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TRAUMA-INFORMED RISK ASSESSMENT AND INTERVENTION

Understanding the Role of Triggering Contexts and Offence-Related Altered States of Consciousness (ORASC)

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Exhortations to “open the black box” of dynamic risk factors (Ward, 2021 and, in a different way, Case, 2021; Woldgabreal, Day, & Tamatea, 2020; Mayson, 2019) invite us as practitioners to begin to develop a more elaborated view of the psychological, biological, and socio-cultural processes underpinning dynamic risk. This chapter aims to offer one strand of exploration in response to this: the nature of psychological processes underpinning the link between trauma and dynamic risk. The risk assessment and intervention literature has not typically looked at the ways in which trauma influences dynamic risk processes. More specifically, two neglected areas for consideration in conducting trauma-informed risk assessments and interventions will be highlighted: *triggering contextual factors* and *triggered altered states of consciousness* and shifts in the capacity for agency.

An integrative resource loss- and gain-based framework, based on the work of Layne and Hobfoll (2020) and Layne, Briggs, and Courtois (2014), for conceptualising the link between trauma and dynamic risk processes will be offered. The central argument is that trauma responses impact in complex ways on resource acquisition and resource conservation processes, and these responses require something to activate or trigger them. Activating processes are *endogenous* and *exogenous* (Baskin-Sommer et al., 2021). Exogenous or contextual risk-exacerbating and/or protective scaffolding processes therefore need to be worked with, when assessing and intervening with dynamic risk, alongside endogenous shifts in thinking and feeling linked with traumagenic offence-related altered states of consciousness (ORASC) and associated changes in capacity for agency.

The conservation of resources model (COR; Layne & Hobfoll, 2020), developed to understand post-traumatic adjustment trajectories, offers a useful model for understanding return-to-offending processes. Characterising the potential impact of trauma as involving a depletion of resources, broadly defined, this offers a framework for an integrative understanding of the complex role of trauma in offence processes (Jones, 2020a; 2020b).

The model describes the useful idea of *resource caravans* (Layne & Hobfoll 2020), defined as “clusters of resources (e.g., self-esteem, mastery, coping skills, social support, physical health, wealth, personal relationships) that collect together, accumulate, accrue in their beneficial effects, and ‘travel’ with their host over time” (Hobfoll, 2012a; p.91). It contrasts these with **risk factor caravans** defined by Layne and Hobfoll (2020) as a

constellation of co-occurring risk factors that accumulate in number, ‘travel’ with their host over time, increase the host’s risk for subsequent exposure to and vulnerability to the harmful effects of additional risk factors, and accrue and ‘cascade forward’ in their harmful effects across development.

p.91

The model proposes that resource loss caravans linked with trauma and adversity are more rapid and consequently need to be targeted first in intervention before going on to work on resource gain cycles.

This approach offers a language to describe the complex “domino effects” of developmental responses to traumatic experiences, past and ongoing (Stein, Wilmot, & Soloman, 2016). This same domino effect language is useful for thinking about the development of offending.

In understanding offending, the idea of malignant “resource *gain* cycles” is also relevant. This is the idea that some kinds of resource seeking and acquisition can be harmful to self and others, as well as forming a means for escaping different kinds of harm, privation, and adversity. Ward’s *approach goal* offending (Ward & Siegert, 2002) is an example of this. Offending that is *approach explicit* is about meeting core needs but doing this in a harmful manner, which can also take on a compulsive accelerating quality (see also Hodge’s notion of *addiction to crime*, e.g., Hodge, McMurrin, & Hollin, 1997, but also Katehakis, 2016 on sexual compulsivity and Lovern & Rock, 2021, on substance misuse, all linked with trauma histories).

Resource-focused functional analysis – identifying the function of behaviour in attaining and conserving resources – fits with the COR theory of trauma impact (e.g., Layne & Hobfoll, 2020), and both Cloitre, Cohen, Ortigo, Jackson, and Koenen’s (2020) clinical model of trauma, and evolutionary systems models (Arnhart, 1998; Gilbert, 2020; Jones, 2016; Leedom; 2014; Liotti, 2017; Panksepp, 1998). Typically, trauma has been seen as only involving the fear and the attachment systems. However, evolutionary models linking trauma and offending propose that all evolved systems can be adversely impacted by different kinds of adversity (Jones, 2016). This suggests a broader set of domains: dominance, play, sexual, caring, in addition to fear and attachment, which are conceptualised as “wired into” the brain, and are motivated

towards establishing a set of key evolutionarily important resources (experienced as needs, each with its own internal working model; Leedom, 2014). These resources were identified by Ward (2002) as underpinning the *goods* in the good lives model; based in part on Arnhart's (1998) evolutionary theory linking evolved motivational needs with the Aristotelean notion of a *good life*.

Offending is, then, a way of attaining resources – often in adverse (e.g., violent, impoverished, racist, sexist, homophobic, or resource depleted) or traumatising contexts, or environments that remind the individual of experiences of these in the past – that theoretically can be obtained in more prosocial ways. If trauma and adversity can precipitate negative resource cycles that can result in a cascade of downstream adverse consequences, then offending, looked at through this lens, is a resource gain strategy, and can be triggered by resource loss cycles/processes linked with trauma responses to either reminders/triggers or current traumagenic contexts.

Evolutionary approaches highlight different resource acquisition and maintenance strategies adapted for different environments. The safer and more predictable versus dangerous and unpredictable distinction, highlighted in Durrant's (2017) work on *life history*, is useful for classifying environments where resource loss cycles are more likely, but also where “fast” or “slow” patterns of adaptation are more appropriate (Del Giudice, 2020). Trauma responses are adaptations to a dangerous or unpredictable context using “fast” strategies rather than “slow” strategies. Fast strategies involve often rapid, unthinking heuristically driven (system 1 processes, Kahneman, 2011), immediate resource acquisition-oriented behaviours aimed at survival in contexts of social and material resource scarcity. Slow strategies involve deliberative, planful, socially focused and invested behaviours aimed at maximising resources in a safe predictable environment.

