic may give individuals a sense of threat. Threats persistently cause immediate fear, but may generalize to other situations, which lead to more tenacious anxiety symptoms such as tension, insecurity and worry (Bear, Connors, & Paradiso, 2007; Grillon, 2008).

**Exposure to Violent Video Games**

Playing violent video games is associated with early signs of aggressive behavior (Carnagey & Anderson, 2005). Recent studies have reported that playing violent video games increases aggressive behavior, aggressive cognitions and aggressive affect (Anderson & Ford, 1986; Funk, Flores, Buchman & Germann, 1999; Calvert & Tan, 1994; Kirsh, Olczack, & Mounts, 2005; Krahe & Moller, 2004; Anderson & Dill, 2000; Irwin & Gross, 1995).

Gentile and Walsh (2002) reported that more than 90 percent of children in the United States, through the ages of two through seventeen, play video games. According to prior research, over 89 percent of video games contain some form of violent content and nearly 50 percent of video games include violent acts toward other game characters (Carneagey & Anderson, 2005; Children Now, 2001; Dietz, 1998; Dill, Gentile, Richter & Dill, in press). The amount of time boys play video games has increased dramatically to nearly 13 hours per week compared to 4 hours per week in the mid-1980s (Anderson, Gentile & Buckley, 2005; Carneagey & Anderson, 2005; Gentile, Lynch, Linder & Walsh, 2004; Harris & Williams, 1985).
Rewards and punishments in violent video games.

Video games usually reward the player for committing violent actions, specifically in games like Mortal Combat, Grand Theft Auto, Call of Duty, UFC, and many more shooting and fighting games (Carnagey & Anderson, 2005). Carnagey and Anderson (2005) argued that players may develop enhanced aggression through reward or punishment through playing violent video games. In many of these violent video games, the player is engrossed in the game and is directly rewarded with points. As the player is continuously rewarded for committing violent actions, they increase the amount of violent actions committed within the game to earn more rewards.

Rewarding a player for committing violent actions in a video game may further increase aggression outside of the game and in the real-world (Carnagey & Anderson, 2005). For example, violent video games could increase the frequency of aggressive game behaviors, which then may increase aggressive thinking and or hostile feelings in the immediate real-world situation, which may result in aggressive behavior in that situation (Carnagey & Anderson, 2005). Although, certain games may not have explicit rewards for violence, such as points, advancements to higher levels and verbal phrases, most violent games contain indirect rewards, such as sound effects and intriguing visuals (Carnagey & Anderson, 2005).

In addition, Carnagey & Anderson (2005) stated that rewarding violence in video games may yield positive attitudes towards certain beliefs about using aggression to solve real-world conflicts. This sequence of aggressive behavior could lead to long term increases in aggressive behavior, stemming from violent video games.
Recent studies have supported that punishment in violent video games lead to a reduction in aggressive game play, decreasing aggressive behaviors in real-life situations (Carnagey & Anderson, 2005). However, players who are immersed in the game and are directly and continually punished for violent actions in video games may become frustrated and become more aggressive than if they were playing a non-violent video game (Carnagey & Anderson, 2005). Berkowitz (1989) reported that increases in frustration commonly cause an increase in aggressive behaviors.

**Rates of Violence Exposure**

Estimates of the rate of adolescent’s exposure to violence potentially vary due to diverse definitions and methods of data collection (Margolin & Gordis, 2004). According to the National Center of Child Abuse and Neglect (NCCAN) an average of 23 per 1,000 adolescents are victims of some form of child maltreatment, including physical abuse, sexual abuse and neglect (Sedlack & Broadhurst, 1996). Still, based on other national studies of the larger population, rates of physical abuse are estimated at 49 per 1,000 adolescents and are five times the NCCAN estimate (Straus, Hamby, Finkelhor, Moore & Runyan, 1998). Straus (1992) purported that over 10 million children in the United States witness physical aggression between their parents each year. In addition, Richters and Martinez (1993) reported that more than 90 percent of adolescents experience some form of violence exposure at least once during their childhood, more specifically in their community.

**Depression**

The most common symptom or effect from early childhood traumas is depression. Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest (Garbarino, 2002). Depression is a leading contributor to the total disease problem (Ustun,
Ayuso-Mateos, Chatterji, Mathers, & Murray, 2004) and has greater adverse effects on personal health (Moussavi et al., 2007) and higher costs of care (Langa, Valenstein, Fendrick, Kabeto, & Vijan, 2004) than other chronic diseases, as well as leading to suicide in about 15% of all sufferers (American Psychological Association [APA], 2013).

Depression in young boys has become a major health problem (Lopez, Mathers, Ezzati, Jamison, & Murray, 2006). According to Wilhelm (2006) depression has been used to convey an affect, a predicament, a symptom, a disease or an illness. Depression is commonly associated with loss of self, withdrawal and disconnection, and emotional distress (Mead, 1934; Karp, 1996; Brownhill et al., 2005). Specific to young boys, experiences of depression occur from a threat to masculinity (Chuick et al., 2009). Garbarino (2002) stated that the rate of serious depression among American youth had increased from two percent in the 1960s to almost 25 percent in the 1990s. Those high rates of depression were found equally among disadvantaged, at-risk youth (Garbarino, 2002).

Adolescence is a significant period for the onset of depressive disorders and symptoms (Lopez & Murry, 1998). Recent studies have shown that depressive symptoms and disorders are associated with a variety of incapacitating outcomes, which include concurrent and future social and educational impairment, unemployment, poor physical health and mental health problems, and suicidal behaviors in adult life (Thapar, Collishaw, Pine & Thapar, 2012).

According to Garbarino’s (2002) research young boys who become violent have problems with depression as an overture to their malicious crimes. For example, Michael Carneal, the fourteen-year-old shooter in West Paducah, Kentucky and Kip Kinkel in Springfield, Oregon were both diagnosed with depression prior to their lethal crimes, resulting in five total casualties (Garbarino, 2002). Garbarino (2002) argues that research needs to be
conducted on the relationship of depression and its links to anger. Still, just because they were diagnosed with depression does not mean that is the main reason why the committed those crimes. Research needs to go deeper into the individual’s character of depression as it develops and affects young boys.

Garbarino (2002) purported that while troubled women are more likely to express depression through overt suffering, men are more likely to experience hidden depression, which he refers to as covert depression. Covert depression hides under different addictive behaviors like alcoholism, substance abuse, obsessive behavior, perfectionism, and more (Garbarino, 2002). Still, depression potentially could associate with emotional numbness as an experience of depression in men (Garbarino, 2002). Young boys with covert depression tend to hide their darkness within them both from people around them and from their own conscious awareness (Garbarino, 2002).

