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Childhood Trauma and Early Adult Engagement in Deviant Behavior: A Measure of Experiential

Avoidance and Impulsivity Association

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## Abstract

Childhood trauma (CT) has been associated with early adult behavioral deviance (BD), as maintained by previous research. The current study examined experiential avoidance (EA) and impulsivity (IMP) as mechanisms through which childhood trauma and resulting behavioral deviance are related. Participants for the study included 588 students of Western Michigan University, comprised of both males and females. The participants ranged between the ages of 18 and 35. For data collection, participants completed an online survey through an online platform. Participants were directed to select responses in accordance with the variables of interest. For the purpose of identity preservation, the survey responses remained anonymous. The results of the study were indicative of a spurious relationship between the variables of interest. Correlation analyses supported a positively significant relationship between experiential avoidance, impulsivity, childhood trauma, and behavioral deviance. A multiple regression analysis determined that impulsivity and childhood trauma experience were predictors of behavioral deviance, whereas childhood trauma severity and experiential avoidance were not reliable predictors of behavioral deviance. A second regression analysis determined that childhood trauma severity and impulsivity were predictors of experiential avoidance, and that childhood trauma experience negatively predicted experiential avoidance. When these two effects are combined, it suggests that childhood trauma overall increases experiential avoidance, but that the effect is smaller when there is low perceived severity of the trauma. To minimize engagement in deviant behaviors, college students that experienced childhood trauma may benefit from intervening practices geared toward decreasing impulsivity and experiential avoidance.

# Childhood Trauma and Early Adult Engagement in Deviant Behavior: A Measure of Experiential Avoidance and Impulsivity Association

Understanding the impact of childhood trauma is important in the world of research. A variety of trauma victim responses have been offered in the field of psychology. While research shows detrimental consequences due to childhood trauma, it fails to answer the question regarding the scientifically responsible variables surrounding trauma and the relation to the specific distal effects.

Though research supports resulting deviance from exposure to childhood trauma, research on trauma remains limited. This gap includes the study of several variables that have the potential to explain the deviance that research has reported to often result from exposure to childhood trauma. Upon filling this gap, the reported variables can be modified in an environment of psychological practice. The implementation of practice to decrease undesirable variables of behavior may, in turn, prove worthy in decreasing the ultimate behavior of deviance that results from experienced childhood trauma.

The current study aims to examine the relationship between several variables that may influence research supported deviance. These include factors of impulsiveness and experiential avoidance in relation to experienced childhood trauma and proceeding early adult engagement in deviant behaviors. The study addresses the gap in knowledge by seeking a more fluent understanding of variables whose modification may prove beneficial to the attainment of a healthy lifestyle and decrease the repercussions of childhood trauma exposure.

Exposure to trauma during childhood development is a common occurrence with detrimental consequences. Adverse Childhood Experience (ACE) scores indicate that roughly 1

in 10 children face high risk for deleterious developmental effects on account of adversity accumulation throughout childhood (Sacks & Murphey, 2018). These scores are not shared equally among race or socioeconomic class, nor do they constitute the vast unreported population. Subject to rapid cognitive development, children's brains are malleable to the concepts installed via environmental experiences. With the circumstance of traumatic contingencies, deterred augmentation of cognitive processes occurs. The effects generalize across environments, and ultimately generate impaired mental wellbeing, relationship instability, and more (Currie & Tekin, 2012). These experiences may result in socio-psychological acute stress, violent behaviors, and impulsivity.