The idea that for a good lives plan to be developed, the individual needs to address a range of needs in different domains can be extended if we think about the way that certain needs develop a motivational monopoly, and that the reason for this is that, for any particular individual, one or more of the evolved systems has been impacted by experiences (of deprivation or excess primarily, but not exclusively, in early life) that result in that system becoming foregrounded in ways that may have been functionally adaptive at some stage. For example, as a consequence of developmental experiences: the fear system can be linked with perceptions of, and reactions to, lack of safety; the sexual system can become fixated on an age group or sexual activity following experiences of abuse and develop an all-encompassing compulsive quality; the dominance system can result in an overarching need for power and control; the attachment system can be shaped in such a way that the individual becomes vulnerable to rejection, abandonment, or loss (real or imagined). See Table 3.1.

The question is: how we can work with and understand different resource loss and resource gain processes in an individual's life? Both the pathway to offending and the pathway to mental health difficulties are driven by *current* (often traumatic and not just historical) adversity that is compounded and fed by early accumulated trauma and oppressive experiences mediated by resource losses of different kinds.

In summary then, trauma, adversity, and oppression/lack of power are all processes linked with depletion of resources. Trauma responses are, in part, evolved adaptations

Table 3.1 Resource loss in relation to evolved systems, trauma, and contextual triggers

Evolutionary systems (Gilbert, Liotti, Panksepp)	"Goods" (Ward)	Goods as resource requirements (evolutionary function)	Trauma impact on resource acquisition processes	Past and current environmental precipitator	Protective environmental factors	Offending to obtain resources
Play	Play Happiness Creativity	Adaptation resources Social connection and status	Inhibited play Rigid thinking Poor problem solving	Social prohibition, Cultures that don't value play	Support for recreation Valuing creativity and playfulness	Substance misuse Recreational violence "creative" offending Rigidly controlling behaviour
Threat	Life Knowledge (in relation to predictability) Inner peace Happiness	Existential resources, survival	Fear for life Unpredictability Inner turmoil Unhappiness	Unpredictability High threat situations Abuse Poverty Racism, sexism, homophobia	Predictable environments and relationships Absence of threat Economic resources Non-racist, non-sexist, non-homophobic social scaffolding	Pre-emptive violence Substance misuse Defensive violence Offending to manage negative emotions
Achievement, dominance, status, power	Knowledge (as in achievement) Work Agency Creativity	Inclusive fitness Social safety	Low status Defectiveness Lack of felt-agency Repressed creativity Oppression	Powerlessness Lack of opportunities Lack of responses for overbearing domineering behaviour	Opportunities for achievement, status, work, education, cultural engagement offering status.	Status-oriented violence, Shame-based offending, Controlling, bullying behaviour

Attachment	Relatedness	Existential resources Survival	Rejection Abandonment Grief	Preoccupation with dominance and control Self-regulation difficulties	Dismissive, controlling, oppressive, or stigmatising cultures	Validating, supportive, non-controlling, non-stigmatising, trauma-informed culture	Theft to get material resources to establish status
Social connection	Connection	Resources associated with collaboration Progeny survival	Social alienation Moral injury		Loss of attachment figures or threat thereof Neglect Abuse Lack of opportunity to form attachment	Secure attachment opportunities Supportive consistent long-lasting relationships	Relational violence, stalking, sexual offending Offending to meet safety needs not achieved through attachment
Care	Connection Relatedness Happiness		Fear of harm to offspring		Ostracising othering cultures Refugee contexts Loss Loss or threat of loss of progeny	Opportunities for cultural engagement and belonging Support for parental role	Violence and anti-social orientation linked with feeling like an "outsider" Over protection, violence linked with protecting children from real or imagined threats
Sexual	Connection Relatedness Happiness	Reproduction	Vandalised "love maps" Sexual compulsivity		Cultures of sexual prohibition or valorising sexual abuse e.g., as a way of "doing masculinity"	Opportunities for meaningful relationships Modelling of culturally informed non-abusive ways of "doing masculinity" available	Sexual offending
					Neglect leading to exposure to abuse or premature sexual experience		

to unpredictable, unsafe, resource-depleted environments; and offending linked with trauma is one response aimed at restoring or attaining resources. The ways in which both the context and the individual's state of consciousness impact on and shape resource dynamics will be the theme of the chapter. In the next section triggering processes will be explored.

Triggering and Precipitating Processes for Resource Needs

Trauma experiences, whether acute or chronic, have an impact on the whole person and their social contexts. This impact has been identified as taking a number of different forms, termed here *trauma process* (TP). The concept of a “trigger” is used to describe a current experience that reminds the individual of a past intense experience (e.g., trauma or substance misuse, experience; Lovern & Rock, 2021) that, as a consequence of the intensity, sets in train a sequence of psychological reactions that result in the individual transitioning through a number of discrete shifts in state of consciousness (Putnam, 2016) and resulting in a state in which the individual is at increased risk of acting in a manner that is consonant with the TP goals deriving from the original experience(s) (see Table 3.2).

Jones (2015, 2016) argued that a key task is to identify ways of linking the *risk mechanisms* deriving from developmental factors that allow clinicians to understand triggering processes for dynamic risk factors. Trauma-derived dispositions such as strengths, vulnerability, or fragility need to be triggered in order to enter into a *realisation process* and to be played out. Table 3.3 illustrates how this kind of process operates.