For both boys and men, their experience of depression is characteristically an assortment of two things, which is “loss of the capacity to feel at all and externalization of their pain so that they attribute it to the actions of others, feel victimized, and deal with their distress through action, particularly violent action” (Garbarino, 2002, p. 42). Due to malfunctions in the neurochemical processes that keep people generally happy and “on an even keel”, boys are primed to temperamentally experience this depression and creates a special vulnerability for the boy. Depression becomes depicted for boys when they experience abandonment combined with the cultural messages and socialization process they receive about masculinity from society (Garbarino, 2002). These messages devalue the direct expression of feelings and emphasize the necessity of hiding emotions and feelings, specifically feelings of softness, vulnerability, and emotional connection (Garbarino, 2002). Young boys who experience disrupted relationships at
home and in the community, are at risk to experience severe forms of depression (Garbarino, 2002).

**Conclusion**

Masculinity has become a significant concept for understanding trends in violence and crime (Messerschmidt, 1993; Bowker, 1998; Kimmel & Messner, 2001). Parsons (1964) described that during adolescence young boys develop masculine traits and behaviors, which are taught through their family, peer groups, schools, and other social institutions. In addition, children unconsciously develop gender roles, which dictate how boys should behave, which emotions they should experience and how they should express their emotions (Reidy, Smith-Darden, Viviolo-Kantor, Malone & Kernsmith, 2017).

Young boys who experience child maltreatment may suffer from mental and physical health issues. Child maltreatment refers to any act of omission or commission by a primary caregiver or other guardian that results in harm or threat of harm to a child, even if harm is not the planned result (Gilbert et al., 2009). The three main forms of child maltreatment are physical abuse, sexual abuse and neglect (Gilber et al., 2009; Leeb, Paulozzi, Melanson, Simon & Arias, 2008). In addition to child maltreatment, adolescents exposed to violence in the community and family are commonly associated with aggression, depression, PTSD, and academic and cognitive difficulties (Margolin & Gordis, 2004). Although there is a large body of current literature, there are some limitations.

Current literature focuses solely on one trauma influencing violent behavior during adolescence. The purpose of this study is to explore all traumas that may influence violent and criminal behavior during adolescence. Potentially, adolescents may experience more than one
trauma simultaneously. The gap in the literature helped to develop research questions and establish a grounded theory method, which would explore each incarcerated man’s early childhood. Thus, emerging new themes and traumas which may be associated with young boys engaging in criminal and deviant behavior.
Chapter 2: Methodology

**Figure 2.1.** This graph displays the demographics of the interviewee’s who participated in this study.

**Introduction**

This is a study that will explore the early childhood of incarcerated men, focusing on which early childhood traumas may have influenced them to engage in criminal and violent behavior. This study was conducted by using secondary data from interviews. In total 27 interviews were conducted, but for this study, 10 out of the 27 interviews were randomly selected. The analysis and findings from this study derive from interviews conducted with inmates in prison serving at the Old Colony Correctional Center in Massachusetts. Old Colony Correctional Center is a medium security facility, which is houses inmates with open mental
health cases (Old Colony Correctional Center, n.d.). Old Colony Correctional Center was selected for this study due to a sample of convenience.

Dr. Jo-Ann Della Giustina began a study that focused primarily on masculinity and violence in 2013 at the Old Colony Correctional Center. Dr. Della Giustina developed life history questions and interviewed inmates who were willing to participate in her study. The intent of Dr. Della Giustina’s interviews was a broad-based inquiry into each man’s early life. Keep in mind that all men self-identified as having been “violent” in their lives. Likewise, most of the men had a conviction of a homicide (manslaughter or murder in the first or second degree). Several participants involved in the study were in prison for life without the chance for parole. In total Dr. Della Giustina interviewed 27 inmates. All the inmates were men and were sanctioned in medium-security. The names of each inmate are anonymous due to confidentiality. Moreover, each interview was labeled as “Interview #1, Interview #2”, etc.

Dr. Della Giustina and I discussed my thesis during my first year of graduate school and decided that her transcribed interviews from 2013 would be used for my study. Each incarcerated man had been interviewed with life history questions, which enabled him to tell stories of his childhood and elaborate on certain traumas he experienced as an adolescent.

Dr. Della Giustina had each interview saved on a USB flash drive that was easily accessible. Dr. Della Giustina gave me copies of 10 of the 27 interviews that were randomly selected. Dr. Della Giustina also provided me with field notes she made during the interviews as well. I did not have to receive IRB approval because I was not interviewing the inmates myself, merely just using existing data to explore and conceptualize my own theory. In addition, the interviews were conducted similarly to the way I would have conducted them. I would have asked similar life history questions in hopes to explore their early childhood. Obtaining these
interviews made my data collection reasonable, easy and reduced several time constraints and complications I would have encountered.

Secondary Data

The interviews with the inmates were originally conducted by Dr. Jo-Ann Della Giustina and were given to me as secondary data. Dr. Della Giustina received IRB approval from Bridgewater State University in 2013 (Appendix, 2). Dr. Della Giustina asked the inmates life history questions. These questions were intended to elicit initial information about the inmate. Moreover, once a question was answered she asked a follow up question to any question to better understand the inmate’s early childhood. For example, Dr. Della Giustina would begin with the question “Did you ever join a gang?”. She would then follow up with questions “If so, how old were you?” and “What were your reasons?”. These follow up questions led to the inmate opening-up and elaborating on his life story.

The data that was analyzed for this study is secondary data of written notes and oral notes from interviews conducted with inmates at the Old Colony Correctional Center. Dr. Della Giustina conducted the interviews without an audio recorder inside the prison. Still, she had field notes and interview responses to the interview and life history questions. With fresh memory of the initial interview and field notes in hand, Dr. Della Giustina used an audio recorder to elaborate on the interviews once she left the prison. The audio recordings were an in-depth analysis of the written field notes she acquired from the interviews. In total, Dr. Della Giustina interviewed 27 inmates. All the interviews included the same life history questions, which allowed to gain a story of each inmate’s early childhood.
A Qualitative Study

The purpose of this study is to explore early childhood traumas and experiences during adolescence that may lead to violent behavior. A qualitative approach is most satisfactory for this study. A qualitative approach seeks an in depth understanding of human behavior and produces explanations for that behavior (Miles & Huberman, 1994). In addition, a qualitative approach seeks to answer the why and how questions of human experience. Each inmate participating in the study was asked life history questions that were designed for open and elaborative responses. Each inmate who participated in these interviews described his childhood experiences, traumas and memories that led to violent and criminal behavior. By using a qualitative approach, each inmate’s interview was analyzed critically from a grounded theory approach.

A quantitative approach would not be applicable for this study. Quantitative research is based on numbers and mathematical data (Miles & Huberman, 1994). This study is based on written and spoken narratives, specifically the inmates interview responses, stories and memories. The qualitative approach is most beneficial to this study because it is exploring in-depth reasons for how and why adolescent boys become violent, engage in criminal behavior and become incarcerated. Nevertheless, quantitative research generates numerical data and the data from this study will be non-numerical.