Impaired inhibitory control is an evident outcome of experienced childhood trauma (Marshall, et al., 2016). This manifestation of maladaptive responses to stimuli can be characterized as impulsivity. Moeller, Barratt, Dougherty, Schmitz, and Swann (2001) developed a biopsychosocial definition of impulsivity to encompass a large scope of study. This definition outlines impulsivity in terms of 1) reactions to stimuli prior to information processing, 2) disregard for consequences, and 3) reduced sensitivity to negative consequences. The adoption of this definition in recent literature supports the development of studies that aim to analyze the effects of inhibited control. Perry and Carroll (2008) demonstrated the ill warranted effects in their research findings of positive correlations between drug abuse and impulsivity. A study by Longshore, Turner, Rand, and Steiner (1996) indicated lower levels of self-control among a criminal sample. Furthermore, research measuring a sample of children diagnosed with attention-deficit hyperactivity disorder (ADHD) found that factors of impulsivity rather than those of inattention contributed to higher risk of criminal involvement (Babinski, Hartsough, & Lambert,

1999). These findings may suggest that deviant behavior is a significant consequence of impaired inhibitory control.

According to the Bureau of Justice Statistics (2014), a total of 100,596,300 criminal accounts were recorded in Guam, American Samoa, the fifty states, and Puerto Rico combined in the year of 2012. Of these, forty-four states reported an increase in cases from the year of 2010 to that of 2012. It is speculated that this statistic will continue to increase. Reportedly, approximately 68.8% of delinquents recidivate within a year of offending or upon release from arrest (Durose, Cooper, & Snyder, 2014). This high recidivism rate may be attributed to the finite application value of the common intervention. The National Institute of Justice (2018) indicates that while Cognitive Behavioral Therapy (CBT) proves effective for a variety of program recovery tasks, it remains inadequate for programs such as domestic violence and sexual offense. Results of past studies indicate that exposure to violence and/or abuse in childhood years is linked to criminal offense (Brown, Henggeler, Brondino, & Pickrel, 1999) and (Smith & Thornberry, 1995). Furthermore, an adolescent's risk of arrest increases by 53 percent with the report of previous childhood abuse or neglect. Research also suggests that the probability of adult arrests on account of violent crimes increases by 38 percent (Widom, 1992). Additional ramifications include inhibited educational and career opportunities and the economic expense to both the offender and the community. These inimical impacts necessitate further study of criminal association and mechanisms of intervening practice.

Variables of study suggestive of expanding significance in the investigation of childhood trauma, impulsivity, and involvement in deviant behaviors are experiential avoidance and cognitive flexibility. Each have proven salient to the study and development of therapeutic methods. Acceptance and Commitment Therapy (ACT) is a common method of therapy that

accommodates both experiential avoidance and cognitive flexibility. According to ACT, experiential avoidance is defined as the operant avoidance or escape from negative internal stimuli (Gámez, Chmielewski, Kotov, Ruggero, & Watson, 2011). Unlike experiential avoidance, cognitive flexibility is the ability to identify and pursue adaptive solutions to complex tasks (Ionescu, 2012). The former employs acceptance, whereas the latter retains commitment. High prevalence of experiential avoidance often indicates greater avoidance of unpleasant tasks, whereas high levels of cognitive flexibility indicate the willingness to engage in emotionally or physically challenging tasks. The two are essentially diametric - high reports of one indicate low levels of the other. Additionally, questionnaires that measure one variable often contain measures for the other. Studies measuring both variables often generate further information relevant to past experiences, the ability to adapt to environments, and contribute to the identification of auxiliary variables for future research.

Several studies supporting the significance of cognitive flexibility and experiential avoidance are present in the literature. A study by Palm and Follette (2011) measured the variables among survivors of interpersonal violence to determine a potential relation to levels of depression and severity of post-traumatic stress disorder (PTSD). Due to differential rates of experienced violence and PTSD, the sample was exclusively female. For purposes of data collection, the participants were administered several questionnaires. The Acceptance and Action Questionnaire (AAQ) is a common Likert scale used to assess experiential avoidance across a variety of contexts. While high scores indicate high experiential avoidance, low scores indicate acceptance and, essentially, higher cognitive flexibility. The Cognitive Flexibility Scale (CFS) is also a Likert scale that was used to assess cognitive flexibility among the participants. Following assessments of interpersonal violence, depression, and PTSD, the results indicated that cognitive

flexibility and experiential avoidance are both significantly related to higher levels of depression and PTSD severity. Conclusively, those participants that scored high on the AAQ and low on the CFS also scored high on PTSD measures. Since the previous study identifies a relationship between interpersonal violence and PTSD, and PTSD is positively associated with childhood trauma (Bendall, 2012), it is suggestive of the results that those that experienced childhood trauma have high scores of experiential avoidance.