Trauma processes are different in the context of different personality configurations and developmental or neuropsychological presentations. Trauma processes, for instance, play out very differently in the context of autistic spectrum disorders or externalising personality traits. The kinds of states of consciousness, psychological

Table 3.2 Manifestation and precipitation processes

<i>Manifestation/precipitation of trauma processes</i>	<i>Examples</i>
Triggering reminders and ongoing trauma	People who remind them of abusers, smells, activities, TV programmes... .
Ruminative self-incitement	Revenge thoughts, fantasies, planning aimed at offsetting/resolving trauma experiences
Social contagion vulnerability	Rejection trauma resulting in a need to please peers – which becomes problematic when peers are engaging in offending behaviour
Exposure to availability of offending routes to meeting resource needs	Exposure to drugs, availability of weapons, pro-offending cultures
Pervasive mood states (“positive” – “manic” – or “negative” e.g., depression numbness or anxiety) derived from trauma experiences	Accumulating sense of anticipation or frustration resulting in increased probability of offending of different kinds

Table 3.3 Trauma-triggering process

Trauma experience	Trauma process (TP)	Precipitating process/triggers (PP)	Initiating transition	Transitioning states	Offence-related altered states of consciousness (ORASC)	Trauma process Conclusion completion
e.g., Witnessing violence	Intrusive bodily experience of fear and hypervigilance Dissociative structural and processual mechanisms Diathesis or installation of vulnerability to PPs	Reminders Or chain reminders (Briere) e.g., being made to feel ashamed by being teased, this then reminding the person of feeling shame at the time of the violence for not having protected the victim	Shock, trauma-related orienting reactions Paralleling the reactions at the time of the original trauma	Rapid or gradual myopia, cognitive abeyance Emotional escalation associated with bodily transitions, increasing felt irresistibility of action urges, loss of metacognitive stances – less mentalisation Increased salience of triggered system reinforcers (establishing operations) Increased “feeling of knowing” in relation to beliefs/schema associated with trauma consonant actions	e.g., myopia, automatization of behaviour/loss of felt agency, witnessing self-acting (passenger states) rather than willing self to act, or Intense sense of blinkered agency in the context of mind-blindness	Process of shifting from ORASC and TRASC to NWC

processes played out at the time of an offence are critical to making sense both of the offending and the trauma-related contribution to offending. Equally important, however, is that each of these states is *culturally embedded and interpreted* and played out according to the culturally derived interpretational “rules” in which they occur. It is to this area we turn now.

Situational Approach to Safety and Risk Assessment

Looking at risk through the trauma and diversity lens highlights the importance of understanding triggering contexts in the development of offending behaviour. This invites us to move from a position of doing risk assessments that focus on the individual to one in which we also assess the context into which individuals are placed. Baskin-Sommers et al. (2021) highlight complex interactions between endogenous and exogenous processes in the development of offending behaviour.

Cloitre et al. (2020) propose the resource loss model of trauma, arguing that trauma represents either loss of psychological or material resources in the context of resource-deprived environments. They argue that “the traumatised state is not static. If resource regeneration does not occur, the result is not stasis, but rather *continued resource loss and degeneration*” (p.6, my emphasis). Hobfoll (2012b) describes the way in which the socio-environmental context can either “support, foster, enrich, and protect the resources of individuals families and organisations... or they can detract, undermine, obstruct, or impoverish peoples resource reservoirs” (p.229).

Contexts can also be characterised by the extent to which trauma exposure or threat is an *ongoing feature* (see Table 3.1), ongoing traumatic stress as opposed to post-traumatic stress. Stein, Wilmot, and Soloman (2016) argue that many contexts are characterised by ongoing threat and that in these contexts traumatic symptoms represent a rational fear. Intrusive thoughts about the past are supplemented by intrusive thoughts about *the future*. Traumatised behaviour is based on concrete threats, not imagined ones and is therefore still *adaptive*.

Ongoing trauma (including e.g., being embedded in oppressive cultures or being relationally alienated) or trauma reminders present a destabilising context for the individual. Offending is a compensatory resource acquisition process. Violence, for example, can be about acquiring safety or status resources. The individual uses offending as a way of reinstating or acquiring resources in situations of scarcity, privation, adversity, or reminders of trauma. In *good lives* terms this is attaining goods, often in the context of resource loss or scarcity.

Hobfoll et al.’s (2009) idea that individuals who lack resources are more vulnerable to resource loss and at greater risk of being exposed to additional and ongoing resources loss processes is critical to this understanding. Contextual assessment, therefore, should include an analysis of the extent to which the current context is presenting the individual with ongoing traumatic experiences or threats and the extent to which the context provides or deprives resources for the individual.

Adverse aspects of the current context that are likely to be triggering are likely to be those that most resemble the contexts of earlier trauma in the first place. It is common therefore that both reminders and current trauma are overlapping

domains in terms of their potential for precipitating reactions aimed at conserving or establishing resources.

Dynamic risk assessment then needs to look at the context an individual is moving into as well as their own capacities to cope. This can be seen as a specific kind of scenario planning that focuses on the traumagenic resource scarcity profile of the post-release environment, e.g., how impoverished, exposed to crime, punitive, trauma-uninformed, neglectful, and unstimulating and exposed to drugs is it? This is not about the individual; it is about lack of adequate provision post-release. At worst it is about the extent to which people are set up to fail.

Aspects of the context that are going to contribute to negative resource cycles will both make meeting needs through offending more salient and make trauma responses more easily triggered. These processes interact and are consequently difficult to disentangle.

Whilst releases from custody is often an eagerly sought-after outcome, it is also potentially very stressful. Relationships with people in prison are lost abruptly and the individual has to enter a changed world, often being accommodated in settings where they know few if any other people. In addition, they have to start to look after themselves and engage in new activities like job seeking and forming relationships. Inevitably, if there is a trauma history this experience of rapid resource loss will run the risk of being triggering for the individual.

Exogenous and Endogenous Processes

Exposure to Endogenous Trauma-Maintaining or Triggering Social Contexts That Feel Unsafe in Different Ways

Table 3.1 highlights the way that trauma and adverse experiences can impact in a range of different ways through different evolved systems and in the context of different cultures. Neglect is a unique kind of contextual trauma that often gets missed. Exposure to people around the individual not respecting their boundaries, or who are engaging in offence-related behaviour that trigger offence approach goals for the individual, is a kind of neglect. Also, the extent to which offending generally results in non-conviction, or lack of a constructive response, will create the neglectful context for neglected states of mind where the individual is reminded of neglected experiences as a child where they could “get away with murder” and engage in offending with impunity.

Other contextual triggers include exposure to substance misuse subcultures and toxic versions of masculinity, associated with cultural disparaging of vulnerability that results in wanting to conceal vulnerability that parallels the contexts that were around in childhood or/and those that were in place at the time of the offence.

