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Typologies of adverse childhood experiences and their relationship to incarceration in U.S. military veterans



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A R T I C L E I N F O

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ABSTRACT

Numerous studies have reported that adverse childhood experiences (ACEs) are associated with negative psychosocial outcomes in adulthood, but no study has examined the different typologies of ACEs and the relationship of these with adult incarceration in military veterans. The current study used latent class analysis to examine the existence of different childhood maltreatment and household dysfunction typologies in a sample of U.S. military veterans identified through the National Epidemiological Survey on Alcohol and Related Conditions-III ((NESARC-III)). A total of 60.73% of veterans reported one or more ACEs. Four latent classes were identified and were named *Low adversities*, *Moderate maltreatment with high household substance use, Severe maltreatment with moderate household dysfunction* and *Severe multi-type adversities*. Relative to the *Low adversities* class, the three maltreatment/dysfunction classes had significantly elevated odds ratios (1.72–2.29) for adult incarceration, when controlling for sociodemographic characteristics and alcohol and drug use. The results point to the importance of examining childhood risk factors for incarceration and suggest that a certain sub-group of military personnel who are about to transition into the civilian life may need additional support to adjust and live successful lives.

1. Introduction

The deleterious effects of adverse childhood experiences (ACEs) on health and psychosocial outcomes in adulthood have been well documented. Examples include significant increases in somatic symptoms and medical diagnoses (Felitti et al., 1998; Springer, Sheridan, Kuo, & Carnes, 2007), poor general health (Crouch, Strompolis, Bennett, Morse, & Radcliff, 2017), increased risk of cancer (Holman et al., 2016), health-related disability and risky behaviours (Campbell, Walker, & Egede, 2016), premature death (Brown et al., 2009), increased rates of suicide attempts and mental health problems (Merrick et al., 2017; Springer et al., 2007; Turner, Taillieu, Cheung, & Afifi, 2017).

There is also some evidence suggesting that ACEs are associated with criminal behaviour and criminal justice system involvement later in life (e.g., Elklit, Karstoft, Armour, Feddern, & Christoffersen, 2013; Mersky, Topitzes, & Reynolds, 2012). Using a representative sample of 34,653 adults from the Wave 1 (2001–2002) and Wave 2 (2004–2005) of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Roos et al. (2016) found that after controlling for sociodemographic variables and substance use, childhood maltreatment significantly increased the risk of incarceration in adulthood. Other studies have shown that childhood adversities are common among criminal offenders (Drury et al., 2017; Levenson, Willis, & Prescott, 2014; Wolff, Shi, &

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Siegel, 2009) and they are even more prevalent in this population compared to civilians (Asberg & Renk, 2013). The findings from the above studies are supported by neurobiological evidence which suggests that ACEs can have profound negative and lasting effects on the structure and function of a child's brain, particularly the areas associated with self-control, impulsivity and emotion regulation (Lovallo, 2013; McEwen, 2011). These constructs have in turn been linked with antisocial behaviours in several studies (Hawes et al., 2016; Luengo, Carrillo-de-la-Peña, Otero, & Romero, 1994), thus supporting the close association between ACEs and criminal behaviour.

When talking about ACEs, it is important to acknowledge that the victims rarely experience a single stand-alone adverse event. Cumulative (i.e., longitudinal) exposure and what has been termed 'poly-victimization', or the experience of multiple types of different victimizations (Finkelhor, Ormrod, & Turner, 2007a), are common in many individuals who have experienced at least one type of ACE (e.g., Finkelhor, Ormrod, & Turner, 2007b; Roos et al. 2016; Turner, Finkelhor, & Ormrod, 2010). Poly-victimization in childhood has been found to be a risk factor for delinquency (Ford, Elhai, Connor, & Frueh, 2010) and the number of different ACEs is positively associated with the number of different crime types committed in adulthood (Levenson & Socia, 2016). Additionally, research has shown that maltreatment during adolescence is a greater risk factor for juvenile delinquency and young adulthood criminal offending than maltreatment during childhood only (Stewart, Livingston, & Dennison, 2008; Thornberry, Henry, Ireland, & Smith, 2010; Thornberry, Ireland, & Smith, 2001). Such findings demonstrate the complexity of the relationship between ACEs and the consequences of these on one's adjustment in later life.

