

The Cycle of Violence: The Life Histories of 43 Death Row Inmates

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The life histories of 43 men on death row were examined in a qualitative analysis of the multiple intermediary factors in the cycle of violence. Severe and multiple forms of abuse were endemic in this sample of men. Abuse was typically multigenerational and almost universally linked to intergenerational substance abuse. After experiencing abuse, the majority of these men manifested extensive developmental problems, from severe difficulties in school to chronic relationship and occupational problems. For most, the transition to adulthood was seriously compromised. Results are discussed in terms of the interaction between developmental trauma and masculine socialization.

Keywords: masculinity, violence, child abuse

Among the many tragic consequences of child abuse, perhaps none is more sobering or more consequential than the increased risk that the abused child will at some point turn its pain and suffering against others, thereby creating a new generation in what has aptly been termed, the “cycle of violence” (Widom, 1989). Although the “cycle of violence” is a gender-free term, men are much more frequently the perpetrators of violence, particularly in its most extreme forms; thus, it is imperative that the mechanisms of the cycle be studied specifically as they apply to men.

The cycle of violence presents researchers with a paradox: it is undeniable that a majority—indeed a strong majority—of abused men do not ever perpetrate violence against others (Kaufman & Zigler, 1987; Lisak, Hopper, & Song, 1996). However, it is equally clear that childhood abuse is a crucial risk factor for later violence, arguably the most crucial single factor that can be identified (for reviews and important studies, see Kaufman & Zigler, 1987; Lisak & Miller, 2003; Maxfield, Weiler, & Widom, 2000; Weeks & Widom, 1998; Widom, 2000,

1989). The apparent contradiction in these simultaneous findings stems from the multifactorial nature of the relationship between childhood abuse and violence. It is clear that while abuse is a very significant risk factor, other factors must add to, and/or interact with abuse to create the violent outcome.

Therefore, identifying these interceding variables is a crucial step in increasing our understanding of the cycle of violence, of the violence of men more generally, and in potentiating our capacity to interrupt the cycle. Although very few researchers have attempted comprehensive studies involving multiple interacting variables, many researchers have identified significant single variables that seem to intercede between childhood abuse and acts of violence. These important variables include posttraumatic stress disorder (PTSD), substance abuse, and a handful of potentially important environmental and cognitive factors, including masculine socialization (Dodge, Bates, & Pettit, 1990; Erwin, Newman, McMackin, Morrissey, & Kaloupek, 2000; Lisak & Miller, 2003; Spunt, Goldstein, Bellucci, & Miller, 1990).

Masculine Socialization

Gender attitudes and beliefs have specifically been identified as factors associated with violent behavior. Gender role stress has been shown to be a moderate predictor of men’s violence toward intimate partners (see Moore & Stuart, 2005, for a review). Sexual aggression

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has been associated with hostile masculinity (Malamuth, Sockloskie, Koss, & Tanaka, 1991), hyper-masculinity (Mosher & Anderson, 1986), hostility toward women (Lisak & Roth, 1990), and the need for dominance over women (Lisak & Roth, 1990). Further, there is evidence for an interaction between these masculinity variables and childhood trauma. In a sample of abused men, gender rigidity was associated with increased violence (Lisak, Hopper, & Song, 1996), an interaction that fits an often-hypothesized link.

Traditional masculine socialization is now widely viewed as itself a potentially traumatic series of developmental experiences that often serve to constrict men's emotional lives. When these normative socialization experiences interact with the typical emotional and psychological legacies of childhood abuse, the outcome can be an increased risk for externalizing and violent behavior. As the abused male child wrestles with the demands of masculine socialization—learning to display toughness, to suppress fear and vulnerability—he is simultaneously struggling with the inevitable upsurge of those very same emotional states in the wake of the abuse. This intense conflict can lead some men to resolve the conflict by denying both the reality and the emotional legacies of the abuse (Lisak, 1995). Over time, memories of the abuse may become inaccessible or are vehemently denied while the states of fear and vulnerability are actively suppressed, often beneath a veneer of hypermasculine toughness (Jakupcak, Tull, & Roemer, 2005; Lisak, 2001, 1995; 1991).