Grounded Theory

Grounded theory was used for this study. Grounded theory is designed to create space for the development of new, contextualized theories. Furthermore, grounded theory involves the progressive identification and integration of categories of meaning from data (Strauss & Corbin, 1994). Grounded theory is commonly used for qualitative studies and uses the data to develop a
theory. Grounded theory is most efficient for this study because it seeks to conceptualize new theories about social and human interactions.

One thing to keep in mind about grounded theory is to analyze and code the data without any preconceived notions. It is important to analyze and code the data from a blank slate. However, current literature on masculinity and violence only explores one trauma with violence. The coding process of these interviews constructed conceptualized theory or theories without any preconceived notions and initial bias. The coding process will be explained in depth in the “Data Analysis” chapter of this study. I could have tested a plethora of theories for this study. However, I decided to conduct this study under a ground theory approach.

**Interview Transcriptions**

Each audio recording of the interviews with the inmates were saved on a flash drive and easily accessible. The interviews that were used for this study are the interviews that have been transcribed from audio to text. Twenty-seven of the Dr. Della Giustina’s interviews had been transcribed from audio to text by one of her former graduate research assistants. Ten interviews were randomly selected out of the twenty-seven and used for the study. The data from those ten interviews are used for this study. These individual interviews vary specifically for the inmate’s conviction, their age, and what they experienced during their childhood. However, there are some limitations. There was no use of random sampling because all the samples were selected due to the convenience that they have already been transcribed.
Research Questions

For the purpose of this study, these research questions were developed:

• Does child maltreatment associate with violence during adolescence?

• Does exposure to violence and drugs affect the development of violence in young boys?

• Does drug and alcohol use influence violent behavior during adolescence?

• Does residential mobility influence violent behavior in adolescents?

• Is there a combination of childhood traumas that contribute to the development of violence in young boys?
Chapter 3: Data Analysis

Grounded Theory Approach

For this study I used a grounded theory approach, which permitted me to identify emerging concepts and themes from the interview responses from the inmates (Charmaz, 2006). Grounded theory was appropriate for this study because the study is interested in identifying certain relationships, themes, topics, and concepts that emerge through coding and analyzing the data collected. Current literature on masculinity and violence developed several explanations for why and how young men become violent. However, current literature only focuses on one specific trauma for explanation. For example, Margolin and Gordis (2004) reasoned that adolescents who are exposed to family and community violence are at a significant risk of engaging in violent behavior. Although exposure to community and family violence is a significant trauma for an adolescent to experience, other traumas are excluded. The literature only focuses on exposure to violence as the one explanation for how and why men become violent. The purpose of this study is to explore all early childhood experiences that may lead an adolescent male to become violent. Furthermore, a grounded theory approach allowed me to analyze the data from a blank slate and conceptualize a theory with more than one explanation of why young males become violent.

Although there are some general expectations that could be informed by current literature, I decided to ignore the existing literature and focus on analyzing the data from a blind eye. Therefore, a lack of pre-established predictions allowed for a more thorough analysis of the relationships between the themes and concepts emerged by ignoring relationships between concepts or themes established through existing literature. I decided to allow the data collected from my interviews to inform the data collection process and findings or theories that emerged
(Glaser & Strauss, 1967; Corbin & Strauss, 2008). For the coding and analysis of the interview and field note data, I used NVivo. NVivo is a qualitative data analysis computer software that is designed for qualitative researchers working with very rich text-based information, where deep levels of analysis on small or large volumes of data are required (NVivo).

**Analytical Strategy**

Once I received the interviews, I imported them into NVivo’s software and began an initial round of coding. The initial round of coding was very broad and general due to the lack of preconceived ideas. As more coding occurred, the initial round of coding became more precise and specific as new themes, relationships and concepts emerged. Moreover, the initial coding frame was constantly revised as more interviews were coded and new themes, concepts, and relationships emerged (Berg, 2007; Charmaz, 2006; Rubin & Rubin, 1995).

During initial coding, I went through each interview transcript line-by-line and coded for themes, ideas, concepts and relationships. Coding the interviews line-by-line allowed me to identify patterns, themes, concepts, and relationships in the data (Glaser, 1987). I decided to engage in this initial coding process to allow the data to provide the codes, instead of developing my own predetermined codes. It is important to note that allowing the data to provide the codes follows a grounded theory approach to analysis (Charmaz, 2006). Due to the limited number of interviews, this initial coding was done for the first five interviews, which resulted in the creation of a solid coding framework that I used to aid in the coding of the remaining five interviews.

As I continued to develop a coding frame through line-by-line coding, new themes, concepts and relationships began to emerge. Once new themes, concepts and relationships emerged, I then went back and revised previous interviews, coding them a second time using the
coding frame that was developed. In addition, if any information was not initially captured in the initial coding, then it would be captured when coding and reviewing the earlier interviews the second time around. This method of building a coding frame from the data ensures that any findings or relationships are truly based on the data from the interviews. I continuously reviewed the data throughout this analytical process. Once the coding of all the interviews was complete, each general code was reviewed to develop more specific or more broad codes if need be.
Chapter 4: Results

<table>
<thead>
<tr>
<th>Trauma</th>
<th>Incarcerated Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse (sexual or physical)</td>
<td>9/10</td>
</tr>
<tr>
<td>Neglect/Emotional Abandonment</td>
<td>10/10</td>
</tr>
<tr>
<td>Exposure to family and community violence</td>
<td>5/10</td>
</tr>
<tr>
<td>Exposure to drugs and alcohol</td>
<td>8/10</td>
</tr>
<tr>
<td>Drug and alcohol use</td>
<td>10/10</td>
</tr>
<tr>
<td>Residential mobility</td>
<td>7/10</td>
</tr>
</tbody>
</table>

Figure 4.1. This table displays certain traumas that interviewees experienced during their childhood. Some of these men experienced more than one trauma during their childhood.

There were several overarching themes revealed from this study, consisting of both physical and sexual abuse, neglect and emotional abandonment, exposure to family and community violence, exposure to drugs and alcohol, substance use and abuse, and residential mobility. These themes occurred most frequently throughout the coding process. Each of these themes is a trauma that these incarcerated men had experienced, and these traumas had significant effects on their childhood development through adolescence. In addition, many of these incarcerated men had experienced these traumas simultaneously.

All the incarcerated men had different childhood experiences, but they all experienced similar traumas that influenced their violent and criminal behavior. For example, interviewee #2 experienced sexual and physical abuse, exposure to family violence, exposure to drugs and alcohol, alcohol use and residential mobility. The effects of these traumas took a toll on him. He had attempted suicide at the age of 17, by taking a whole bottle of pills. He describes his entire
childhood as feeling “humiliated” and “worthless”. He was very anxious as a child. The way he dealt with his anxiety was by lashing out physically and being violent.