Studies that examine experiential avoidance and cognitive flexibility in relation to childhood trauma have been conducted briefly in the literature. Spann, et al. (2012) investigated the relationship between self-reported childhood trauma and levels of experiential avoidance and cognitive flexibility. For this study, a sample of 15 male and 15 female participants ages 12-17 were studied. All participants were from the same community, shared educational equivalence, and were of the same economic class. To measure experienced trauma, the researchers used a brief survey consisting of 6-items, called the Childhood Trauma Questionnaire (CTQ). The Wisconsin Card Sorting Test (WCST) was used to assess cognitive flexibility among the participants. The findings indicate evident associations between early childhood abuse and neglect and diminished cognitive flexibility in adulthood. Though this study lacks external validity, its findings strongly support the adverse consequences of childhood trauma.

Roche, Kroska, Miller, Kroska, and O'Hara (2018) investigated additional ramifications of childhood trauma. They were interested in identifying a potential relationship between childhood trauma, experiential avoidance, and problem behaviors in a sample of college students. They hypothesized that high measures of experiential avoidance among those that experienced childhood trauma result in current engagement in problem behavior. To measure this, they assessed each participant for levels of avoidance, self-reported childhood trauma, and

involvement in problem-related behaviors. The AAQ-II, designed to place more evaluative emphasis on psychological flexibility as compared to the original AAQ, was used to measure experiential avoidance. Problem behaviors were assessed using the Composite Measure of Problem Behavior (CMPB). Results indicate that participants with high levels of experiential avoidance are more often involved in problem behaviors. The findings of the research identify experiential avoidance as a significant mediating factor of childhood trauma and problem behavior among college students. Associations between potentially deviant behaviors, childhood trauma, and avoidance are supported by the findings. Since the variables have an evident affiliation with detrimental consequences of impaired adult functioning, further study and identification of intervening practice is salient.

The present study aims to identify a relationship between four variables: involvement in criminal activities, impulsive behaviors, exposure to childhood trauma, and experiential avoidance. Based on previous findings, it is hypothesized that those that experienced childhood trauma will score higher on scales of impulsivity and experiential avoidance and be more likely to engage in criminal activities in early adulthood. The present study uses modified measures similar to those of previous studies and aims to mitigate factors of limitation. As this association is progressively better understood, treatment programs may integrate the data to better serve the population and potentially reduce adulthood involvement in deviant behaviors following exposure to childhood trauma.

## **Method**

### **Participants and Procedure**

The current study was approved by the Institutional Review Board (IRB). The target sample of this study included 5,000 randomly selected full-time undergraduate and graduate

students of Western Michigan University. From them, 588 reliable responses were collected. In the sample, 375 participants were female, 203 participants were male, and 9 reported neither male nor female. One of the 588 responses neglected the inclusion of gender criteria. Age of participants ranged from 18 to 35, with a mean age of 22.7 ( $SD = 4.1$ ). Race/ethnicity of the participants varied: Caucasian (74.1%), Hispanic (8.2%), African American (7.1%), Asian (5.8%), and “Other” (4.8%). Emails were sent directly to each participant, and reminder emails were later sent to those who had not responded or opted out. Students opting to participate were redirected by the provided link to a secure survey system. The survey was anonymous, in order to preserve the identity of the participants. The informed consent page was the first of displayed pages and required participant consent by selecting “*continue*” rather than collecting participant signatures. Following consent, participants were directed to select responses in accordance with a variety of variables: demographics, experiential avoidance, childhood trauma, impulsivity, and deviant behaviors (see Appendix A). At the end of the survey, a referral list of local trauma-related resources was provided to the participants (see Appendix B).