Childhood Trauma, PTSD, and Violence

There is considerable evidence that men who are traumatized as children are at a substantial risk for suffering PTSD symptoms in the immediate aftermath of abuse (see, e.g., Dubner & Motta, 1999; McLeer, Deblinger, Henry, & Orvaschel, 1992) and across their life span (see, e.g., Duncan, Saunders, Kilpatrick, Hanson, & Resnick, 1996; Epstein, Saunders, & Kilpatrick, 1997; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Widom, 1999). This evidence extends to male children who are traumatized through exposure to violence, whether in the home, or in their surrounding communities (see, e.g., Berman, Kurtines, Silverman, & Serafini,

1996; Berton & Stabb, 1996; Kilpatrick, Litt, & Williams, 1997; Lehmann, 1997).

PTSD, in turn, has long been identified as a risk factor for violence. Both the research and clinical literatures on trauma, and the emerging neurobiological literature on PTSD provide powerful bases for hypothesizing a link between PTSD symptoms and increased violence. The increased baseline arousal levels, the lowered thresholds of agitation and irritability, and the increased levels of anger that often characterize PTSD all point to an increased risk for violent behavior. Evidence for such a link has come from studies of Vietnam veterans (see, e.g., Beckham, Feldman, Kirby, Hertzberg, & Moore, 1997; Byrne & Riggs, 1996; Jordan et al., 1992; McFall, Fontana, Raskind, & Rosenheck, 1999), and of juvenile offenders (see, e.g., Erwin et al., 2000; Steiner, Garcia, & Matthews, 1997).

Childhood Trauma, Substance Abuse, and Violence

There is a formidable body of evidence linking childhood trauma with the abuse of alcohol and drugs. Large-scale, random community samples (e.g., Kilpatrick et al., 2000; Harrison, Fulkerson, & Beebe, 1997), studies of clinical populations (e.g., Harrison, Edwall, Hoffman, & Worthen, 1990; van Hasselt, Ammerman, Glancy, & Bukstein, 1992) and research with special populations (e.g., delinquents, abused men; Dembo, Williams, Wothke, Schmeidler, & Brown, 1992; Lisak, 1994) have all demonstrated that individuals who are traumatized in childhood are at a substantially increased risk for substance abuse later in life. Further, in many of these studies, substance abuse risk is clearly shown to increase with increased exposure to trauma (multiple forms of abuse and neglect), and trauma tends to precede the onset of substance abuse.

Substance abuse has been associated with an increased risk for violent behavior in numerous epidemiological and experimental studies. Research on samples of substance abusers and psychiatric patients have shown elevated levels of violence (Spunt, Goldstein, Bellucci, & Miller, 1990; Swanson, 1993), and studies of violent men (batterers, rapists, and child abusers) reveal high levels of substance abuse. Indeed, more than half of all incarcerated violent

criminals consumed alcohol just prior to their crimes (Johnson & Belfer, 1995), and 60% of murderers were intoxicated when they committed homicide (Collins & Messerschmidt, 1993).

Childhood Trauma, Environmental and Cognitive Factors, and Violence

Several other factors have been identified by researchers as having a role in moderating the relationship between early trauma and violence. These factors include a tendency toward hostile attributions in social situations (Dodge, Bates, & Pettit, 1990), a family history of alcohol abuse (Dembo et al., 1992), a history of violence in the family of origin (Bergman & Brismar, 1994; Ouimette & Riggs, 1998), early onset of substance abuse (Bergman & Brismar, 1994), running away behavior (Kaufman & Widom, 1999), poor relationships with fathers (Lisak & Roth, 1990; Ouimette & Riggs, 1998), and problems with impulse control (Lisak & Roth, 1988; Ouimette & Riggs, 1998).