Exposure to external and internalised racism (contextually triggered and scaffolded) that are offence-context paralleling for the individual are also harming. Similarly, exposure to sexism, ableism, ageism, classism, homophobia in ways that reinforce external and internalised self-condemnatory narratives needs to be identified and assessed. In addition to exposure to racism, absence of exposure to a culture that one belongs to is traumatic. This state of privation can be cumulatively troubling.

Risk factors will not be realised if the context does not support or trigger them. Oppressive, traumagenic, and trauma-triggering contexts are likely to release processes that realise the negative resource cycles linked with mental health deterioration and offending behaviour. Table 3.4 illustrates different kinds of contextual factors.

Table 3.4 Illustrative checklist of contextual-triggering processes requiring assessment

<i>Contextual features</i>	<i>Trauma process</i>
Level of poverty in area moving to on release	Risk of ongoing trauma Range of poverty-related experiences reminding individual of past states of poverty linked with trauma and triggering reactions
Distance from previous trauma-triggering contexts	To what extent is the person being reminded of the trauma, to what extent are they vulnerable to re-traumatisation linked e.g., with social networks
Availability of support from family	Loss, rejection, abandonment, loneliness
Evidence of crises in family or close friends	Others' trauma as stressful and also triggering
Availability of cultural resources and opportunities to feel as if you belong	Cultural alienation
Availability of secure attachment opportunities	Loneliness, lack of attachment-derived self-regulation experiences
Absence of connection and belonging – availability of community	Experiences of social and cultural alienation associated with stigma is culture is not “main stream”
Personal economic resources	Poverty-linked loss/lack of status, hunger, lack of enjoyment
Level of crime in area moving to	Increased chances of being victim and also being reminded of being a victim in the past
Availability of work or meaningful education	Social alienation, loss of status
Trauma and diversity awareness of accommodation and probation services	Insensitivity resulting in lack of appropriate scaffolding and support
Absence of racism, sexism, homophobia, ableism	If these are present, then microaggressions will continue to accumulate and compound trauma linked with stigma and prejudice
Availability of meaningful crisis support	Resource loss spiral develops momentum quickly in initial stages
Absence of strong containing relationships	Feeling alone and boundaryless

In evolutionary terms, contexts can be classified as being dangerous and unpredictable, requiring a *fast* life history strategy or predictable requiring a *slow* one. Trauma responses and offending are often responses to unpredictable and dangerous contexts (Durrant, 2017). In unpredictable dangerous contexts, responses need to be quick. In the next section we turn to the psychological processes triggered by traumagenic contexts focusing specifically on shifts in agency and consciousness.

Endogenous Trauma-Linked Mechanisms: Offence-Related Altered States of Consciousness (ORASC)

Endogenous State Processes

Schmidt and Vermetten (2017) highlight the significance of altered states of consciousness in understanding the ways in which trauma operates. They conceptualise the impact of trauma on consciousness as involving *changes in the maintenance of consciousness*; on a “spectrum from feeling briefly disconnected from reality to losing consciousness, amnesic spells/gaps in memory” along with associated changes in behaviour on a “spectrum reaching from brief periods of absentmindedness to seizure like attacks (spectrum from intrusions to Psychogenic Non-Epileptic Seizures)” (p.80) driven by various brain networks, i.e., “networks mediating emotion regulation, awareness, executive/cognitive control, attention, self-referential processing, and motor functions”. They highlight the “corticolimbic pathway as critical for these processes” (p.80) and regulation of emotion with either emotional numbing or unstable mood played out behaviourally through loss of interest or emotional instability.

The following quotes illustrate the significance of states of consciousness in the commission of offences.

Both rapists said they felt badly about what they had done...They said that in their normal state of mind they could not comprehend how they could brutalise another human being. But they knew they would do it again if they were in the same emotional state of frustration and anger that preceded the rapes.

p.204

one of the rapists said that consideration of punishment would have made no difference because when he was in the state that led him to rape, nothing could stop him. He pointed out that after the rape he wept and despised himself for having brutalised another human being but, before the rape, concern for the victim and even his own welfare never occurred to him.

p.241; Epstein, 1982, cited in Gilbert (2013, 1989)

These quotes capture a critical aspect of working with risk and safety with people who have experienced trauma and who have offended, that challenges one of the central assumptions behind interventions with this group in the past: the assumption

of consistent agency. That is, the assumption that an individual's sense of, and capacity for, agency is consistent over time. Many therapies aim to work towards an individual admitting to themselves that they are/were an agent at the time of the offence and thereby acknowledging that they can choose not to behave in certain ways in the future. Whilst this is a desirable state of affairs in terms of trying to bring about change, what happens if the reality is different from this?

The mind operates in a heterogeneous array of states, not all of which are characterised by the same kinds of capacity for agency. The history of therapy is replete with accounts of trauma victims being told that their narratives are distorted in some way and people being told that they are lying, manipulative, or have been suggestible when they give accounts of trauma. The lesson from this history is, surely, that we need to take survivors' accounts more seriously, and accounts of loss of, or changes in conscious agency, as exemplified in these quotes, remind us of this imperative. We need to take accounts of different ways of thinking, feeling, seeing, and experiencing in different states of consciousness seriously. "It just happened" might mean that the person experienced this behaviour as not coming from the same source as their usual sense of agency.

Katehakis (2016), in discussing compulsive sexual behaviour, cites the service user phrase "being in the bubble" as reflecting the way in which the mind is "hijacked" by dissociative fantasy states during episodes of compulsive sexual arousal. The phrase "being in a bubble" is commonly encountered when working with people who have offended also. It is useful to try and understand what is meant by this for each individual case. Katehakis characterises being in the bubble in relation to sexual compulsivity (frequently linked with early experiences of sexual abuse) as being linked with activation of evolved systems – the wanting incentive or craving system, driven by dopamine, and the sexual arousal system. Associated with this is a state of anticipatory euphoria and a reduced ability to think and engage in executive activities – frontal lobe functions associated with thinking, planning, changing set, and perspective taking – as well as reduced ability to regulate or inhibit affective states. Fantasy, Katehakis argues, activates shifts in the state of consciousness linked with anticipatory craving (and euphoric recall) and reduced self-control.

