



Physical



Physical



Mental Illness



Incarcerated Relative



Emotional



Emotional



Mother treated violently



Substance Abuse



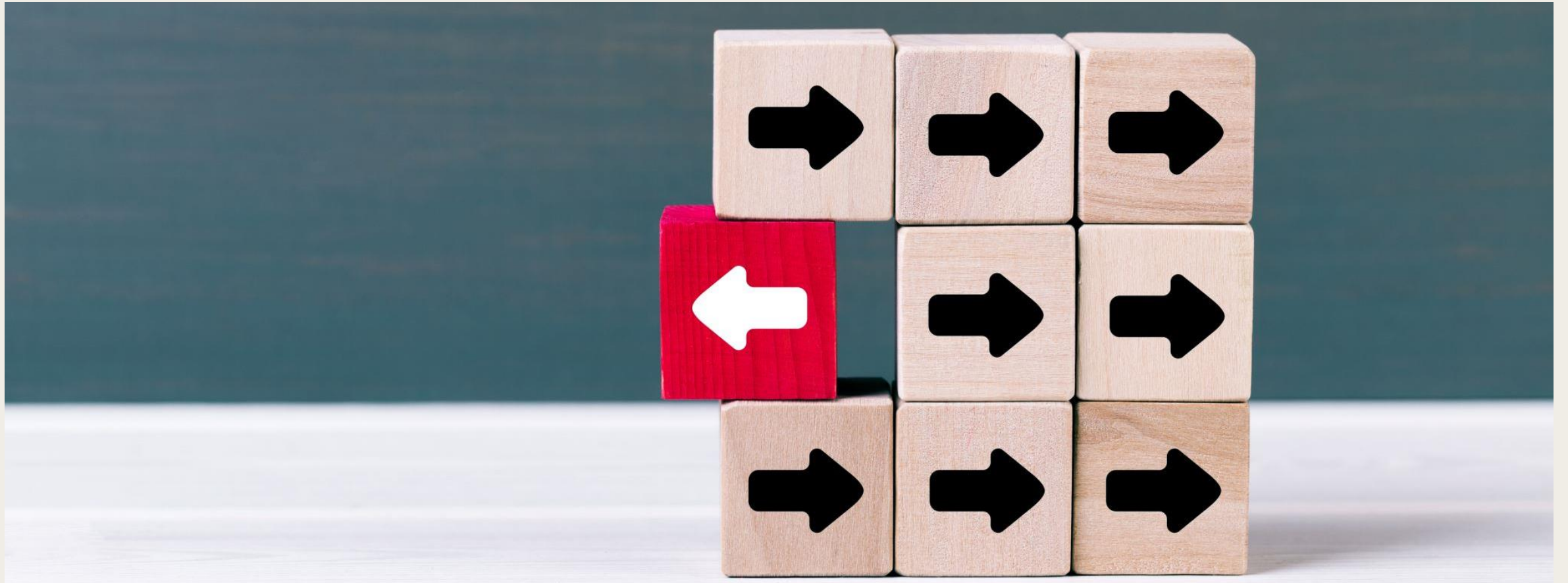
# Victim to Perpetrator?

Jon Taylor

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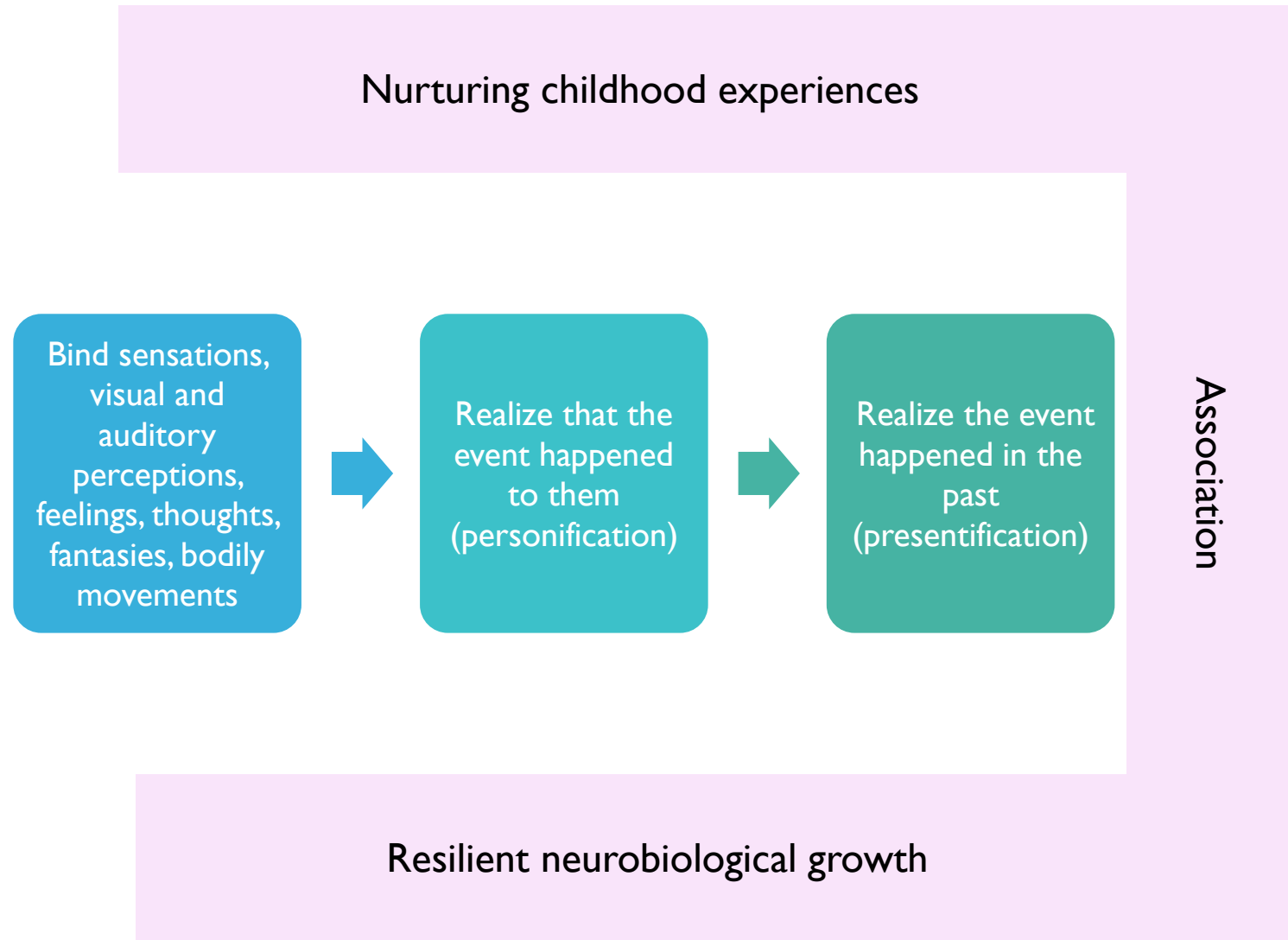