Neurobiological Impact of Childhood Trauma

Advances in neuroscience have rapidly expanded our understanding of the impact of childhood trauma on the developing brain and have led to new hypotheses about the relationship between trauma and violence. Perry (1997) summarized research indicating that childhood trauma can significantly shape neurodevelopment—impeding the brain's ability to inhibit impulsive and reactive behaviors—leading to a risk for greater impulsivity and aggressive behavior. DeBellis (2002) identified ways in which trauma-induced elevated catecholamine and cortisol levels can adversely affect brain development through the accelerated loss of neurons, abnormal pruning, delayed myelination, and stunted neurogenesis.

Why some men who are exposed to early trauma go on to commit acts of violence while others do not remains a dauntingly complex question. Although recent research has identified an expanded list of moderating factors, it is very difficult to understand how these factors relate to and interact with each other, and where the causal arrows point. Identifying interactions and causality is often only possible in the con-

text of a thorough and careful study of the individual case.

For this reason, and to expand the list of factors that intervene between childhood trauma and adult violence, a qualitative study was undertaken of 43 men who had been convicted of murder and sentenced to death. In some death penalty cases, most often during the postconviction appeals process, comprehensive social and psychological histories are compiled to aid the defense in preparing mitigation evidence. These histories provide a unique opportunity to examine the complexity of interacting factors that comprise the cycle of violence.

The social histories were analyzed using the method known as Consensual Qualitative Research (CQR), defined most recently by Hill and colleagues (2005). The core components of CQR consist of a semistructured method of data collection, multiple judges, the use of consensus, and an independent "audit" of the data analysis (Hill et al., 2005).

Method

Participants

Social histories of 43 death row inmates were acquired through direct contact with the inmates' attorneys. A majority of the inmates were still in the midst of the appeals process, a minority had their death sentences repealed, and several had been executed. All identifying information in the documents was redacted; thus, the documents were functionally anonymous. The social histories were written by psychologists, social workers, and psychiatrists based on interviews with the inmates and third party sources (family members, acquaintances, former teachers, etc.), as well as life history documents such as school, medical, psychiatric, social services, and military records. The social histories varied in length from 25 to more than 100 pages. The race and ethnicity of the subjects was not uniformly indicated in the social histories and therefore cannot be reported here. The cases were drawn from different states, including the majority of states across the southern and western United States where the death penalty is most frequently applied.

The 43 social histories do not represent a random sample of men on death row. However, there are no known systematic factors that in-

fluenced the selection of the cases that ultimately became part of this sample. There are myriad factors, many of them very capricious, which determine whether a defendant receives the kind of postconviction or pretrial representation that results in the compilation of a thorough social history. Equally, there were many chance factors which determined the availability of the particular social histories that were used in this study. The many uncertainties related to the sampling of these cases necessitates caution in drawing conclusions regarding the generalization of these findings to a particular population. The primary purpose of this study was to provide detailed information about the many interacting factors in a life history that contribute to the transformation from victim to perpetrator of violence.

Procedure

Six of the social histories were selected at random to be used by a five-member team whose task was to identify salient themes and characteristics of the inmates' lives which ap-

peared consistently in the texts. The team included three doctoral level psychologists, a graduate, and an undergraduate student. Each person individually analyzed the six selected social histories, and subsequently the team met to reach consensus on the existence and definitions of the themes. A formal coding manual was then created (see Tables 1, 2, and 3 for a list of the coding categories), in which the identified themes were operationally defined and textual examples for each provided. The manual was then used by two coders who, working independently, read through the remaining 37 social histories and recorded the codes they identified in the texts.

Reliability of the coding system was assessed by measuring the agreement between the coders on the 37 social histories. Cohen's Kappa (Cohen, 1960) and the Gwet statistic (Gwet, 2002), both measures of percent agreement beyond the effect of chance agreement, were calculated for each of the codes.