Offence-related altered states of consciousness (ORASC) – contrasted with *normal waking consciousness* and *trauma-related altered states of consciousness* (NWC and TRASC: Frewen & Lanius, 2015) – are aimed at avoiding resource loss particularly, but not exclusively, in unpredictable dangerous contexts or contexts that remind the individual of past experiences of these, where frontal lobe functions involved with predicting future behaviour is less adaptive, by entering into a state of cognitive abeyance and social disconnection (see Jones, 2020c, on cognitive abeyance). In an ORASC, other people can become less important; feelings may no longer have the same pull on the individual (or certain emotions take on a motivational monopoly); the loss of resources linked with maintaining social contract with others is avoided as they are no longer emotionally significant to the individual.

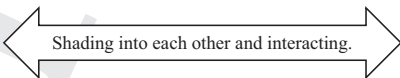
In Chapter 13, the evidence for people being traumatised by their own offending is presented. The likelihood is that these experiences are a combination of current traumatic experience and past trauma experiences that are triggered prior to and

during the offending process. In other words, TRASC and ORASC can actually be the same thing. TRASC and ORASC are states associated with evolved systems and reflect the underlying psychological processes whereby these systems impact on behaviour. When a context triggers a resource loss crisis or significant resource acquisition opportunity, different evolved systems are triggered and, once activated, impact on behaviour through system 1 processes (intuitive, automatic, unconscious, and effortless thinking, Kahneman, 2011; Toates, Smid, & van den Berg, 2017: see Table 3.5).

These shifts in state of consciousness are often linked with risk of offending (Moskowitz, 2004; Chapter 11). Jones (2016, 2020a, 2020c) argues that offending behaviour is often linked with ORASC. Corr and Morsella (2015) describe the central role that consciousness has in self-regulation, offering a unified perspective and facilitating agency. Changes in consciousness can involve different kinds of change in capacity to self-regulate in an agentic manner. These changes can also be linked with fragmentation in the experience of self and an associated range of different responses reflecting different parts of the self, linked with dissociative states. In behavioural terms these states can be conceptualised as establishing operations.

Table 3.5 Intrusive and agentic/deliberative processes

<i>Intrusive automatic non-intentional system 1 processes reflecting adaptation to unpredictable dangerous “fast” contexts, or reminders of these</i>	<i>Deliberative system 2 processes reflecting adaptation to predictable “slow” contexts</i>
Does not require working memory	Remembering in active manner (requires working memory)
Forgetting (thoughts, perceptions, feelings [interoception] and states)	Choosing
Amnesia	Willing, planning, generating options
Intrusive thoughts, rumination	Suppressing
Intrusive emotions, arousal, sexual arousal	Imagining, fantasising, “mentalising”, empathising
Intrusive memories, flashbacks, reliving	Frontal lobe activation
Intrusive emotions	
Fear, anger, joy, disgust, shame, guilt	
Fragmented autobiography	
Overly general memory	
Urges, cravings, impulses	
Anticipation	
Myopia	
Altered states of consciousness, including inhibition of system 2 processes, dissociation, attentional diffusion, or hyper focus	
Hypervigilance, fight, flight or freeze, numbing	
Frontal lobe decommissioned	
Sexual arousal (e.g., in context of being sexually abused) stereotypical/lacking plasticity	



The trauma literature highlights the way that trauma-linked shifts in state are linked with parasympathetic activation that is

mediated by anaesthetic and dissociative neurochemicals, namely, endogenous opioids and endocannabinoids that reduce the perception of physical pain as well as emotional pain. Moreover, the release of these anaesthetic neurochemicals results in a lowering of consciousness and interferes with the integration of information, for example, information processing. The organism is concerned with survival and minimizing the use of energy, and reflects the core of the dissociative experience.

Lanius, 2014; p.21

It is no coincidence that substance misuse, with its associated altered states of consciousness (Lovern & Rock, 2021), is also linked both with managing distress linked with trauma but also “disinhibition” and an altered risk of offending.

Lanius (2014) writes

In previously traumatized individuals, re-accessing reminders of traumatic events results in opioid activation... This opioid activation, if sufficiently strong, may not only result in a perceived lack of fear but it is also likely to produce amnesia, thus conferring a further barrier toward mounting active defensive responses such as fight or flight. That is, if there is no access to the memory of being traumatized, the likelihood of intentional defensive behavior will be much reduced.

p.96

Durrant (2017) highlights lack of plasticity or responsiveness to the environment as a factor in the development of risk processes. Trauma and resourcelessness, past and present, activates processes that privilege system 1 (designed for fast evolutionary environments) based activity (Kahneman, 2011), accompanied by ORASC and deactivates system 2 ways of coping, all diminishing plasticity.

A systematic review by Couette, Mouchabac, Bourla, Nuss, and Ferreri (2020) concluded that that social cognition is comprehensively disturbed in individuals with a PTSD diagnosis. People with this diagnosis experience a reduced ability to mentalise what others think, feel, or believe; they can also be massively altered in their perception of basic emotional expressions in others and their capacity for affective empathy – all adaptations for survival in “fast” environments that are inevitably risk-inciting and counterproductive for safety planning. It is not clear however the extent to which the “deficits” they identify are state dependent.

Kyte, Jerram, and DiBiase (2020) describe the brain opioid theory of social attachment (BOTSA) and the way that ruptures in attachment can result in an increase in risk taking behaviour and difficulties in regulating behaviour. Trauma histories are identified as being associated with endogenous opiate systems exhibiting release patterns linked with surviving abusive contexts. LeRoy, Knee, Derrick, and Fagundes (2019) also highlight the patterns of behaviour linked with the trauma of loss. Leaving prison is, in some ways, a recapitulation of past loss experiences and will

trigger this response, characterised by disorganisation followed by seeking behaviour (partially mediated by absence of endogenous opioids).

In the next section we turn to the significant ways in which people make sense of these experiences.