|   |  |
|---|--|
|   |  |
| Human trauma responses                            | <ul style="list-style-type: none"> <li>Post traumatic stress</li> <li>Complex post-traumatic stress</li> <li>Trauma related altered states of consciousness</li> <li>Post-traumatic growth</li> </ul>  |
| Adverse experiences and human harmfulness         | <ul style="list-style-type: none"> <li>Threat-deprivation model and dose effect</li> <li>Integrated</li> <li>Fast life strategies and personality style</li> </ul>   |
| Victim to perpetrator; myth or moderation         | <ul style="list-style-type: none"> <li>Exposure to childhood adversity results in risk factors</li> <li>Processing trauma reduces risk</li> </ul>  |
| Factors influencing the post-traumatic trajectory | <ul style="list-style-type: none"> <li>Corruption of attachment experiences</li> <li>Increased threat sensitivity/reduced down regulation</li> <li>Self medicating</li> <li>Disturbances in self organisation (DSO)</li> <li>Offence related altered states of consciousness (ORASC)</li> <li>Identification with the aggressor (IWA)</li> <li>Doubts regarding abuse related appraisals (DARA)</li> </ul> |
| Provisional clinical guidelines                   | <ul style="list-style-type: none"> <li>Trauma focused interventions</li> <li>Exploration of trauma response to risk links</li> <li>Multimodal interventions</li> </ul>   |