Military veterans are a specific sub-group of the population that is of particular interest when it comes to ACEs. Several studies have reported higher rates of ACEs in military veterans compared to the civilian population (Blosnich, Dichter, Cerulli, Batten, & Bossarte, 2014; Katon et al., 2015). As suggested by Blosnich et al. (2014), the reason for this could be that some individuals join the military to escape adversity. The authors compared the rates of childhood adversities in individuals with and without a history of military service whilst taking into account the era of service (draft vs. all-volunteer). They argued that if any men joined the military to escape adversity, this would have shown in the all-volunteer era, but not in the draft era, where men were drafted from both dysfunctional and non-dysfunctional homes. The results supported their hypothesis; compared to civilians, individuals with the history of military service from the all-volunteer era had significantly higher prevalence rates of 11 different types of ACEs, whereas those from the draft era only differed from civilians on household drug use. Such findings provide some support for the suggestion that joining the military may serve as an escape route from unfortunate circumstances in one's home and could explain the higher prevalence rates of ACEs in military veterans compared to civilians.

As mentioned above, ACEs have been associated with an increased risk for adult incarceration in the civilian population (Roos et al., 2016). Considering the findings from several other studies which reported that ACEs are more prevalent in the veteran compared to the civilian population (Blosnich et al., 2014; Katon et al., 2015), a question then arises whether ACEs could be a predisposing factor for incarceration in military veterans, just as they are in civilians. Since the military culture aims to instil order and discipline and the potential recruits are screened for a history of criminal activity (Snowden, Oh, Salas-Wright, Vaughn, & King, 2017), there is a reason to believe that military service should serve as a protective factor against future criminal justice system involvement. Yet, it has been estimated that about 8% of all inmates in jails and prisons in the U.S. were military veterans in 2011/ 2012 (Bronson, Carson, Noonan, & Berzofsky, 2015).

Some researchers have suggested that military service represents a negative turning point in the lives of men, leading to increased drug use and subsequent increased risk for criminal arrests (Wright, Carter, & Cullen, 2005). Others have disagreed, suggesting that at least for some men, military service has beneficial effects, buffering against serious criminal activity (Bouffard, 2014; Teachman & Tedrow, 2016). Due to the inconsistencies in findings, it is important to examine potential moderating variables or specific risk factors that may influence the outcomes of military service on criminal justice system involvement. Most of the existing studies have focused on examining demographic variables as potential risk factors. For example, having an African American or Hispanic origin (Coker & Rosenheck, 2014; Greenberg & Rosenheck, 2009), being male or of younger age (Elbogen et al., 2012; Snowden et al., 2017) have all been identified as risk factors for incarceration in veterans. Only a few of the existing veteran studies have looked at childhood-related risk factors. Elbogen et al. (2012) reported that having witnessed family violence was significantly associated with higher rates of criminal arrests after one's military service. In another study, Tsai and Rosenheck (2013) found that conduct disorder behaviours during childhood, but not family instability nor childhood abuse, were significant predictors of later incarceration in veterans. A comprehensive examination of various types of ACEs as potential risk factors for incarceration in military veterans has, however, not been conducted yet.

The current study therefore examined a range of ACEs as potential predictors of adult incarceration in a sample of military veterans drawn from a nationally representative sample of the U.S. general population. Rather than looking at the effects of single experiences or the count of different types of experiences, we decided to employ the statistical technique of latent class analysis (LCA), which has the advantage of looking at the effects of frequently co-occurring patterns of experiences. LCA groups together individuals with similar experiences, thus enabling the examination of the effects of different typologies of ACEs on adult incarceration. The analyses also looked at the effects of demographic variables and alcohol and drug use disorders, which are common risk factors for incarceration (Asberg & Renk, 2013). Based on the findings of Roos et al. (2016), we hypothesized that several typologies of ACEs will be uncovered; one characterized by low endorsements of all ACEs, one characterized by high endorsements of all or most ACEs and one or more typologies with different patterns of ACEs endorsements. We also hypothesized that individuals with the most severe ACE typology will have the highest risk for adult incarceration. To the best of our knowledge, this is the first study utilizing LCA to examine typologies of ACEs in military veterans and their relationship to adult incarceration.

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