Evolved Systems and Attributing Meaning to the Disruption of Agency in Triggered States

From an evolutionary perspective, trauma reactions are responses deriving from evolved motivational systems aimed at survival and reproduction requiring social and material resources linked with significant shifts in states of consciousness. From a personal meaning perspective what is difficult about this is that the individual does not understand their reactions as being *evolved systems* and, what is more, often interprets the mechanisms whereby evolved systems have their impact, such as intrusive shifts in state, in an idiosyncratic and culturally flavoured way. “Why am I having intrusive thoughts about being sexually abused?” can be answered in a number of ways. In the absence of an evolutionary perspective the answer could be “because I want to” and then an explanation addressing the question “why do I want to?” is called for. Answers to this might be or include “because I enjoyed it” followed by questions about “why did I enjoy it?”, often accompanied by feelings of self-disgust and shame.

The point here is that a significant component of the impact of trauma comes out of the way in which the individual, based on culture, makes sense of what are essentially unchosen reactions and emotions intruding on and changing their consciousness. A common attribution is that the thoughts have been chosen and that the unchosen reactions are attributable to the current situation. Kube, Berg, Kleim, and Herzog (2020) write “... based on an intense emotional reaction, the brain infers ... that there must be a source of threat that explains the interoceptive state (i.e., ‘I’m scared, therefore there must be something threatening’)” (p.451).

There are two pathways when thinking about the impact of trauma: the conscious agentic deliberative pathway (e.g., “I am going to make sure that nobody does that to me again” or “I’m going to get revenge” or “why should I have to suffer and be abused when others aren’t?”) and an intrusive less conscious pathway that then has to be processed and made sense of. A bodily reaction that the individual might not attribute to being a memory, they simply have feelings e.g., of panic if it is the fear system, or sexual arousal if it is the sexual system. Figure 3.1 and Table 3.6 illustrate the kinds of meanings attributed to intrusive experiences.

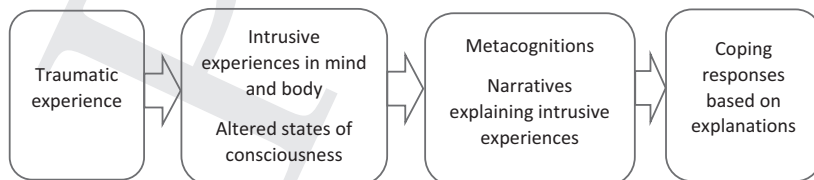


Figure 3.1 Process of interpreting intrusive trauma-related experiences

Table 3.6 Illustration of culturally driven interpretations of trauma-related intrusive experiences and shifts in state

<i>Evolved system intrusive mechanism</i>	<i>Personal, culturally informed explanation for intrusion: answering the question “why is this happening to me?”, “I’m having these thoughts and feelings because”</i>	<i>Personal, culturally informed, resolution belief</i>	<i>How this can be played out in behaviour</i>
Intrusive thoughts, emotions, behaviours, states following sexual abuse	<p>“there’s something wrong with me”</p> <p>“I must want to think about it”</p> <p>Body experiences sexual feelings and states of dissociation deriving from the traumatic experience</p>	<p>“I need medical help”</p> <p>“I’m deeply flawed and defective”</p> <p>“I hate myself for wanting to think about it so much” “I have to do something to myself to stop/punish this”</p> <p>“I want it and other people also want this because it was “enjoyable”</p> <p>“Everybody secretly is behaving like this”</p> <p>“Pleasure is ‘good’ or ‘right’ pain is ‘bad’”</p> <p>“I won’t feel better until I have had revenge”</p>	<p>Seeking medical solutions. Abdicating responsibility for self-regulation to medical people</p> <p>Self-harm, self-sabotage, internalised enactment of abusive behaviour, punishing others perceived as victims who “wanted” to be abused</p> <p>Offending based on the belief or self-deception that the victim will “enjoy” it and won’t be harmed by it</p>
Intrusive thoughts, emotions, behaviours, states following violent abuse	<p>“I want to get revenge”</p> <p>“I need to remind myself never to let it happen again”</p>	<p>“I won’t feel better until I have had revenge”</p> <p>“Im going to make up for ‘letting it happen’ by never ‘letting it happen’ again”</p> <p>“if I attack first then I can stop these thoughts/feelings from coming/continuing”</p> <p>“people who don’t fight are weak and deserve to be attacked”</p>	<p>Vengeful attacks</p> <p>Hypervigilance and being easily triggered, pattern of pre-emptive assaults, seeking positions of dominance as a way of protecting self/ feeling safe, using sexual “dominance” as a way of securing self-perception as indomitable</p>

<p>“I need to remind myself about how bad I am in case I forget” “If I am tough with others I will” “It’s happening again”</p>	<p>“I deserved to be punished and I don’t deserve to have a life because I am so bad” “attack or flee”</p>	<p>Self-harm Self-destructive behaviour including substance misuse and offending Attack Take control to feel safe Act this out in sexual contexts</p>
<p>Intrusive thoughts, emotions, behaviours, states following emotional abuse</p> <p>“Everyone hates me” “Nobody loves me” “I am unlovable”</p>	<p>“I have to make everyone like me” “The only way I can have relationships is to force or trap people so they have no choice”</p>	<p>Over compliance and fawning leading to offending when done with perpetrators Sexual and domestic violence and abuse</p>
<p>Intrusive thoughts, emotions, behaviours, states following exposure to drink, drugs, pornography</p> <p>“I enjoy thinking about using, so it must be good” “People who want to stop me are scared and jealous of my fun” Anticipatory arousal and craving states</p>	<p>“I must use drugs/pornography to feel better” “Other people should use drugs too - in order to feel good”</p>	<p>Drug use Pornography use Dealing and offering others drugs and illegal pornography</p>
<p>Intrusive thoughts, emotions, behaviours, states following loss, rejection and abandonment</p> <p>“This person ‘made me’ feel bad” “They did it on purpose because: I’m bad, worthless They hate me They’re bad”</p>	<p>“If I’m bad I may as well act bad” “Hurt, neglect, reject myself” “Make sure the next relationship doesn’t end the same way”</p>	<p>Impulsive futurelessness Assaults on rejecting figures (real or imagined)</p>

Different cultures have more or less nuanced ways of understanding and/or working with these kinds of experience. From an interventions perspective there is much that could be achieved by stepping away from a Eurocentric approach to consciousness and by learning from other cultures about how to make sense of these experiences and cope with them.