**Child Maltreatment**

Child maltreatment refers to any act of omission or commission by a primary caregiver or other guardian that results in harm, or threat of harm to a child, even if the harm is not the planned result. The three main forms of child maltreatment are universally recognized as physical abuse, sexual abuse, and neglect (Gilbert et al., 2009; Leeb, Paulozzi, Melanson, Simon & Arias, 2008). Nine out of the ten interviewees who had participated in the interviews had experienced some form of child maltreatment.

Likewise, a few of the interviewees had experienced more than one form of child maltreatment. For instance, Interviewee #2 was sexually abused and brutalized by his brother. In addition, Interviewee #2 was also experiencing forms of neglect because he didn’t know if his parents had any knowledge about the sexual abuse he was experiencing. He claimed that neither of his parents ever tried to stop the sexual abuse from happening. Child maltreatment contributes to a multitude of long-lasting effects, such as education and employment issues, mental health problems, drug and alcohol misuse, risky sexual behavior, and criminal behavior, which commonly persists into adulthood (Gilbert et al., 2009).

Interviewee #2 developed internal rotting, felt worthless, humiliated and had attempted to commit suicide more than once. Interviewee #3 was also depressed. Although he never had suicidal thoughts or any intentions of harming himself, he had become very homicidal and wanted to harm others. Child maltreatment is the initial trauma that leads to violence. Child maltreatment alone does not mean that an individual will become violent. However, the chances
increase significantly. Moreover, each form of child maltreatment affects individuals differently, but they all may lead to violent and deviant behavior.

**Physical Abuse During Adolescence**

Of the nine incarcerated men who had experienced a form of abuse, six of the men had experienced childhood physical abuse. Childhood physical abuse refers to any physical injury of such a nature that may damage health, inflicted by the father, mother, or any other individual with a responsibility of care and as “non-accidental injury of the child”, in the broadest sense (Polat, 2004; Turla, Dundar, & Ozkanli, 2009). Interviewee #2 stated that he had been beaten with a “rocking stick, gun, and golf club” during his childhood by his father. Similarly, Interviewee #8 was beaten with a spiked belt by his father. Still, childhood physical abuse can be inflicted by any individual with responsibility of care. Interviewee #3 explained how he moved in with his brother and his girlfriend when his mother had passed. He explains on several accounts how his brother’s girlfriend was “verbally and physically abusive”.

Furthermore, Johnson (2000) claimed that child abuse is childhood trauma that is commonly repeated, and it is primarily inflicted by those closest to the child. Interviewee #5 and Interviewee #7 were beaten every day for anything as simple as annoying their mother. Likewise, Interviewee #6 and Interviewee #10 explained how they were beaten once a week, but the beatings were for disciplinary means. When Interviewee #6 wasted food, his mother would give him three warnings and then would beat him with a belt. Research studies have concluded that children who experience physical abuse develop significant psychological and emotional problems (Turla et al., 2009). Children who have experienced physical abuse generally have significant problems within their home, at school, interactions with their peers, sleep issues,
apathy and lethargy, depression, eating disorders, excessive hostility towards others and an inability to concentrate (Hall & Hall, 2011; Turla et al., 2009).

Interviewee #4 was physically abused as a child and specifically remembers getting beat with “extension cords and belts”. He had significant problems at school and was excessively hostile towards his peers. In high school he would get into fights on a regular day basis. He also had a lack of concentration in school. This may be an effect from experiencing childhood physical abuse (Turla et al., 2009). Interviewee #4 explained how he would fall asleep in class during first and second grade. Likewise, he didn’t last a full year at South Boston High School, because he was arrested. Interviewee #3 also had significant troubles in school. He began to skip school in middle school and would often skip school alone. In addition, he claimed that he felt depressed during his childhood and dealt with his depression by “skipping school and watching movies”.

Figure 4.2. This graph displays the different forms of abuse each interviewee experienced during their childhood. Some of these men had experienced more than one form of abuse during their childhood.
Sexual Abuse During Adolescence

Contrary to childhood physical abuse, only three of the nine incarcerated men who had experienced a form of abuse had been sexually abused as a child. According to Maltz (2002) “sexual abuse occurs whenever one person dominates and exploits another by means of sexual activity or suggestion” (p. 321). Ratican (1992) defines sexual abuse as “any sexual act, overt or covert, between a child and an adult (or older child, where the younger child’s participation is obtained through seduction or coercion) (p. 33). Interviewee #2 explained how he was sexually abused by his brother. Sexual abuse usually is difficult to define due to the various forms of it, the different levels of frequency, the variation of circumstance where it may occur, and the different relationships associated with it (Maltz, 2002). Abuse can occur even if it isn’t conducted by an adult or close relative. Similarly, children can be affected when abuse is attempted and not successful. Interviewee #9 explains an account of how a group of 12 year of boys got into a circle around him, pulled out their penises and attempted to get him to do oral sex. Sexual Interviewee #7’s first cousin had attempted to sexually abuse him multiple times during his childhood.

Childhood sexual abuse has been associated with many adverse outcomes, including higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, depression, sexual problems and relationship problems (Hall & Hall, 2011). Interviewee #2 explains how he was very anxious as a kid and the ways he dealt with his anxiety was by lashing out physically and by breaking windows and running. The most common long-term symptom among men you experienced abuse during their childhood is depression (Hall & Hall, 2011).
Often, victims of childhood abuse have trouble externalizing the abuse, which results in negative thoughts and internal rotting of the individual (Hartman, Finn, & Leon, 1987). Interviewee #2 discussed how he always felt alone, worthless and humiliated as a child and still does. Ratican (1992) describes victims of childhood sexual abuse to feel down most of the time, have suicidal thoughts, have disturbed sleeping patterns, and have disturbed eating patterns. Similarly, interviewee #2 attempted to commit suicide at the age of 17 years old by taking a bottle of pills. He attempted to commit suicide again in prison.

**Neglect/Emotional Abandonment**

All ten of the incarcerated men had experienced neglect throughout their early childhood. Neglect occurs when there is an absence or omission of care, which most likely results in psychological or physical harm (Christoffel et al., 1992; Sedlack et al., 2010). Psychological neglect includes inadequate affection, nurturance, and love and support from primary caregivers or guardians. Interviewee #7 had experienced neglect by both of his parents. His mother was addicted to crack and was in and out of the house. Also, he had never had contact with his father and met him once when he was 11 years old. He lacked love, nurturance and affection from his primary caregivers, which led to damaging his psychological state. Neglect by primary caregivers remains as the most frequent form of child maltreatment in adolescence and has a significant impact on health, child development and overall well-being (Hart, Binggeli & Brassard, 1997; Hildyard & Wolfe, 2002). Still, there has not been much research conducted on the prevalence of neglect compared to other forms of child maltreatment (Menned, Kim, Sang, & Trickett, 2010; Rees, Stein, Hicks & Gorin, 2011).
Emotional Abandonment of Father.