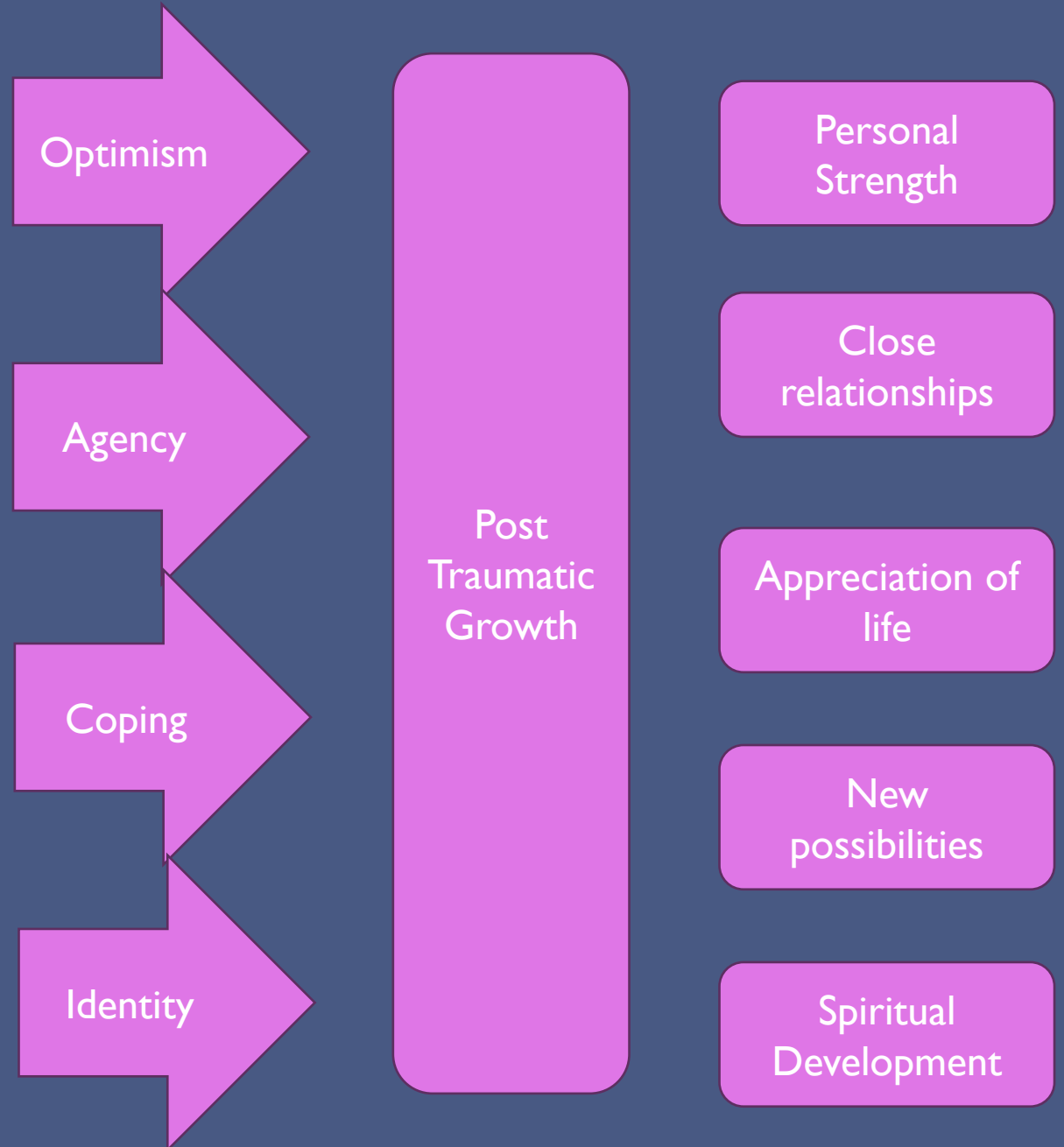


Human Responses to Adversity

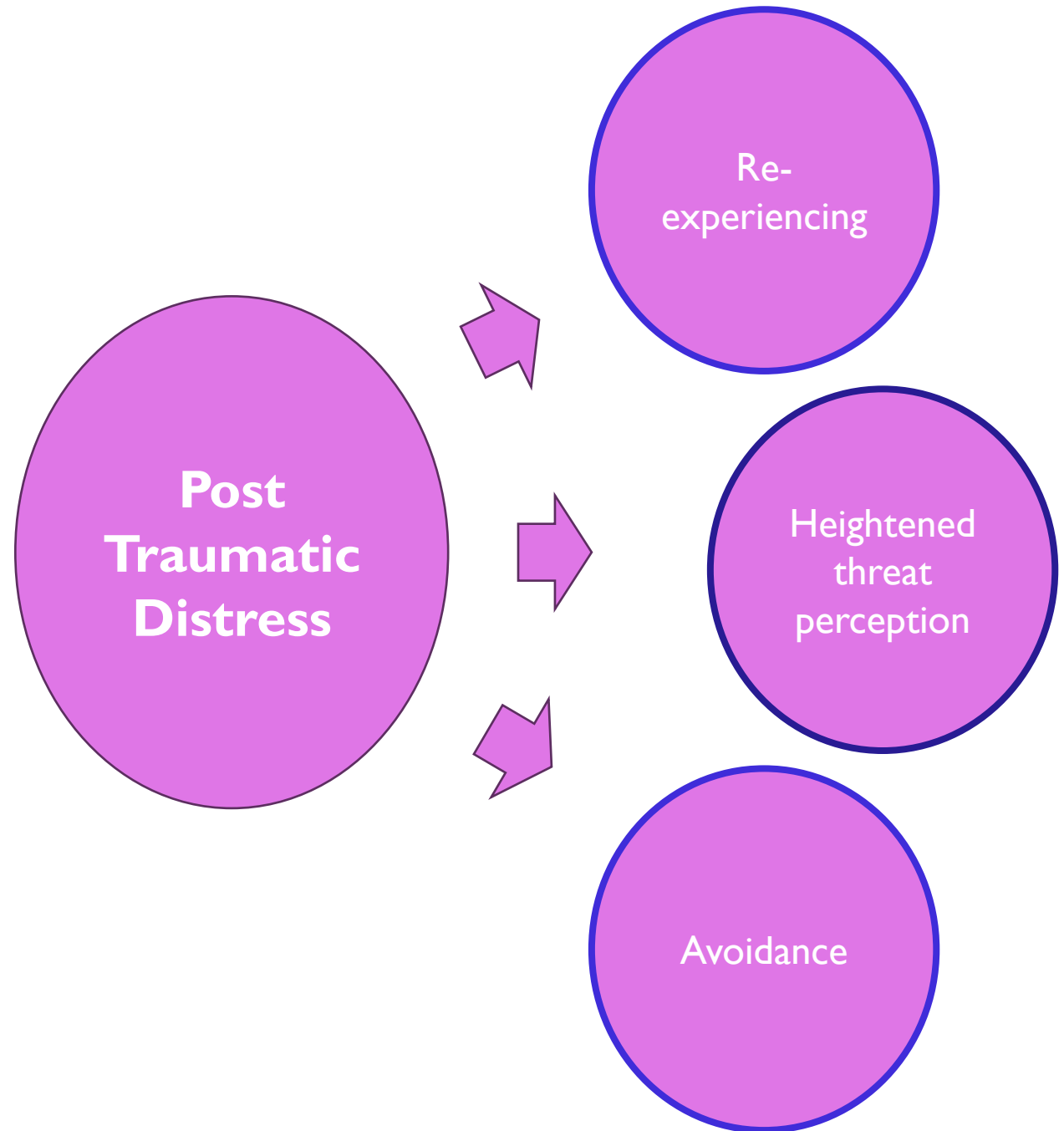
# TRAUMA REALIZATION



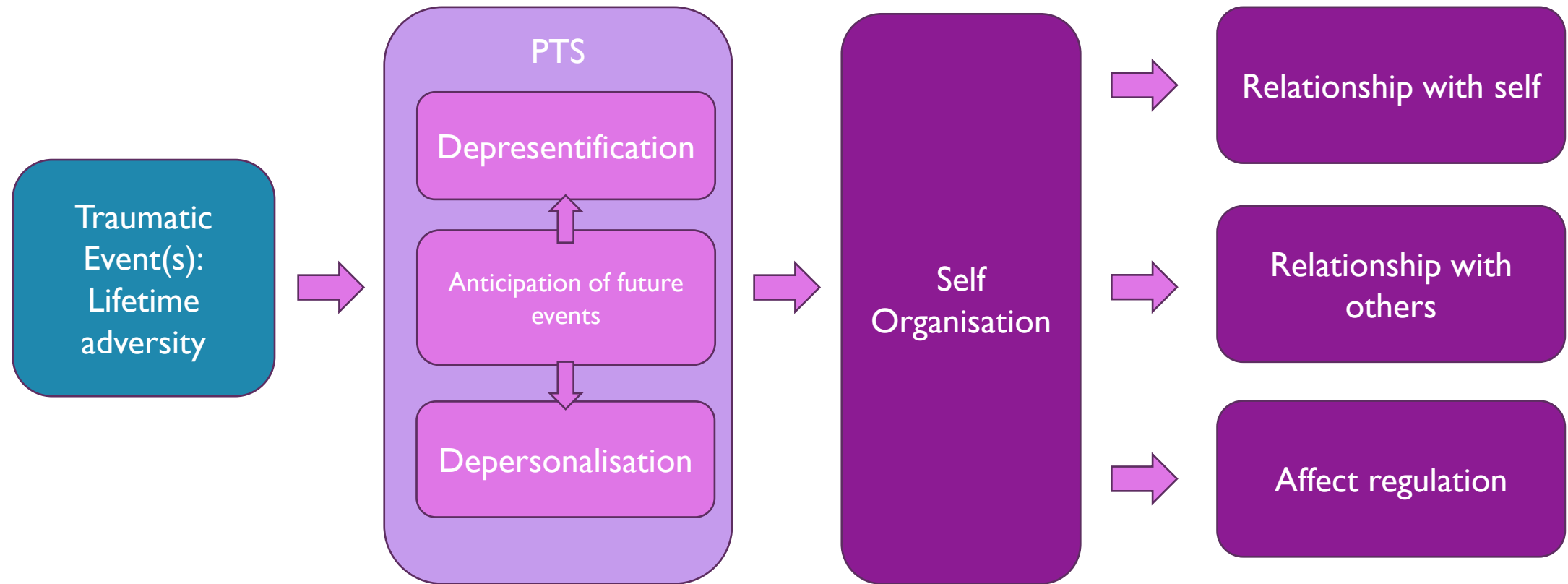
POST  
TRAUMATIC  
GROWTH  
(TEDESCHI  
& CALHOUN, 1991)