Lived Experience of Trauma- and Offence-Related Altered States of Consciousness (ORASC)

From a trauma responsive risk management/safety planning perspective it is important to recognise trauma symptoms/reactions as early warning signs for the peri-offending platform, i.e., an interpersonal and intrapersonal context in which the ingredients of an offending response can develop. Shifts in mental state characteristic of the individual’s offence process need to be identified and worked with.

In Barry’s account (see Table 3.7) he talks about the “red mist”; this describes two processes: a dissociative process where he loses contact with reality – in the mist you

Table 3.7 Case material analysis “Barry” illustrating trauma- and offence-related altered states of consciousness (ORASC)

<i>Narrative (from an actual account)</i>	<i>Comments on shift in state</i>	<i>Possible associated neuropsychological processes</i>
<p><i>Just after unlocking, like I've got into a red mist... you've become that angry person, you're in a red mist, you can't see your options; you know how a horse can't see outside it's blinkers when it's trotting down the road, basically can't see its options, can't see or think clearly and up ...and end up in seclusion.</i></p>	<p>The antecedents to this were experiences of rejection and being humiliated by a “peer” that triggered trauma memories of rejection and humiliation. These triggered the attachment system and fear systems as well as a sense of shame and need for status reparation. He describes a shift into an altered state of consciousness he calls the “red mist” and describes it in terms of “not seeing” options, “not seeing” outside, and not seeing or thinking clearly. The account also reflects his ability to step back and become aware of his myopia retrospectively.</p>	<p>Activation of evolved systems linked with attachment, safety, and status. Trauma memories activated as bodily and state shifting processes. Altered states of consciousness are linked with mu opioid (and possibly endocannabinoids) and noradrenaline activity; corticolimbic dynamics and ventral vagal, dorsal vagal, and parasympathetic functioning also shift. Alongside this, the shift in state reflects an inaccessibility of thinking capacities associated with frontal lobe executive functioning.</p>

(continued)

Risk Assessment and Intervention

Table 3.7 Cont.

Narrative (from an actual account)	Comments on shift in state	Possible associated neuropsychological processes
<p><i>I become so impulsive, it's like I had fallout with a peer, all of a sudden red mist hit me, I punched the wall, I punched the window of the office, hit me, until I realised it because how I, how I'm changing I've met some big challenges and made some big changes.</i></p>	<p>He describes the suddenness of onset of a shift from not being "impulsive" to a state where he is hitting the wall and the window. The emotion of anger is disinhibited and, initially, he doesn't "realise it" i.e., he isn't conscious of himself in the process.</p>	<p>Limbic system is dysregulated in the absence of executive emotional-regulation.</p>
<p><i>I do try and pause and rationalise and look at options.</i></p>	<p>Beginning to shift back into a more deliberative state where thinking is more possible.</p>	<p>Executive functioning beginning to be re-instated.</p>
<p><i>Sometimes it's overwhelming; that's when I look for other people and get peer support. I've come along way peer support... peer support, they try and talk me down with 'just think of the changes you've made, if you do this you'll undo the progress that you've made, all that hard work' they give you thinking time in a way; it's distracting you from that red mist, so you are forgetting about the red mist; I've got a better understanding. I have made big changes with psychology and others.</i></p>	<p>Description of using social contact and interaction as a way of self-regulating and overcoming his feeling of being overwhelmed.</p>	<p>Triggering social attachment systems as a way of managing the fear system. This then helping to reinforce activation of executive functioning.</p>
<p><i>red mist is like you run out of options and other relapse prevention skills as well.</i></p>	<p>An account of loss of agency and sense of choice.</p>	<p>Executive functioning loss described.</p>
<p><i>I have that little pause button, I break um I stop it before I've exploded".</i></p>	<p>The pause button is his ability to emotionally self-regulate.</p>	<p>Frontal lobe functioning linked with inhibiting emotional arousal.</p>

cannot see what is around you – that he specifies as being blinkered and not being able to think of options, and a dysregulated anger process. This is a state then where the problem-solving capacity – frontal lobe functioning – is decommissioned and he is simply left with his anger. This is a kind of behavioural *establishing operation* or schema mode, an unthinking state characterised by impulsive behaviour. In this state the individual experiences themselves as being optionless and futureless (Kerig & Becker, 2010). Emotionless or numb states linked with high frontal inhibition of limbic activity, or emotional “dysregulation” linked with frontal hypoactivity, are critical states to monitor.

Dynamic risk processes require dynamic shifts in state. In neuropsychological terms this means *shifts in function over time*, not simply structural deficits which would be more continuous in nature. Dynamic shifts may therefore be associated with neurochemical changes in time as opposed to longer term neuronal changes; however, neurochemical changes can have a longer term impact on structure.

Assessment and Intervention

Layne, Steinberg, and Steinberg (2014) offer a simple heuristic diagram for thinking about the ways in which we can intervene (see Figure 3.2).

The strength of this causal modelling approach is that it highlights a range of different sites of intervention in the causal sequence. When thinking about trauma-derived factors leading into possible offending, the risk factors are the “exogenous” processes and altered states are one kind of mediating mechanism, discussed in this chapter.

Intervention and assessment should, based on this analysis, focus on:

- Assessing and intervening with the context, e.g., how abusive, impoverished, exposed to violence, culturally insensitive, racist, sexist, homophobic, unsafe, emotionally abusive, socially isolating, or lacking opportunities for social contact they are.