All ten incarcerated men who experienced neglect had experienced emotional abandonment of their father. Pollack (1998) discussed that the absence of a father has been linked to diminished self-esteem, depression, delinquency, violence, crime gang membership, academic failure and difficulties with emotional commitments. Interviewee #4 doesn’t remember his father much. Interviewee #5 and Interviewee #10 stated that they had no interaction with their fathers, who were not around during their childhood. Similarly, Interviewee #7 had no contact with his father and had only met him once when he was 11 years old.

Interviewee #1 saw his father occasionally on weekends but doesn’t recall much interaction. His first childhood memory of his father was when his father left his mom, went to work and didn’t come back home for a few days. Interviewee #1 stated that he felt affected by this. When boys are in the presence of an abusive father, they often learn very dangerous lessons about manhood. These lessons are usually taught unconsciously through exposure to violent behavior (Garbarino, 2002). Interviewee #8 claimed that his father was abusive. He used to beat his mother and him with a spiked belt. Interviewee #2 described his father as a drug addict who was physically, verbally and sexually abusive to his siblings. Fathers can be physically involved in an adolescent’s life, but if they are not emotionally involved then it is considered emotional abandonment.

Interviewee #3 describes his father as a fun and relaxed type of parent. However, his father was irresponsible and broke promises. He stated that his father “was not a good father and did not spend emotional time with him” and that he “didn’t know how to raise a child and didn’t know the needs of a child”. Likewise, interviewee #9 did many things with his father. He remembers playing board games and watching television with his father. However, he also
remembers that his father drank excessively and would go out to the bars with his friends instead of going to his soccer games as a child. Interviewee #6 stated that his father was around the house, but he didn’t have much connection with him. He also states that his father was very quiet and was drunk all the time. Moreover, although their father was involved in their life, the lack of emotional needs influenced their development during adolescence.

**Emotional Abandonment of Mother.**

Eight of the ten incarcerated men had experienced emotional abandonment from their mother during childhood. Garbarino (2002) proposed that men who were involved in heinous and violent crimes did not have the presence of their mother for significant periods of their adolescent years. Mothers may be absent from their children’s life because they are in and out of prison their whole life, in drug treatment programs, move away from their children and have close relatives take care of their child, and may be deceased (Garbarino, 2002; Pollack, 1998). Interviewee #3’s mother had passed away when he was three years old and had expressed throughout the interview how that had affected his childhood behavior. Interviewees #2 and #8 were both born in prison. Both of their mothers had served lengthy sentences and had no physical or emotional time with them during their childhood. In addition, Interviewee #7’s mother was addicted to crack and was always in and out of the house, usually staying at her boyfriend’s house.

Like emotional abandonment from fathers, mothers can be physically present in their child’s life and not emotionally present. Interviewee #10 had discussed how his mother never went to any of his schools’ musicals, plays or sports because she was always working. He also stated that she spent no emotional time with him so he “looked for this in other women.” Interviewee #4’s mother had a serious alcohol abuse problem and was always angry, drunk, and
ready to beat him for anything. Interviewee #1 stated that his mother was “just around” and they never spent any emotional time with each other.

**Exposure to Family and Community Violence**

Five of the ten incarcerated men were exposed to family and community violence during their childhood. Margolin and Gordis (2004) stated that adolescents who are exposed to family and community violence are frequently associated with aggression, depression, posttraumatic stress, and academic and cognitive difficulties. In addition, violence can affect children if they are exposed to it directly, meaning that if they have a close relationship with the victim they may be affected (Margolin & Gordis, 2004). Interviewee #4 stated that he was 13 years old when he saw his cousin get shot in the head during a drive by shooting. He had experienced direct exposure to violence because he had a personal relationship with the victim. Interviewee #7 was directly exposed to violence. During his childhood he had witnessed his mother be a victim of abuse to her boyfriend. Interviewee #7 witnessed his mother attacked and stabbed with a nail filler by her boyfriend. Similarly, interviewee #2 was directly exposed to violence within his family.

Children can be affected by violence if they are indirectly exposed as well (Margolin & Gordis, 2004). Interviewee #3 stated that he lived in “a violent community, with a lot of drugs and weapons”. He also stated that regularly he would see cops with guns drawn chasing people around in the neighborhood. Certain effects of indirect and direct exposure to violence during adolescents can be extremely damaging because this a period of their life when they have a heightened susceptibility to risk, as they transition from youth into adulthood (Reese, Vera, Thompson & Reyes, 2001; Shukla & Wiesner, 2015). Interviewee #4 explained that there were fights at his school on a regular basis. Also, interviewee #8 had similar statements about his
school. There were fights regularly when he was in elementary school. Although they were not directly exposed to the violence, they were still affected. Furthermore, adolescents who are directly and indirectly exposed to violence report significantly high levels of depressive symptoms, along with other negative emotions (Buka, Stiick, Birdthistle & Earls, 2001; Kliewer, Lepore, Oskin & Johnson, 1998; Manasse & Ganem, 2009).

**Exposure to Alcohol and Drugs**

Eight of the ten incarcerated men who participated in the interviews were exposed to alcohol and drugs during their childhood. Children who are exposed to alcohol, drugs or tobacco use are associated with several adverse effects, including later drug use, abuse and dependence (Anthony & Petronis, 1995; King & Chassin, 2007), mental health problems (Odgers et al., 2008), academic problems (Ellickson, Tucker, Klein, 2001; Jeynes, 2002), risky sexual behaviors (Stueve & O’Donnell, 2005; Odgers et al., 2008) and criminal activity (Odgers et al., 2008). Interviewee #7 was exposed to drugs in his household by his uncle and brother. They both were addicted to crack cocaine and drank heavily daily. Interviewee #1 was exposed to drugs by his father. His father’s drug use began after a surgery when he was prescribed Percocets. After he ran out of the prescription, he began to use cocaine. The father also smoked weed in front of the interviewee. Interviewee #3 was exposed to alcohol by his father, who abused alcohol and started to binge drink once his sibling passed away.

Parents who use drugs and alcohol in front of their children may hold a more traumatic experience than peer pressure. Many parents make statements and take certain actions that reinforce that using drugs is okay and the “grown up thing to do” (Tackett, 2018). Interviewee #8’s parents were married, but they were both alcoholics. Interviewee #9 stated that his father was an alcoholic and drank heavily on the weekends. Interviewee #4’s mother was a serious
alcoholic; her choice of drink was hard liquor. Similarly, Interviewee #5’s mother was a binge drinker. He was exposed to alcohol by both his grandmother and mother, as he stated how they were both “alcoholics”. Drinking is often hard to hide from children. Although a few drinks or beers is socially acceptable for adults and cause no harm to the parent or child, this may send a message to the child that it normal to have a few drinks (Tackett, 2018).