## **Measures**

### ***Demographics Questionnaire***

The participants responded to a series of items which included age, gender, race/ethnicity, religious/spiritual affiliation, and relationship status.

### ***Experiential Avoidance***

The current study used a combination of two questionnaires to measure experiential avoidance. The first, the Acceptance and Action Questionnaire II (AAQ-II), is a 7-item measure employing a 7-point Likert scale ( $1 = \textit{Never True}$ ,  $7 = \textit{Always True}$ ). Items on this scale include: “*My painful memories prevent me from having a fulfilling life,*” and “*Worries get in the way of*

*my success.*” On this scale, higher scores indicate greater overall experiential avoidance. The Multidimensional Experiential Avoidance Questionnaire (MEAQ) was also used. The MEAQ is a 62-item measure that applies a 6-point Likert scale (*1 = Strongly Disagree, 7 = Strongly Agree*). Of the 62 items, 31 were included for the purpose of the study. Utilized example items from this scale include: *“If I could magically remove all of my painful memories, I would,”* and *“I work hard to keep out upsetting feelings.”* Similar to the AAQ, higher scores are indicative of greater experiential avoidance. The combined items have satisfactory internal consistency according to reliability statistics ( $\alpha = 0.92$ ).

### ***Childhood Trauma***

A combination of questionnaires were used for the purpose of measuring participant experience of childhood trauma. The first questionnaire, Childhood Trauma Questionnaire, is comprised of two sections - the first which was used for the purpose of the current study. The first is called the Childhood Trauma Events Scale, measuring emotional abuse, sexual abuse, physical abuse, and overall traumatic experience. The self-report survey consists of 6-items on a dichotomous scale of *“Yes”* and *“No”* (*1 = Yes, 2 = No*). Example questions presented in the scale include: *“Did you ever experience the loss of a loved one,”* and *“Did you ever have a traumatic sexual experience prior to the age of 18?”* The second questionnaire used to measure childhood trauma was comprised of 7 specific questions from the 2009-2010 Delaware Students Survey. Selected questions from the survey included those pertaining to traumatic childhood experiences within the public, academic environment. Examples include: *“Were you ever the victim of bullying in school,”* and *“Has anyone ever spread rumors or lies about you?”* All responses were recorded on a *“Yes”* and *“No”* dichotomous scale (*1 = Yes, 2 = No*). A series of 8 questions pertaining to childhood trauma were also included in the current study. Though the

questions were not collected from specific questionnaires, each served to record responses of trauma. Specifically, the items aimed to measure physical neglect, emotional neglect, sexual abuse, general traumatic experiences, and emotions associated with childhood trauma, such as suicidal thoughts. Examples from these items include: “*Were you ever homeless,*” and “*Did you ever experience intentional, ongoing isolation at home from your parent(s) or guardian(s)?*” Responses were recorded on a dichotomous “*Yes*” and “*No*” scale ( $1 = \text{Yes}$ ,  $2 = \text{No}$ ). For the purpose of participant trauma severity rating for individual traumatic events, a 3-point scale was used ( $1 = \text{Not at all}$ ,  $2 = \text{Somewhat Traumatic}$ ,  $3 = \text{Extremely Traumatic}$ ). According to statistical reliability, the combined 21 items maintain internal consistency ( $\alpha = 0.75$ ).

### ***Impulsivity***

Impulsivity among participants was measured using the Barratt Impulsiveness Scale (BIS). The 30-item self-report questionnaire uses a 4-point scale ( $1 = \text{Rarely / Never}$ ,  $4 = \text{Almost Always / Always}$ ) to measure participant responses of task planning, ability to pay attention, ease of concentration, and more. Example items include: “*I am future oriented,*” and “*I buy things on impulse.*” An additional item pertaining to impulsiveness was included in the current study: “*I complete a task before moving onto another.*” For the purpose of statistical analysis, the specific items were coded in such a way that larger scores were indicative of greater impulsivity among the participants. The 31 items support reliable internal consistency ( $\alpha = 0.83$ ).