# POST- TRAUMATIC (DI)STRESS



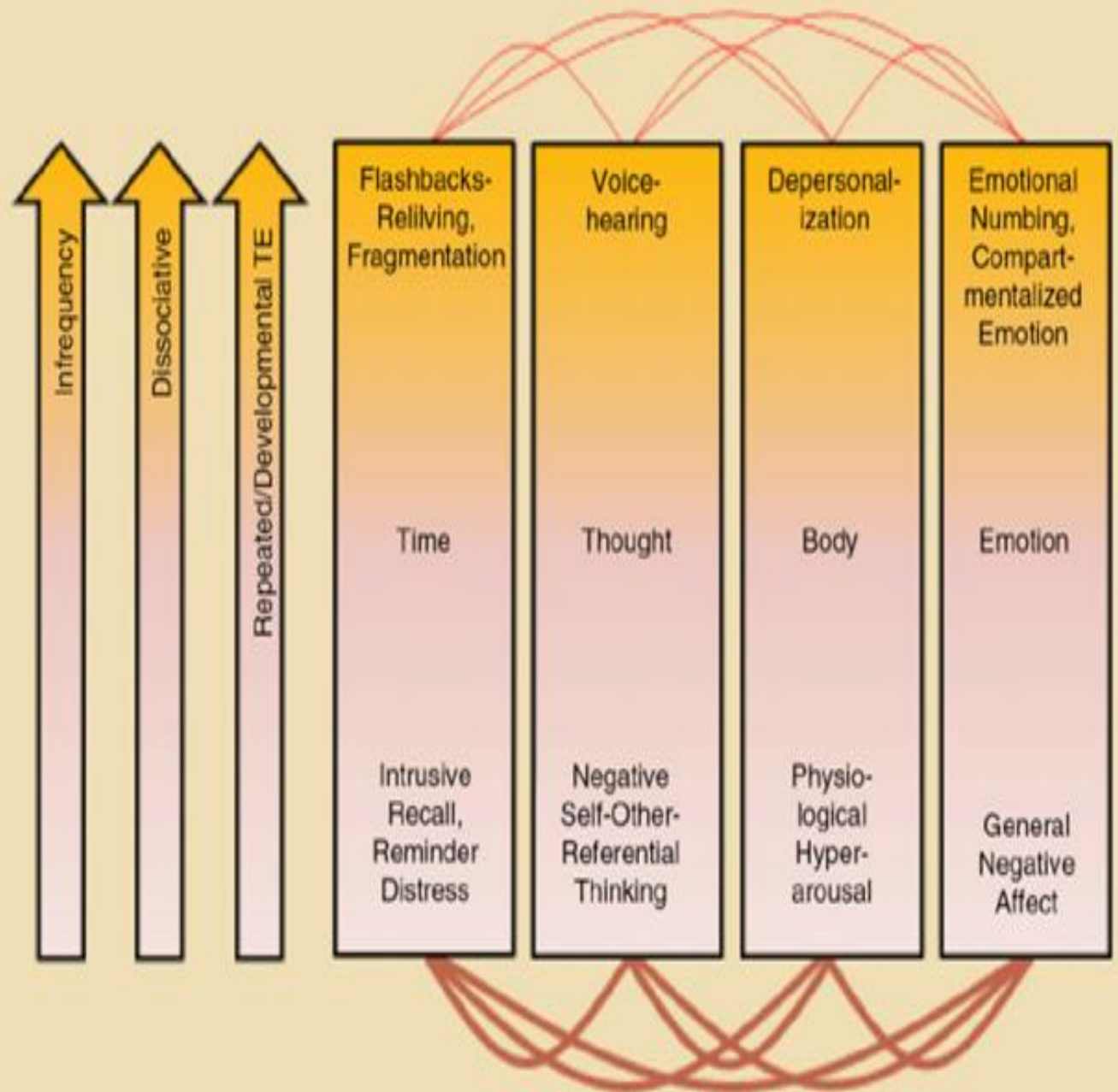
# COMPLEX POST TRAUMA (DI)STRESS



...the relative ease or efficiency with which some aspects of the developmental environment, but not others, are detected, encoded and ultimately embedded as biological changes in emerging neural circuits that guide experience-driven plasticity.. (p156)

# TRAUMA RELATED ALTERED STATES OF CONSCIOUSNESS

(FREWAN & LANIUS 2014)





Adverse experiences and human harmfulness

# Early relational trauma and offending

- Most forensic service-users have experienced victimisation before creating victims (Bodkin et al 2019).
- Association between early trauma and offending (Malvaso et al 2021).
- Dose-response association (Huei-Jong Graf et al 2021).
- Higher prevalence of ACEs amongst forensic service users (Levensen et al 2016).



# TRAUMA RESPONSES AMONGST FORENSIC SERVICE USERS

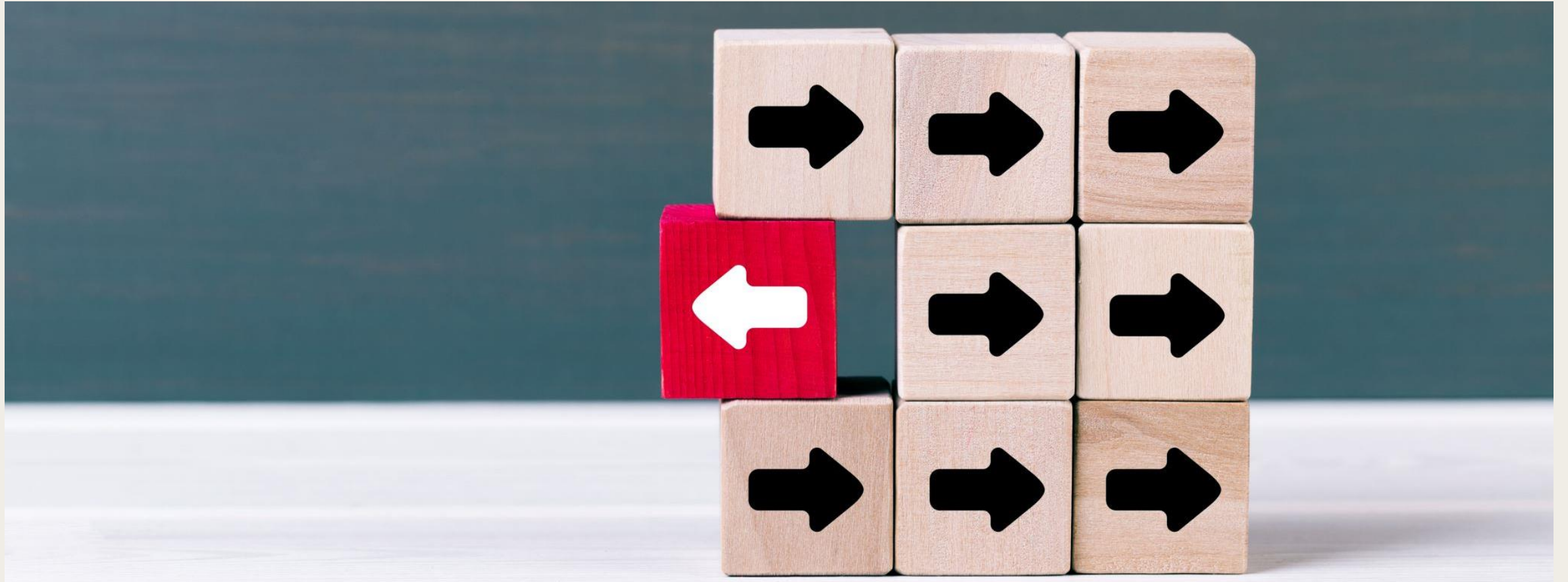
6-8 % of the male sentenced prisoners met diagnostic criteria for ICD-11 PTSD (Facer-Irwin et al 2022; Baranyi et al 2018)

16.7% of male prisoners meet criteria for CPTSD (Facer-Irwin et al 2022)

Approximately 1 in 4 presenting with active trauma responses.

58% of female prisoners met criteria for PTSD (Karatzias 2018).






From Adversity to Risk:  
Moderating processes

## Moderating processes (potentially)

|  |   |
|--|---|
| Corruption of attachment experiences         | Toxicity of relationships   |
| Fast Life Strategy                           | Personality development   |
| Sensitised threat perception                 | Hostile attributions<br>Unbalanced human motives                          |
| Offence Related Altered States               | Trauma triggers<br>Dissociative states                                    |
| Identification with the aggressor            | Internalised abuse narratives<br>Adoption of abuser's experience of abuse |
| Self medicating                              | Substance use<br>Thrill seeking   |
| Doubts regarding abuse related appraisals    | Disruption to narrative formation<br>Incongruent interpretations of abuse |
| Disturbances in self organisation            | Reduced opportunities to learn affect regulation<br>Shame                 |
| Reduced agency and external locus of control | Reduced anticipation of reward<br>Anticipation of unpredictability        |

## NEUROPLASTICITY AND FAST LIFE STRATEGIES

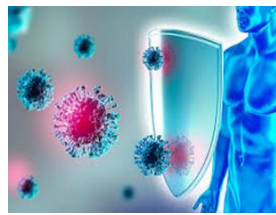
- 
- A series of black silhouettes representing the human life cycle, from a crawling infant to an elderly person with a cane, arranged in a slightly curved path across the top and bottom of the slide.
- We develop strategies to respond to our ecological context.
  - All strategies cost us in terms of resource allocations.
  - The allocation decisions made in response to life history trade-offs constitute an organism's life history strategy.
  - Strategy exists on a continuum from fast to slow.