Parents who are selling, manufacturing, possessing, or taking drugs commonly sends a message to their children that drugs are “okay”. Most parents attempt to hide their drugs from their children or only use when their children or not around. However, most of the time the effect is the same, whether to get high or drunk in the open or hide it. Interviewee #2 was exposed to drug use by both his mother and his father. Both of his parents were addicted to heroin and pills. Parents who abuse or use illicit drugs and alcohol significantly affect the development of their child during their adolescent years. As mentioned earlier, Odgers and colleagues (2008) stated that a significant effect of exposure to alcohol and illicit drug use was mental health problems. Interviewee #2 had suffered from mental health problems during his childhood. He attempted to commit suicide at the age of 17, felt lonely as a child and has always felt “worthless” and “humiliated”.

**Alcohol and Drug Use/Abuse During Adolescents**

All ten of the incarcerated men involved in this study had used or abused a substance during their early childhood. Substance abuse is associated with three of the leading causes of morbidity in the United States, including homicide, suicide and unintentional injury (Hingson & Kenkel, 2004; Windle & Windle, 2005). Substantial substance use during adolescence is associated with significant problems with substance abuse and use during early adulthood (Brook
et al., 2002; Mason & Spoth, 2011). In addition, substance abuse in early childhood is associated with increased likelihood of mental health problems and social harms (Grant & Dawson, 1998).

<table>
<thead>
<tr>
<th>Substance Use/Abuse During Adolescence</th>
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<td>Interviewee 10</td>
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Figure 4.3. This table displays which interviewees had problems with substance use/abuse during adolescence.

Interview #1 experimented with alcohol and marijuana during his childhood. He also smoked cigarettes in the sixth grade, but then quit cold turkey. Interviewee #2 did not use a common drug or drink alcohol. However, he was addicted to paint thinner. Interviewee #10
started to drink alcohol at the age of 16. Interviewee #4 used to meet up with some of his friends and sneak into the girl’s bathroom to smoke marijuana and drink alcohol. Interviewee #7 had a drug and alcohol addiction at an early age. When his family moved to Massachusetts he became heavily involved with drugs by the age of ten. He first tried acid at age ten. Also, at ten years old he began to smoke marijuana and drink liquor, specifically favoring Bacardi rum. Interviewee #9 started to smoke weed and drink alcohol after his father made him quit his high school soccer team. He also tried cocaine and mescaline.

Interviewee #5 was addicted to drugs, specifically marijuana, cocaine and heroin. He would go to parties regularly with his friends to smoke marijuana and consume alcohol. In addition, Interviewee #5 described certain crimes that he committed while under the influence. He committed several armed robberies to support his addiction and drug habits. Similarly, Interviewee #3 sold and used cocaine. He stated that he sold about 20 bags of heroin a day. Interviewee #6 started selling drugs with his little cousins and best friend during adolescence. He also smoked weed daily when was 13 years old.

Interviewee #8 was younger than ten years old when he began drinking beer. At age 13 his aunt was buying him and his friends beer and he was smoking weed. He also was experimenting with mescaline, acid and cocaine during his early childhood. Interviewee #8 was conducting burglaries with his friends to get enough money to support their drug habits by age ten. Drug and alcohol use during adolescence is associated with a plethora of negative outcomes, consisting of dropping out of school, unsafe sexual behaviors, depression, anxiety, unintentional injuries, diverse illegal activities, physical and sexual violence, suicide and an increased risk of drug dependence in adulthood (Grant & Dawson, 1998; Bonomo, Bowes & Coffey, 2004; Metzner & Kraus, 2008).
Residential Mobility

Six of the ten incarcerated men experienced residential instability during their childhood. The Center on the Developing Child (2018) emphasized the importance of stable routines and environments for the development of strong executive function skills in children. Residential mobility is knowingly detrimental for youth because it disrupts social ties and strains the relationships between parents and their children, children and their peers and community members (Coleman, 1988). Also, residential mobility may increase the risk of an adolescent associating with delinquent peers, as these peers are more welcoming of “outsiders” (South & Haynie, 2004; Haynie, South & Bose, 2006).

Interviewee #1 experienced residential mobility during his childhood. Before he was 3 years old, he had already lived in three different apartments. He then moved to a two-bedroom apartment when he was five years old. A year later he moved to three-bedroom apartment, where he resided for six years. The last time he moved was at the age of 16, where he lived in a single-family house, with three-bedrooms. During his interview he explained how he went through several phases of friends, but never had a solid friend group. Similarly, Interviewee #7 moved several times during his childhood and he did not have any close friends. Interviewee #5 lived off of welfare, slept in box springs with the springs popping out and moved a lot during his childhood.

Residential mobility can be a disorderly experience for the lives of adolescents. Interviewee #4 house was burned down by the Ku Klux Klan when he was four years old. After that he lived in several different places. He eventually moved to Columbia Point, which is house project in Dorchester. Current literature suggests that moving may lead to detrimental psychological outcomes, increased likelihood of dropping out of school (Gasper, De Luca &
Estacion, 2012; Sotuh, Haynie & Bose, 2007), diminished psychological well-being (Gilman, Kawachi, Fitzmaurice & Buka, 2003), declining academic performance (Pribesh & Downey 1999), and elevated levels of delinquency (Haynie & South, 2005)

Interviewee #10 lived in Mission Hill for most of his childhood. However, in his early teens he moved into several apartments in Alston, Brookline and Norwood within a few years. Once he moved again to Quincy he ended up meeting some people who were doing burglaries and armed robberies. He eventually joined them and participated in the armed robberies and burglaries. Similarly, Interviewee #2 had engaged in elevated levels of delinquency. At the age of 15 he joined a gang called the “Cobras”. Still, he described that he didn’t feel safe or have a bond with any of his peers. One of the few peers that he bonded with introduced him to paint thinner. He was hooked ever since.
Chapter 5: Discussion

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Abuse</th>
<th>Neglect/Emotional Abandonment</th>
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Figure 5.1. This chart displays each interviewee’s traumas that they experienced during their childhood.

The traumas that emerged throughout each interviewee’s early childhood were abuse (physical and sexual), neglect/emotional abandonment, exposure to violence, exposure to drugs, drug use and residential mobility. Each trauma had significant effects on the child’s development during adolescence. Also, each interviewee had experienced more than one trauma during their childhood which influenced them to engage in criminal and deviant behavior. Certain effects of
experiencing these traumas led to depression, mental and physical health problems, increased irritability, poor social skills, poor educational conduct, dropping out of school, drug addiction, and violent and criminal behavior. Each trauma will be discussed in depth in this chapter.

Parsons (1964) stated that young boys are taught certain, appropriate behaviors and traits that are appropriate for boys and men through family, peer groups, schools and other social institutions. Also, adolescence is a sensitive period of life for boys. During adolescence children learn how to develop knowledge and skills, learn to manage emotions and relationships and acquire attributes and abilities that are important for their adolescent years and adulthood (Parsons, 1998; Pollack, 1998). When young boys experience certain traumas during their childhood, it can affect them dramatically. It is common that boys are resilient and can overcome their poor upbringing. However, when boys experience trauma after trauma, it becomes less promising for them to become resilient. The findings displayed that each of the incarcerated men involved in this study had experienced at least 3 or more of the traumas explored. Additionally, Interviewees #2, #4 and #7 had experienced every trauma during their childhood.