### ***Behavioral Deviance***

Deviant behaviors such as drug consumption, weapon possession, aggression, and theft or embezzlement were measured using a collection of 34 items. These items were derived from the 2009-2010 Delaware Students Survey and included additional items employing the measure of behavioral deviance. Questionnaire responses were measured on a 5-point scale ( $1 = \text{Never}$ ,  $5 =$

*Five or more times in the past year*), where higher scores were indicative of greater behavioral deviance. Item 34 allowed for open-ended responses pertinent to illicit drug consumption for the purpose of specific data collection. Collectively, the items prove to maintain internal reliability ( $\alpha = 0.90$ ).

## **Statistical Analyses**

Responses were analyzed using SPSS. Descriptive statistics were generated for demographics as well as all independent and dependent variables. An analysis of correlation was completed for all study variables. Regression analyses were performed between deviant behaviors and all predictor variables, and between experiential avoidance and the predictor variables impulsivity and childhood trauma. All results of the performed analyses are reported in the following section.

## **Results**

The study sample consisted of 63.8 percent females, 34.5 percent males, and 1.5 percent “Other.” The mean age of the participants was 22.7 ( $SD = 4.1$ ), ranging from ages 18 to 35. Ethnic distribution for the sample was reported as 74.1 percent Caucasian, 8.2 percent Hispanic, 7.1 percent African American, 5.8 percent Asian, and 4.8 percent “Other.” Reports of religious/spiritual affiliation were Christianity (47.6%), Agnosticism (11.1%), Atheism (7.5%), Islam (3.1%), Hinduism (1%), Buddhism (0.7 percent), Judaism (0.2 percent), “None” (25.2%), and “Other” (3.7 percent). Of the 588 participants that reported marital status, 86.1 percent were single, 10.2 percent were married, 0.5 percent were divorced, and 3.2 percent reported “Other.” The mean number of supported items for childhood trauma was 0.41 ( $SD = 0.18$ ) and for severity of trauma was 16.85 ( $SD = 9.48$ ), respectively. Items used to measure experiential avoidance

were found to have a mean of 3.33 ( $SD = 0.68$ ). For items of impulsivity and deviant behaviors, the mean number was 2.04 ( $SD = 0.35$ ) and 1.39 ( $SD = 0.39$ ), respectively.

The correlation analyses indicated a significant relationship among all independent and dependent variables. Childhood trauma experience was positively associated with experiential avoidance,  $r = 0.24$ ,  $p < .01$  and deviant behaviors,  $r = 0.3$ ,  $p < .01$ . Childhood trauma severity scores were positively associated with childhood trauma experience,  $r = 0.93$ ,  $p < .01$ , and behavioral deviance,  $r=0.26$ ,  $p<.01$ . Data revealed a significant relationship between childhood trauma experience and impulsivity,  $r = 0.19$ ,  $p < .01$ . A significantly positive association was also reported between deviant behaviors and impulsivity,  $r = 0.35$ ,  $p < .01$ . Childhood trauma severity is also positively associated with impulsivity,  $r = 0.19$ ,  $p < .01$ , and experiential avoidance,  $r = 0.34$ ,  $p < .01$ . Correlation scores of experiential avoidance were indicative of a positive relationship with deviant behaviors,  $r = 0.08$ ,  $p < .05$  and impulsivity,  $r = 0.36$ ,  $p < .01$ .

A multiple regression analysis was performed to test whether the predictors experiential avoidance, childhood trauma experience, childhood trauma severity, and impulsivity significantly predicted participants' ratings of deviant behavior. The results indicated that the four predictors accounted for 19.6% of the variance ( $R^2=.196$ ,  $F(4,582)=35.4$ ,  $p<.05$ ). According to the results, childhood trauma experience and impulsivity significantly and positively predicted deviance ( $\beta = 0.64$ ,  $p < .05$  and  $\beta = 0.36$ ,  $p < .05$ , respectively). There was no significance of experiential avoidance nor childhood trauma severity as predictors for deviance ( $\beta = -0.03$ ,  $p = n.s.$  and  $\beta = -0.0$ ,  $p = n.s.$ , respectively).