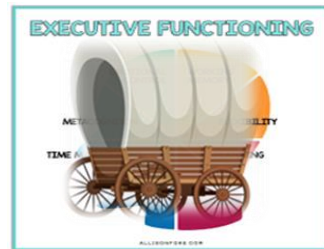
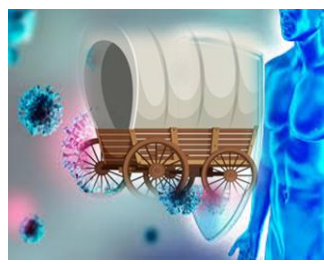
THE CORRUPTION  
OF ATTACHMENT  
EXPERIENCES

- Proximity seeking fails to secure care.
- Proximity seeking elicits cruelty.
- Experienced an insecure base.
- Experienced an unsafe haven.
- Human beings become a source of danger

- Early relational trauma
- Stable relational interventions



# RESOURCE AVAILABILITY

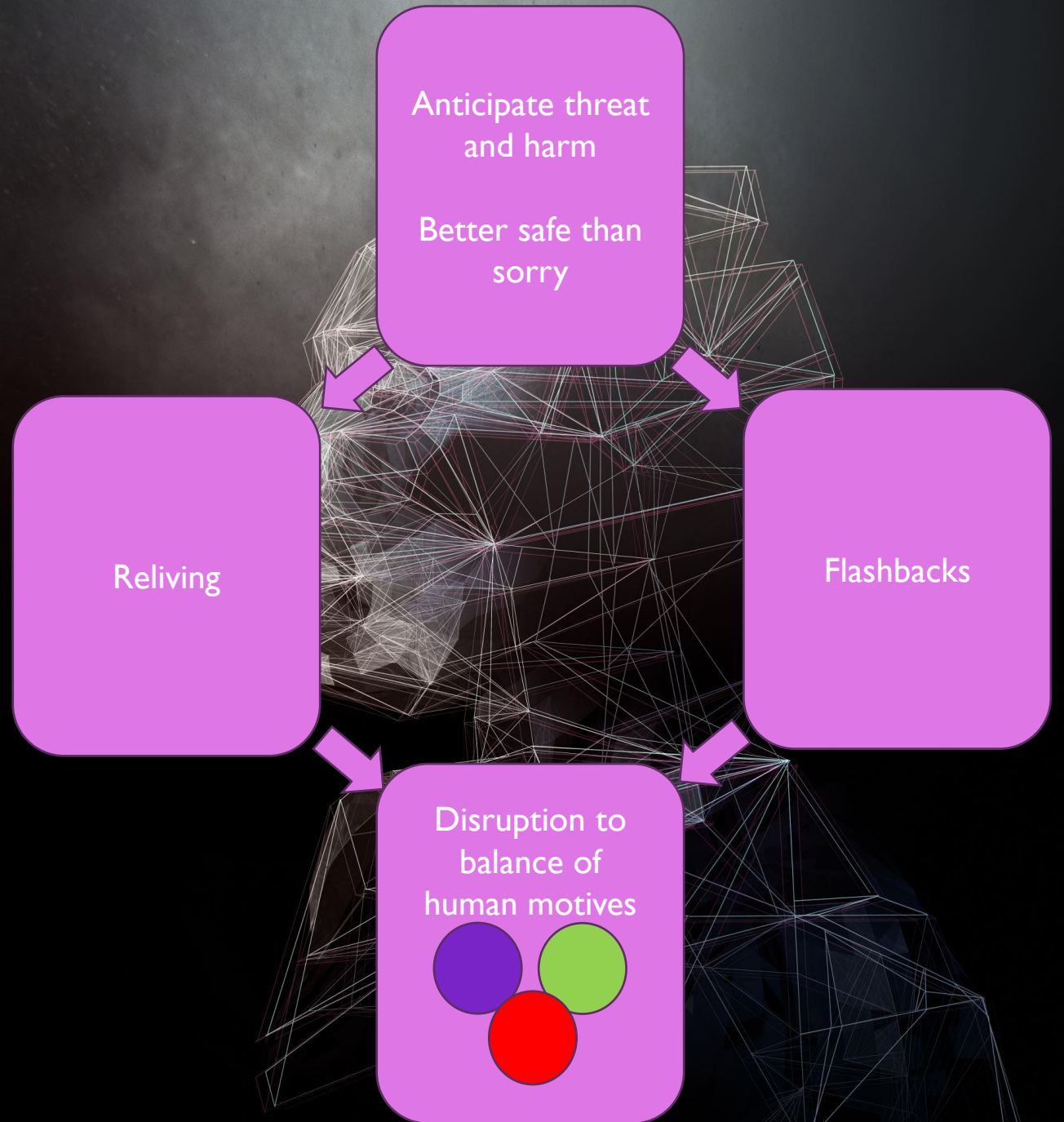


Threat

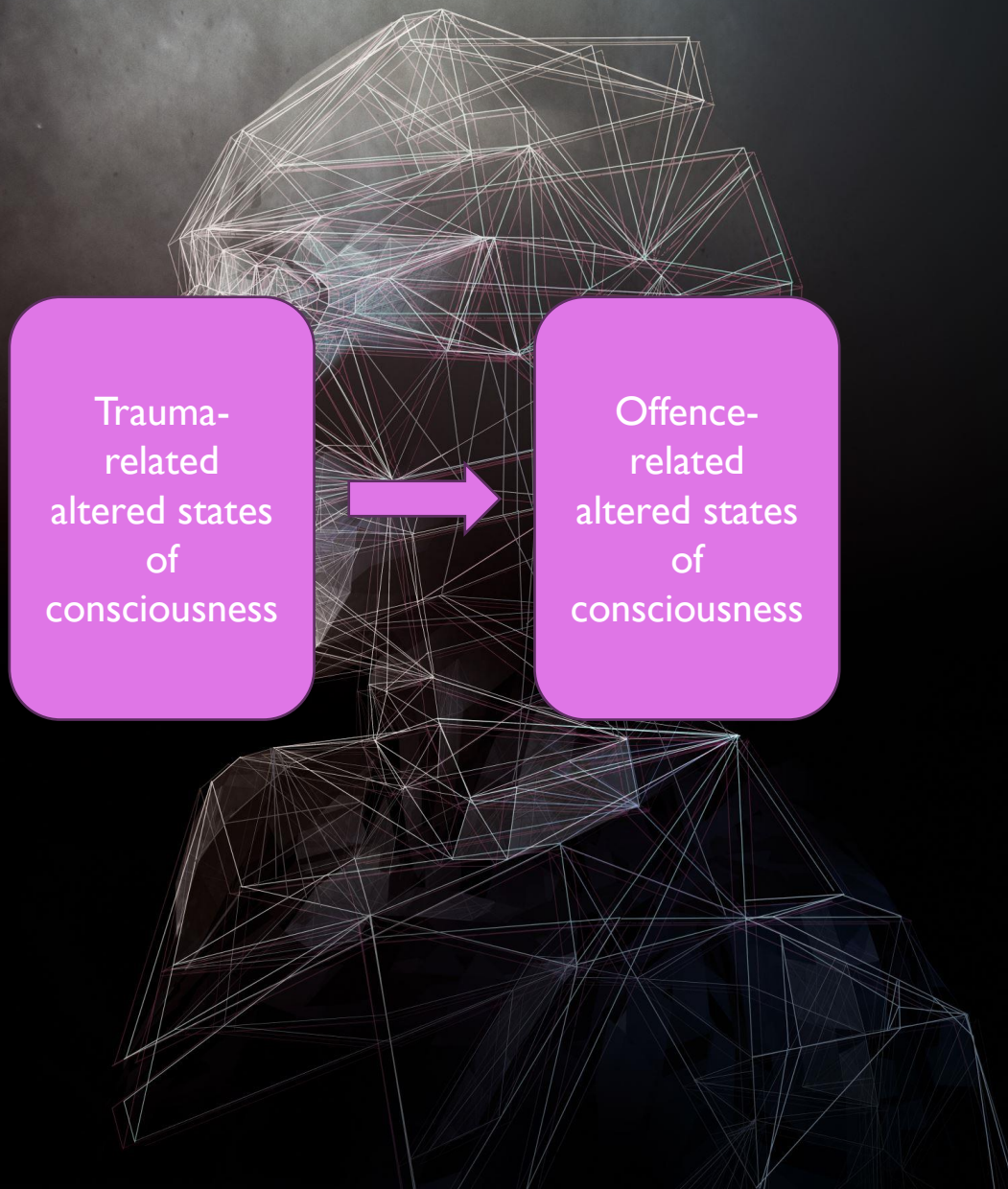
Deprivation

RESOURCE  
AVAILABILITY

SENSITIZED  
THREAT  
PERCEPTION

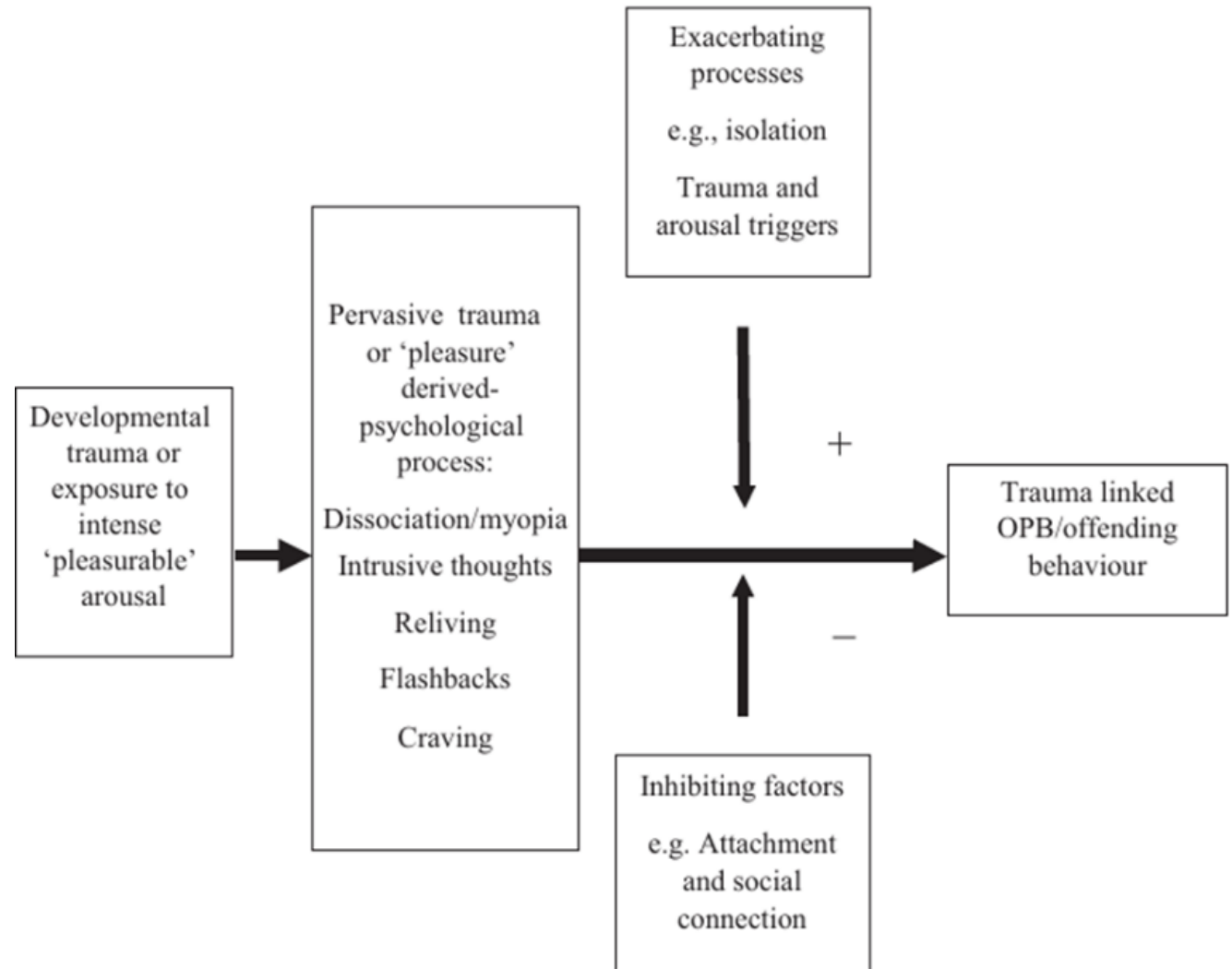


ALTERED STATES  
OF  
CONSCIOUSNESS



# OFFENCE RELATED ALTERED STATES OF CONSCIOUSNESS

JONES (2024)



IDENTIFICATION  
WITH THE  
AGGRESSOR  
(Ferenczi 1932)

Association between IWA  
and  
PT(dis)S.  
DSO.

Loss of agency particularly  
implicated.

(Lahav et al 2026)

Replace agency  
with abuser  
identity

Disconnection  
from feelings  
Passivity and  
obedience

Hypersensitivity  
to abuser

Attuned to abusers'  
moods/  
preferences.  
Appeasement

Adopting abuser  
experience

Internalising abuse  
narratives  
Minimising harm  
felt.

Identifying with  
perpetrators  
aggression

Acquire aggressive  
scripts  
Internalise or  
externalise scripts.