**Child Maltreatment**

Child maltreatment refers to any act of omission or commission by a primary caregiver or other guardian that results in harm, or threat of harm to a child, even if harm is not planned. The three main forms of child maltreatment are universally recognized as physical and sexual abuse, and neglect (Gilber et al., 2009; Leeb, Paulozzi, Melanson, Simon & Arias, 2008). Detrimental effects of child maltreatment include education and employment issues, mental health and drug and alcohol misuse and criminal behavior, which commonly persists in adulthood (Gilbert et al., 2009). The findings from the study support this claim.
The interviewees who had experienced abuse (physical or sexual), and neglect/emotionally abandonment had negative effects from experiencing this trauma. Each of the interviewees that experienced child maltreatment had developed mental health issues, drug and alcohol issues, educational issues and engaged in criminal behavior. The gender role socialization of masculinity affects boys when they experience child maltreatment. These gender roles dictate how boys should behave, which emotions they should experience, and how they should express certain emotions. A main norm of the masculine culture is to suppress and bottle up emotions by not telling anyone how they feel (Martino, 2000; Rosenberg, Gates, Richmond & Sinno, 2017). At young age boys are taught that “big boys don’t cry” and are not supposed to show their emotions.

Masculine gender roles are emphasized especially when children experience child maltreatment, because they are being taught that it is the norm to suppress emotions, and to abuse and neglect other people. This is specifically detrimental to young boy’s development during adolescence. They begin to internally rot with depression and they express their emotions in other ways, such as using or abusing drugs and alcohol, engaging in deviant behavior, and acting excessive hostile towards their peers. At an early age, child maltreatment is the stem of how young boys become violent, especially when they suppress their emotions. These findings indicate children who experience child maltreatment are at risk for criminal activity, especially when they experience more traumas in their childhood.

**Exposure to Violence**

Adolescents who are exposed to family and community violence are commonly associated with several symptoms such as aggression, depression, posttraumatic stress, and academic and cognitive difficulties (Margolin & Gordis, 2004). The findings from this study
relate to current literature on exposure to violence. Each of the interviewees who were exposed to violence were affected. Some of the interviewees witnessed their parents abused, have seen family and friends shot and killed, and saw fights daily at school. As mentioned earlier, boys are taught certain masculine behaviors through their family, school and other institutions as well as their peers (Parsons, 1964). When boys are taught that abuse and neglect is a norm in their household, then are taught the same behavior throughout their community and family, they start to engage in this behavior. Also, when boys experience violence indirectly or directly they are affected. However, they are taught to not express their emotions about the behavior. In addition, some of the interviewees became depressed after seeing the death of a family member or close friend, and when witnessing their mother or siblings being abused. As boys experience more and more trauma they become more depressed, develop internal rotting, and are more prone to engage in violent behavior, sometimes even suicidal behavior.

**Exposure to Drugs**

Nine of the ten incarcerated men in the study who experienced child maltreatment and who were exposed to violence were also exposed to drugs and alcohol, either in their family or within the community. Current literature has claimed that children who are exposed to alcohol, drugs or tobacco use are associated with several adverse effects, including later drug use, abuse and dependence (Anthony & Pertronis, 1995; King & Chassin, 2007), mental health problems (Odgers et al., 2008), academic problems (Ellickson, Tucker, Klein, 2001; Jeynes, 2002) and criminal activity (Odgers et al., 2008). The findings from this study relate to the current literature. Each of the men in this study who were exposed to drugs and alcohol ended up using drugs and alcohol later in their adolescent years, developed mental health problems, developed academic problems and engaged in criminal activity.
Parents who sell, posses, manufacture, and take drugs are commonly sending a message to their children that taking drugs is “okay”. In addition, when children are exposed to drugs in the community and by their peers, they become more prone to engage in that behavior. Like Parsons (1964) claimed, boys are taught appropriate behaviors at a young age. These men in the study were taught that drugs are “okay” and that it is a norm to do drugs. Not only were they exposed to drugs in their household, but they were exposed to drugs in their community, school and other social institutions. Also, when these children are exposed to drugs and alcohol at such a young age, while experiencing other traumas, they begin to engage in that deviant behavior to cope with their emotions.

**Drug Use**

Drug and alcohol use during adolescence is associated with a plethora of negative outcomes, consisting of dropping out of school, depression, anxiety, unintentional injuries, diverse illegal activities, physical and sexual violence, suicide and an increased risk of drug dependence in adulthood (Grant & Dawson, 1998; Bonomo, Bowes & Coffet, 2004; Metzner & Kraus, 2008). The findings from this study confirms the findings from other research and current literature. Most of the incarcerated men in this study had dropped out of school, had depression, engaged in diverse illegal activities, engaged in violent behaviors and develop an alcohol or drug dependency later in their adulthood. Once adolescents begin to use drugs and alcohol they begin to engage in deviant behavior. Drug and alcohol use is a norm to these incarcerated men because that’s what they had experienced during their childhood.

At an early age these boys had experienced child maltreatment and were taught to suppress their emotions. In addition, they were exposed to drugs at an early age and were taught that it is “okay” to use drugs. When boys do not express their emotions or are not taught how to
express their emotions they lash out in other ways. Unfortunately, when intoxicated they are easily influenced to engage in deviant behavior.

**Residential Mobility**

The findings indicate that residential mobility has a detrimental effect on adolescents. Residential mobility may lead to increased likelihood of dropping out of school (Gasper, De Luca & Estacion, 2012; South, Haynie & Bose, 2007), and elevated levels of delinquency (Haynie & South, 2005). The men who didn’t not have residential mobility eventually engaged in delinquent behavior and dropped out of schools. When moving so frequently at a young age, there is no time to develop strong social bonds, friendships, or stability in school, the community or other social institutions. This makes it especially hard for children who are experiencing other traumas. When a child moves from house to house constantly, is abused, neglected, is exposed to drugs and violence, there is only negative outcomes that can come from this.

**Combination of Traumas**

The findings from this study indicate that when children experience several traumas during adolescence they are more vulnerable to engage in criminal behavior. Adolescence is a very sensitive time for children to develop. I believe that a combination of traumas influences violent behavior in young boys. I do believe that boys are resilient and can overcome experiencing traumas. However, when boys experience child maltreatment, along with being exposed to violence and drugs in their family and community, along with moving from home to home, then they become more prone to engage in criminal behavior. Also, when they do not express how the feel during their childhood, then they suppress their emotions. These emotions build up, and the child rots internally as he experiences more traumas. For instance, Interviewee
Interviewe #2 had experienced all the traumas explored in this study. These traumas had affected him drastically.