A second multiple regression analysis was performed to determine whether the predictors childhood trauma experience, childhood trauma severity, and impulsivity significantly predicted participants' experiential avoidance. Together, the three predictors explained 25.9% of the

variance ( $R^2=0.259$ ,  $F(3,583)=67.8$ ,  $p<.05$ ). Impulsivity and childhood trauma severity significantly predicted experiential avoidance ( $\beta = 0.63$   $p < .05$  and  $\beta = 0.06$ ,  $p < .05$ , respectively). Childhood trauma experience also predicted experiential avoidance ( $\beta = -2.2$ ,  $p < .05$ ).

## Discussion

The current study aimed to determine whether participants that experienced childhood trauma score higher on scales of impulsivity and experiential avoidance and are more likely to engage in criminal activities in early adulthood in comparison to those that have not experienced childhood trauma. The study pursued a fluent understanding of variables whose modification may prove beneficial to the attainment of a healthy lifestyle and decrease the repercussions of experienced childhood trauma by way of psychological practice. To assess the hypothesis, the current study examined the existing relationship between all independent and dependent variables. To an extent, the results support the proposed hypothesis.

The results of the correlation analyses are indicative of significance in the form of a spurious relationship. The variables are associated yet support no causation between one another. The first regression measured experiential avoidance, impulsivity, childhood trauma experience, and childhood trauma severity as predictors for behavioral deviance. Results indicated that experiential avoidance and childhood trauma severity do not serve as predictors of behavioral deviance in early adulthood. While this is the case, childhood trauma experience and impulsivity reportedly serve as predictors of behavioral deviance. With 19.6% of the variance in deviance being predicted by childhood trauma measures, impulsivity, and experiential avoidance, there remains 80.4% of the variation unaccounted for. This residual percentage is presumed to be due to random variability, unrelated to the predictor variables.

The second regression analysis performed determined the percentage of variability in experiential avoidance (25.9%) that was accounted for by the predictors of impulsivity, childhood trauma experience, and childhood trauma severity. Results of the regression indicated that the three variables significantly predict experiential avoidance. Lower rates of experiential avoidance were found among participants that reported childhood trauma experience, whereas greater rates of experiential avoidance were identified among those that reported greater childhood trauma severity. When these two effects are combined, it suggests that childhood trauma overall increases experiential avoidance, but that the effect is smaller when there is low perceived severity of the trauma. While the two childhood trauma measures are highly correlated ( $r = 0.93, p < .001$ ) the results suggest that experiential avoidance is determined jointly by childhood trauma experience and childhood trauma severity. The results supported the role of the predictors in determining experiential avoidance, with a residual percentage (74.1%) of random variability. The results of the present study were also indicative of greater experiential avoidance and greater impulsiveness among those that experienced childhood trauma, and positively associated with later adult involvement in behavioral deviance. While such is supported, the results maintain significant alternative variability in determining early adult behavioral deviance and experiential avoidance factors among participants.

Existing literature supports several of the findings of the current study. A positive relationship between childhood trauma and experiential avoidance is seconded in a study by Spann, et al. (2012), which provides evidence supportive of associations between self-reported childhood maltreatment and diminished cognitive flexibility, or increased experiential avoidance, among a sample of adolescents. Additionally, the results of a study by Roche, Kroska, Miller, Kroska, and O'Hara (2018) indicated that experiential avoidance was a significant mediator of

the association between childhood trauma and problem behavior among a sample of college students. The same study determined lower rates of mindfulness among participants that had experienced childhood trauma, which is consistent with the current study's findings of greater impulsivity among participants that reported childhood trauma. Comparably, Marshall, et al. (2016) demonstrated a decrease in inhibitory control among a group of trauma participants in contrast to a normative group. A study by Babinski, Hartsough, and Lambert (1999) determined that factors of impulsivity contributed to a higher risk of criminal involvement, proving consistency with the current results. Collectively, previous research findings implied a connection between the variables of the current study. While current results remain consistent with the findings of previous investigations, the studies lend further support to the examination of the variables both independently and inclusively for the purpose of treatment interventions and practice.