DOUBTS  
REGARDING ABUSE  
RELATED  
APPRAISALS  
(Lahav et al 2026)

(Lahav et al 2026)

Disruption to  
evaluation of  
nature of abuse

Doubt over their/  
perpetrator  
behaviour

Psychological  
disorientation

Undermines trust  
in judgement

Disruption of  
coherent  
narrative

Shifting  
interpretations of  
abuse

Vulnerability to  
triggers

DISTURBANCES  
IN SELF  
ORGANISATION

**Affect  
regulation**

Rapid access to  
threat/defence  
emotions

**Interpersonal  
relationships**

Attachments  
patterns

**Identity**

Internalised  
abuse narratives

LOSS OF  
AGENCY/  
EXTERNAL LOCUS  
OF CONTROL

Unpredictable  
early care setting

Incongruity  
between own  
actions and  
experienced  
outcome

Lack of rule clarity.  
No consistent  
social contract.

Stimulus-response  
links deteriorated

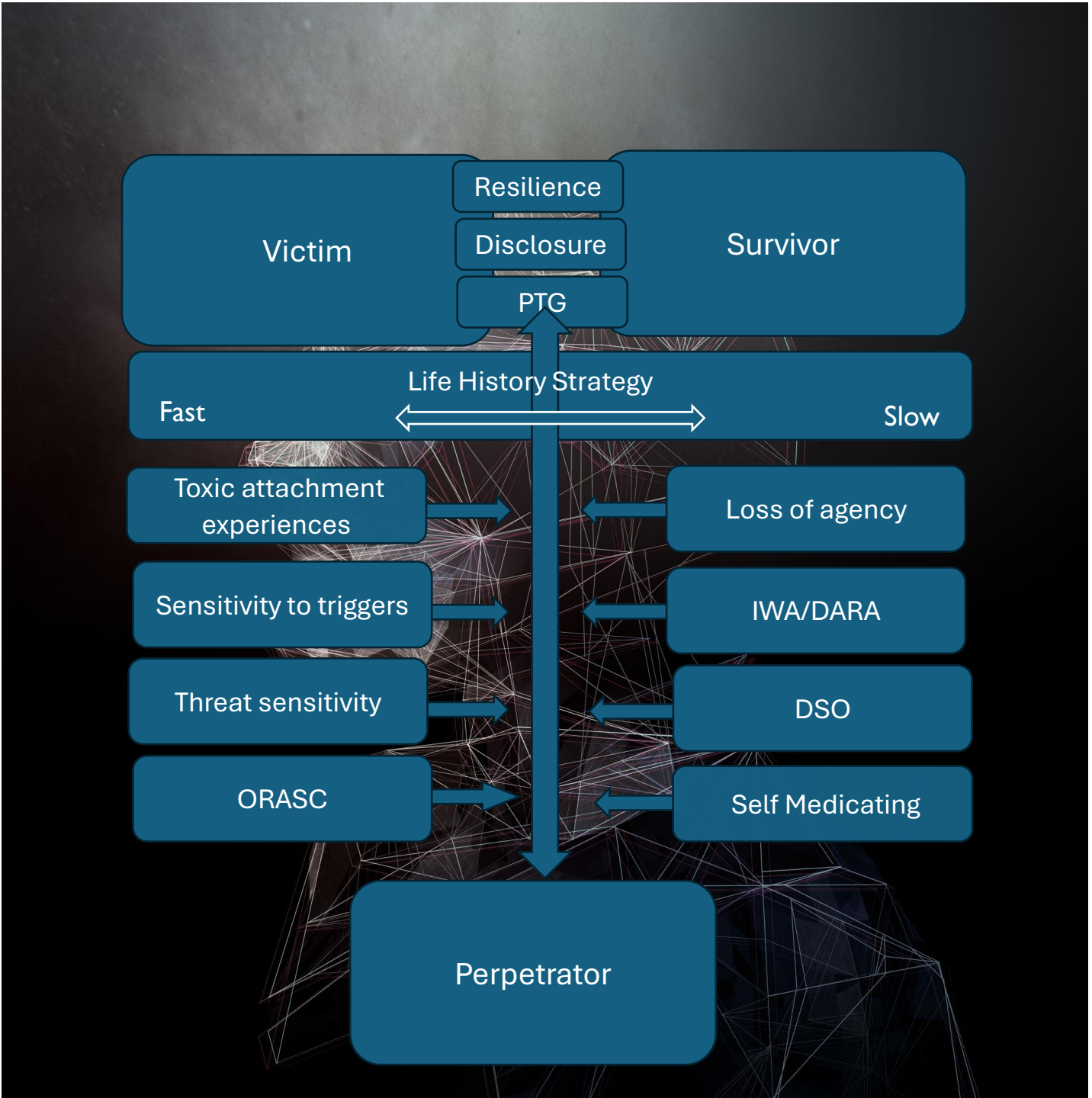
SELF  
MEDICATING

Drug and alcohol  
use

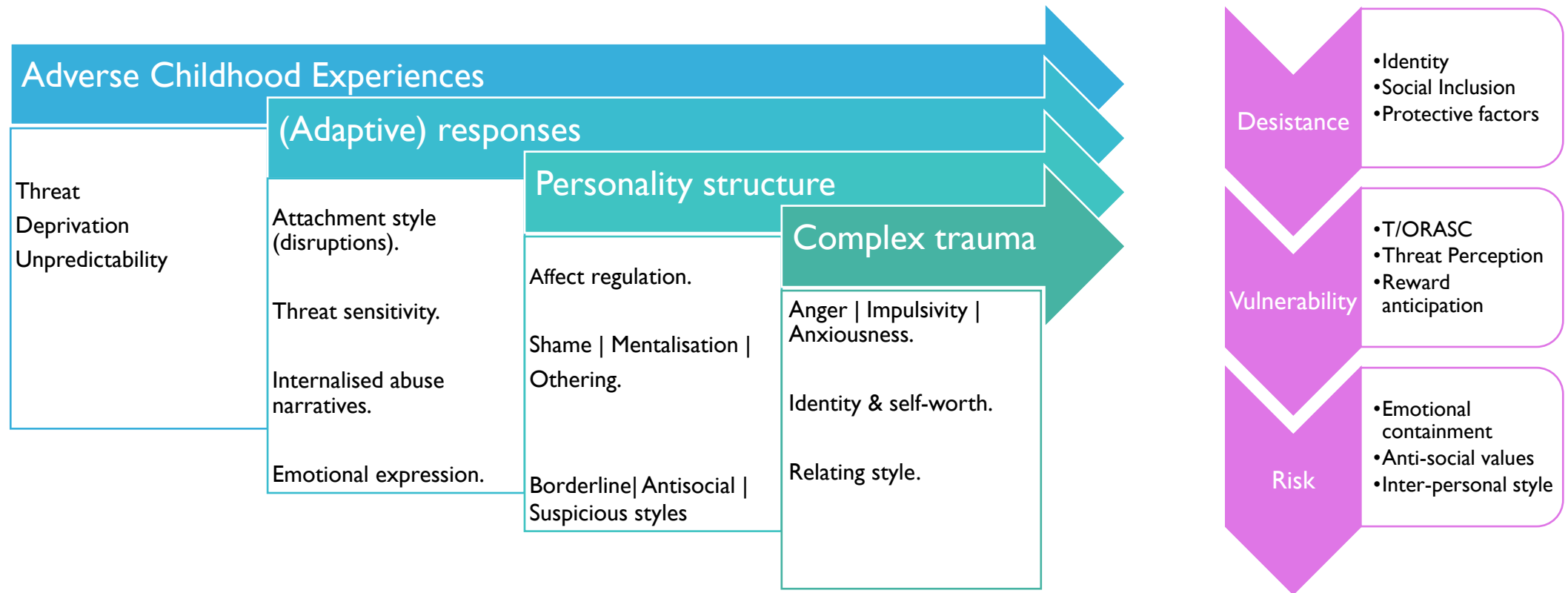
Disconnection  
from feelings  
Disinhibit