**Interviewee #2**

Out of all the interviews, Interviewee #2’s stood out to me the most because of the traumas he had experienced at such a young age. At the age of 18 years of old he was sentenced to prison at Old Colony Correctional. He is doing life without parole. When analyzing this interviewee’s childhood, you begin to feel bad for his experiences during adolescence. In a sense you understand why he became violent and engaged in criminal behavior. During his childhood he was abused by both of his parents. His mother was a drug addict, addicted to pills and was always high. His father was also addicted to drugs, addicted to heroin and was also always high.

Interviewee #2’s father used to physically, verbally and sexually abuse him and his siblings. His mother would beat him when he skipped school and would violently yell at him daily. In his household he was also brutalized and sexually abused by his brother. He was constantly picked on by his peers in the community and in school and was always harassed and bullied for being the only black kid in a white neighborhood. Also, he had become addicted to paint thinner at the age an early age. Before he was 18 he had experienced both physical and sexual abuse, neglect, was exposed to drugs and violence, and did not have residential stability.

Interviewee #2 was rotting internally. He was a depressed child who felt lonely. Throughout the interview he constantly stated how he felt “humiliated” and “worthless”. He had attempted to commit suicide when he was 17 by swallowing a bottle of pills and attempted suicide again while in prison. From a very young age Interviewee #2 was depressed. However, he was taught to not show his emotions and to “be a man”. This affected him significantly and
lead to his violent and criminal behavior. Moreover, I believe that when boys experience several significant traumas during adolescence they are vulnerable to engage in criminal and deviant behavior.

Policy Implications

Mentorships

One policy I strongly believe in is implementing mandatory mentorships within high schools. Mentoring for at-risk youth has yielded mixed reports of actual effectiveness. Still, participants of mentor programs tend to report positive experiences in mentoring relationships (Bouffard & Bergseth, 2008; Dallos & Comley-Ross, 2005; DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011; Newburn & Shiner, 2006; Wood & Mayo-Wilson, 2012). High school can be challenging and nerve wrecking for students. It would be beneficial for students if they had someone to look up to or even someone to go to when they are having a bad day, having trouble with classes, having troubles at home, or being bullied at school. During adolescence children need to attain an emotional bond or they will become lonely, depressed and act out in deviant ways. A mentorship would give each student the opportunity to have a mentor that would check in on them and give them weekly goals to help them get through school. Also, the weekly goals could help them get through every day struggles that they encounter.

I worked for a mentorship and was a mentor for Brockton High School students. I was paired with one student and met with him in person twice a week and contacted him every day via cell phone or social media just to check in on him. Mind you many students from Brockton High School experience significant traumas as well. The student I mentored had experienced neglect and abuse, was exposed to drugs and violence in his community and experienced
residential mobility. Moreover, I gave him weekly goals depending on what he was struggling with. Then at the end of the week we would check in and see if he attained his goals. If he was struggling with English, the weekly goal would be to study a certain amount of vocab for the week and read several passages. If he was struggling with his emotions of feeling lonely, then his weekly goal would be to reach out to someone whether it be me, family or a friend.

The mentorship lasted two years. I started with him when I was a junior in college and he was a junior in high school. Now, the goal of the mentorship was to work with at risk students and keep them from failing or dropping out. However, the incentive was that if they earned a 3.0 GPA then they would be enrolled at Bridgewater State University with free tuition. It is rewarding because you help a student get into college and then they replace you and do the same. My mentee got accepted into Bridgewater State University and became a mentor. Without a mentor who knew how his life would have been. I believe the mentorship provided guidance, support and friendship for students who were at risk. Every student did not get accepted into Bridgewater State University, dropped out, committed crimes, went to jail or died. Still, I was able to help one. Furthermore, mentorships need to be implemented in high schools.

**Toxic Masculinity**

Toxic masculinity refers to norms of accepted behaviors among men that are portrayed as good and natural, but, are physically, socially and psychologically damaging to men. Culturally, men are taught to suppress emotions, encourage violence, discourage seeking for help, the perpetuation of the rape culture, homophobia and misogyny (Parent, Gobble & Rochlen, 2018). Young men need to learn at a young age that it is okay to cry, show emotions and care for one another. Suppressing emotions can lead to acting out violently and prohibiting healthy
relationships (Parent, Gobble & Rochlen, 2018). In addition, young boys become ashamed of their emotions that they experience.

Being a man does not mean that you must be violent, be dominant, abuse women, suppress all emotions and be a tough guy. Men can be caring, show emotions, feel pain, laugh and men can reach out for help. That does not make a male weak, or a “pussy”. Men who show emotions and care for others are strong men. As a mentor, I relayed that message to my mentees. I believe it is important for young men to know that there is more to be a man than the cultural norms told throughout society. Young boys need to hear it from other people so that they can believe it. If a young boy looks up to his mentor, then they are going to follow his actions and imitate his behavior.
Chapter 6: Conclusion

The purpose of this study was to explore childhood traumas that may influence violent behavior. For the purpose of this study, the research questions focused on child maltreatment, exposure to drugs and violence, drug use and residential mobility and their influence on violent behavior. The results of this study indicate that children who experience multiple traumas during adolescence are more susceptible to engage in criminal behavior. The results of this study greatly attribute to the growing body of literature focusing on masculinity and violence. These findings explore multiple traumas that adolescence experience instead of exploring one individual trauma. Masculine gender roles that are taught to boys at a young age also affect their behavior. Most boys are taught to suppress their emotions. When they experience such traumas, and suppress their emotions, they become depressed and rot internally. This internal rotting and depression leads to alcohol and drug use and criminal activity during adolescence.

Limitations to this study

There were a few limitations to this study. This was secondary data of interviews previously conducted. It is possible that if I were conducting the study I may have asked different follow up questions and may have even asked different questions. Still, for the most part, the interview was conducted like how I would have done it. In addition, when conducting a study like this, more inmates should be interviewed and there should be a bigger sample size. Only ten interviews were used for this study. When analyzing more interviews, there could have been fluctuations in responses to the interviews. There may even be a new emerging theme that was not discovered through the initial coding of these ten interviews. Also, interviewing inmates from different prisons would be beneficial. Old Colony Correctional is a medium security prison. Maybe responses would have differed in a high or minimum-security prison.
Future Research

This study is important because masculinity has become an important concept for understanding trends in violence and crime. Violence is a public health problem and children are extremely vulnerable to its effects (Messerschmidt, 1993; Bowker, 1998, Kimmel & Messner, 2001). This study is also important to understand why men become so violent. Future research needs to be conducted that includes studies of men who have experienced traumas like these incarcerated men in the study, who did not engage in criminal activity. Finding ways to keep our youth from engaging in criminal behavior is very important. Males attribute to the large portion of criminal behavior. This study contributes to what traumas they experience during their childhood leading up to their behavior. However, more studies need to be conducted to see what was different in the lives of children who experienced similar traumas but went on to live successful lives.
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