There are several limitations of this study. The population from which the sample was drawn does not support a wide range of participants that have experienced childhood trauma. A sample of college students may differ in large from the general population in terms of traumatic experiences and in that college attendance may imply a distinct impact of trauma. Since the study is specific to trauma, it would be reasonable to include a more relevant sample. Another area of limitation is that of potential recall bias in the self-reports of childhood trauma. It cannot be determined by the method of data collection whether the participants that reported trauma have undoubtedly experienced said trauma. False reports of trauma may be the unlikely result of intentional false disclosure of information. However, the more feasible explanation for false reports of trauma are those related to disparate interpretation of the questionnaire items and inaccurate recollection of events. Finally, the current study includes a methodological limitation.

The childhood trauma survey material omitted the exploration of the specificity of traumas that result in behavioral deviance in early adulthood. This limitation fails to provide valuable information pertaining to the traumas responsible for greater rates of experiential avoidance and impulsivity. Such a limitation interferes with practices that aim to decrease the variables of interest among those who have experienced trauma interim to childhood.

In order to provide reliable results regarding the relationship between childhood trauma, experiential avoidance, impulsivity, and early adult deviance, it would benefit future research for the population of interest to include greater relevance to the experiences of childhood trauma and behavioral deviance. A sample of random selection from the general population or one which includes predetermined inclusionary criteria of childhood trauma is recommended for this purpose. Relatedly, to decrease the potential for memory bias, it may prove sensible to use a sample that has undoubtedly experienced childhood trauma. For example, inclusion criteria may include a legal report of specific traumas. This would remove the potential for recall bias, as well as provide a more reliable sample of participants. Future research may find it beneficial to measure the specificity of traumas in order to better determine which forms are indicative of deviance and experiential avoidance among participants. To do so, researchers may provide participants with a more concise questionnaire to measure trauma or refer to a legal report of recorded trauma. With an understanding of those traumas responsible for greater experiential avoidance and impulsiveness, appropriate emphasis for intervening practices may be warranted. Since the results of the current study indicate that greater impulsivity predicts greater rates of experiential avoidance, future research may find interest in studying experiential avoidance as a predictor for impulsivity. It would be of interest to study the reported remaining variability between the variables for the purpose of psychological practices. In consideration of the

relationship between experienced childhood trauma, childhood trauma severity, and experiential avoidance, it would be profitable to study the variability in repercussions between those that experience instances of trauma and those that are exposed to intense trauma on multiple occasions. Specifically, research may warrant focus on whether conditioning by association is more prevalent among more severe childhood trauma experiences.

Results of the current study may maintain influential clinical implications. Interventions targeting the cognitive behavioral processes of impulsiveness and avoidance may decrease the risk for later behavioral deviance following exposure to childhood trauma. The results may also be used to determine the specificity of treatment necessary. While it may be beneficial to develop a program to decrease experiential avoidance for select consumers, it may be more practical to focus on the behaviors of impulsivity for others. Results may also imply the necessity for diverse trauma treatments based on trauma severity, as indicated by the findings from the childhood trauma measures of the current study. Practices that aim to decrease behavioral deviance independent of exposure to childhood trauma may also benefit substantially. The results proceed to shed light on the subsisting variability of influence between childhood trauma exposure and later, early adult behavioral deviance. Future research is imperative in order to ensure the understanding of obscure mechanisms and the implementation of appropriate intervening practice.

In conclusion, the current study determined that experiential avoidance and impulsivity are mechanisms through which the association between experienced childhood trauma and early adult behavioral deviance subsist. This finding proposes the role of impulsivity and avoidant elements in the study of behavioral deviance. Researchers may reap lucrative results by

proceeding to study both the reported and remaining variables of influence that are linked to childhood trauma and behavioral deviance.

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