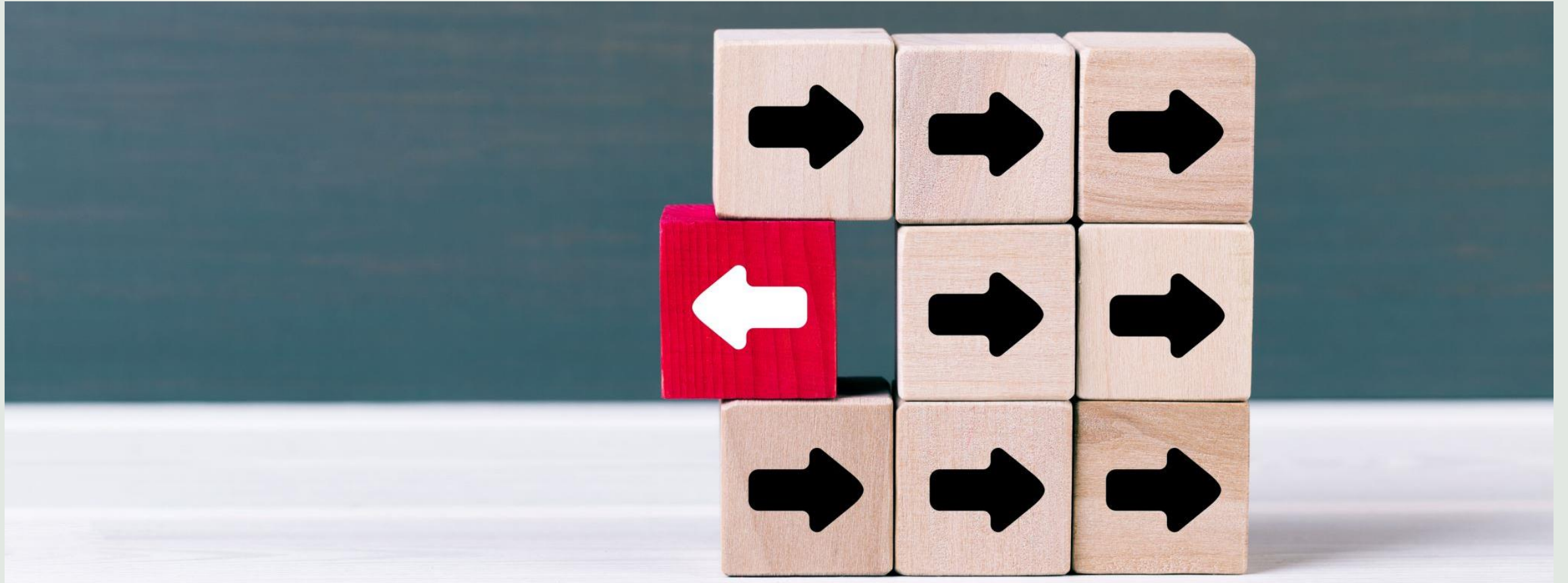
Thrill seeking

MODERATING  
PROCESSES



# ADVERSITY | PERSONALITY | COMPLEX TRAUMA



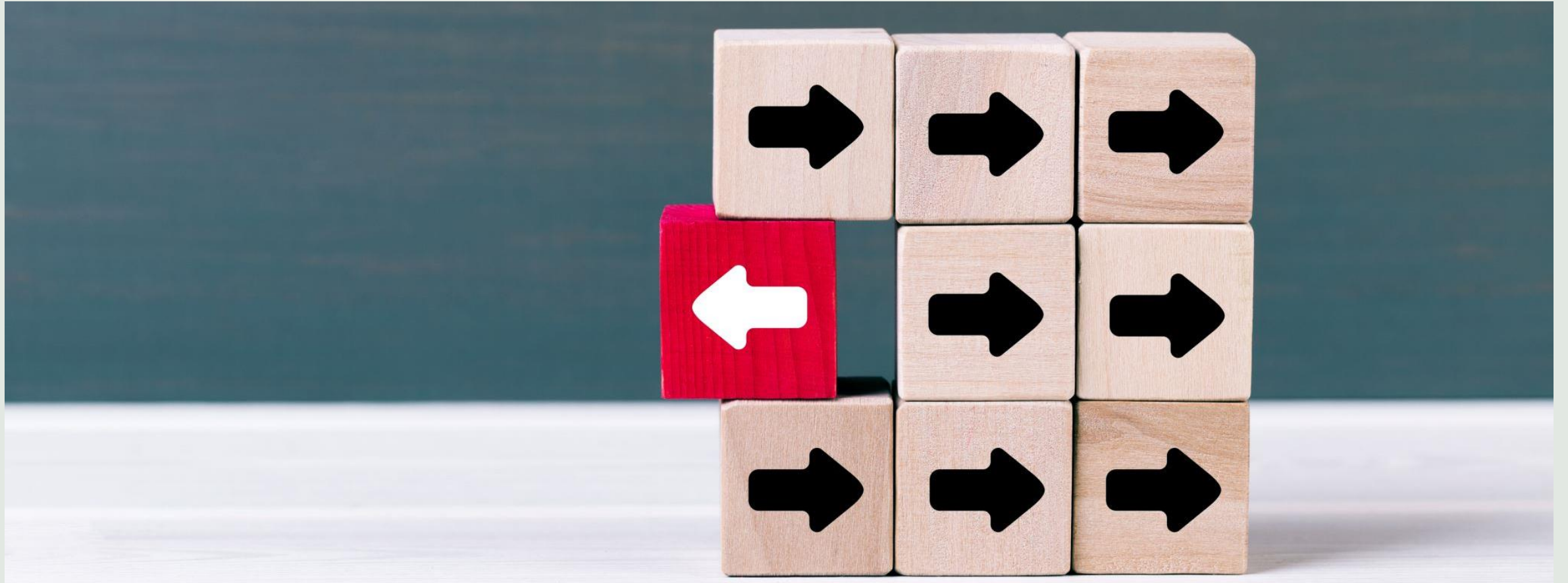


Preliminary clinical guidance

- Adversity doesn't impact in isolation – multimodal interventions (Siegal).
- Trauma focused work should just focus on trauma.
- Trauma work can not be mandated, but offered.
- Trauma screening in **all** forensic settings? (we know its there – are we callous enough to ignore?)

- Turn towards distress experienced (Taylor & Hocken 2021)
- Functional analysis of life experiences (Taylor & Hocken 2024).
- Identify trauma to risk links (de-shame).
- Presence of trauma in SPJs does not necessarily equate to risk (relevance).
- Consider: Can trauma work increase risk?





Intervention Framework

# INTERVENTION FRAMEWORK (RADAR)