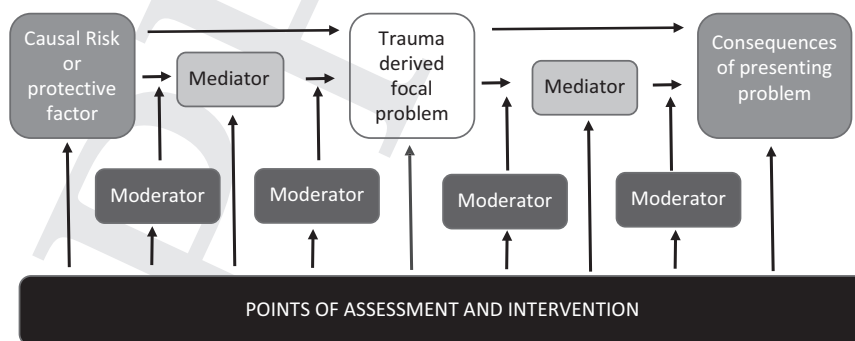


Figure 3.2 Causal model diagram of targets of assessment, intervention, and pathways of influence adapted from Layne, Steinberg, and Steinberg (2014)

- Offering social support and connection opportunities to protect the individual from the impact of trauma-triggering processes.
- Assessing the availability of resources of all kinds in the post-release context – particularly just after release which can be seen as a potentially significant precipitating/triggering experience requiring intensive input to prevent rapid deterioration.
- Assessing for offence-related trauma triggers and associated state repertoire.
- Assessing endogenous resources for managing triggers, dissociation, skills in re-establishing executive functioning or offsetting cognitive abeyance.
- Assessing use of artificially induced altered states, used to cope, that might facilitate offending processes.
- Assessing and intervening with people whilst they are in an offence paralleling altered state, to enable understanding of the dynamics of the state and facilitate state dependent learning.

Recent thinking about the ways in which trauma and adversity impact on memory, shaped through narrative, points to a rethinking of ways in which people have agency. Complex trauma is associated with a variety of memory changes. There is a loss of experienced agency in relation to intrusive thoughts, flashbacks, fight or flight reactions: people enter into, more or less conscious, passive or passenger states, where other sources of action, less driven by agency, “take over”.

Psychological processes that have evolved to ensure survival in dangerous, unpredictable, “fast” situations, where there is little time to think, intrude on normal waking consciousness. It is this challenge to the conceptualisation of the self as having agency that is both difficult for traditional models of psychotherapy and offers the chance of innovative ways of working that do not focus on talking alone.

Other ways in which trauma challenges traditional concepts of agency include a recognition of the fundamentally social aspect of the capacity to think and choose. Thinking is something that happens in states of relationship rather than alone; thinking alone is significantly shaped by internalised working models of others (Leedom, 2014). The capacity to think and problem solve is enhanced when it is exercised in the context of relationship. So, one way of conceptualising the impacts of trauma and adversity is to see it as being about the disruption of social scaffolding internal and external to the capacity to create reflective spaces where thinking, generating possibilities, conceptualising other people’s reactions and one’s own reactions become less possible.

The critical difference linked with this way of conceptualising problems is that *self as agent* becomes *self as passive passenger* or indeed *self as absent*, whilst a way of behaving that has been shaped over millions of years and is often very similar to those of other mammals, takes precedent.

Clinically then, it is imperative for the individual to develop awareness and skills and capacities that can be used *in the context of different states* of mind. The task has to be one in which the problem of both acquisition of skills and executive functioning for directing the delivery of those skills become important issues. When an individual does not work in these ways with these alternative aspects of themselves it is possible

that they find themselves reacting in unthinking and prototypically driven patterns of behaviour that are congruent with whatever system has been triggered.

Another aspect of an individual that is foregrounded by this perspective is the possibilities of an individual not being cohesive and just one person; it is possible to think of individual as having a multiplicity of selves, often contradictory, that are linked with different states and different patterns of interacting and relating. Each one of these states and ways of interacting needs to be worked with. Each part becomes a relevant contributor to the overall task of developing improved capacity for self-management and choice. We end up working with different parts or sub personalities, trying to work out a way in which each one of these parts can be understood and incorporated into an overall solution to the individuals' problems (Di Fulvio, 2019; Schwartz, 2016).

The process whereby an evolved system takes hold of an individual's activity needs to be one in which normal experiences of everyday waking consciousness and agency are displaced by more automatic or unchosen states, feelings, thoughts, and behaviours that are congruent with the evolve system. People often describe these processes in a way that captures the passive aspect: "it felt as if I was in the back seat", "it just happened", "I just watched myself doing it", "I forgot what happened" and "I just found myself in the situation afterwards, it just happened". These are kinds of accounts that reflect the individual's attempts to make sense of the experience of evolved systems taking hold of consciousness. They are used in accounts of trauma and in accounts of offending, both contexts where dissociation can occur – due to current events or due to triggered past reminders.

The capacity to self-regulate is often construed as intentionally relinquished because this avoids a narrative which is based on a radical shift in mental state and "not being myself". Often the eruption of an evolve system into an individual's behaviour is linked with a way of being social. The fear system for example can shift the individual either into a state of unheeding self-interest or highly dependent seeking for another person to take the role of decider or chooser – safe base in attachment terms – on their behalf. So, it is clear that each evolved system has definite social contextual implications; assessment and intervention of dynamic risk needs to take both of these domains seriously and focus on the nuanced social constructions each individual has of these states derived from the cultures in which they are developed.

Conclusion

Hopefully this chapter has challenged the reader to think about risk through a trauma-informed lens. The importance of assessing and intervening with resources loss and resource privation processes inside the individual and outside the individual has been highlighted. The historical neglect of the contextual powerlessness (lack of resources) of people in understanding offending has led to a neglect of the social responsibility to address this in terms of prevention and change. This social responsibility for preventing offending won't be acknowledged unless it is articulated and assessed. As psychologists we therefore need to be identifying exactly what kinds of resources will be needed when people are released. The requirements from contexts

into which people are placed need to be taken seriously and identified. Placing somebody in a bedsit or in a hostel with a negligible income, without the prospect of getting work easily, with no support, with well-intentioned staff who do not have a trauma-informed or diversity-informed perspective, where there is no specialist support for people triggered by current experiences of adversity, and possibly punitive interpretations of ORASC – e.g., thinking they are reacting because they are “evil” or “bloody minded” or “mad” or “inhuman” – is unfair on the person being released and on those providing care for them.

In the future it is hoped that a more nuanced understanding of the kinds of altered states people experience in the context of trauma-related offending can be articulated and researched, along with a more culturally literate, anti-racist, and non-biased approach to understanding and working with the ways that different people make sense of these states in different cultures.

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