Only those codes for which the Kappa or Gwet value was .61 or greater (values between 0.61–0.80 are considered to have “sub-

Table 1
Direct Trauma (n = 37)

Code	No. of subjects	Subjects (%)
Direct trauma		
Sexually abused	22	59.46
Incest	17	45.95 (77.27 of sexually abused subjects)
Extrafamilial	12	32.43 (54.55 of sexually abused subjects)
Sadistic abuse	6	16.22
Distorted religiosity	1	2.70
Physically abused	35	94.59
Distorted religiosity	3	8.12
Public humiliation	5	13.51
Punishment for sequelae of abuse	11	29.73
Sexually or physically abused	36	97.30
Neglected	37	100.0
Emotionally	34	91.89
Institutional failure	20	54.05
Terrorized	31	83.78
Scapegoated	23	62.16
Witnessed violence	31	83.78
Domestic violence	21	56.76
Other abuse/violence	21	56.76
Sadistic witnessing	4	10.80
Verbally abused	33	89.19
Public humiliation	9	24.32
Distorted religiosity	2	5.41
Pet abuse	10	27.03

Table 2
Family Environment (n = 37)

Code	No. of subjects	Sample (%)
Family environment		
Poverty	15	40.54
Multi-generational sexual abuse	9	24.32
Multi-generational physical abuse	20	54.05
Family history of any mental illness	35	94.59
Substance abuse	34	91.89
Other mental illness	25	67.57
Family history of criminal behavior	17	45.95
Caretaking instability	19	51.35

stantial" agreement above chance, Landis & Koch, 1977) were kept and used in the content analysis of the social histories. The Gwet statistic was used because the Kappa statistic has been criticized for excessive sensitivity to trait prevalence in the subject population, such that in cases of high trait prevalence, low Kappa values are obtained despite high interrater agreement (Cicchetti & Feinstein, 1990). Since many codes in this study demonstrated high prevalence in the subject population, the Gwet statistic was needed to ensure that reliable codes were not erroneously excluded from the analysis (Gwet, 2002). Therefore, all codes which obtained either a Kappa or Gwet value of 0.61 or above were considered sufficiently reliable to

keep in the content analysis. Kappa and Gwet values ranged from a low of .37 to a high of 1.0 with the vast majority falling well above the .61 cutoff. Only 5 of the 51 coded variables were excluded because their Kappa and Gwet values fell below the cutoff.

Results

The first section of results itemizes all of the individual codes and indicates the number of subjects for whom each code applied and the percentage of the whole sample to which that number corresponds. These results are divided into three tables, focusing on direct trauma, family environment, and individual factors. The second major grouping of results includes salient combinations of codes that were found to characterize the subjects' social histories.

Single Codes

The death row inmates who comprised this sample experienced profound levels of abuse and neglect, as illustrated in the findings in Table 1. All but two subjects were physically abused, more than half were sexually abused, and almost 90% were verbally abused. Over 80% of the sample witnessed violence, and 100% of the subjects suffered some form of

Table 3
Individual Factors (n = 37)

Code	No. of subjects	Sample (%)
Neurological impairment	18	48.65
Enuresis	8	21.62
Encopresis	1	2.70
Psychiatric diagnosis or symptoms (other than substance abuse)	35	94.59
Substance abuse	29	78.38
Substance abuse onset < age 15	17	45.95 (58.62 of substance abusers)
Suicide attempt	19	51.35
School difficulties	33	89.19
Cognitive/academic problems	26	70.27
Juvenile delinquency	16	43.24
Ran away	15	40.54
Homeless	14	37.84
Adult relationship instability	13	35.14
Adult employment instability	16	43.24
Adult criminal behavior (other than the capital offense)	19	51.35
Perpetrated against others	16	43.24
Prior incarceration or institutionalization	23	62.16
Prostituted	3	8.12

neglect. For more than 80% of the sample, the abuse and violence they experienced met the criteria for “terrorization.”

Substance abuse and instability characterized the subjects’ family backgrounds (see Table 2). Over 90% of the subjects had family histories of substance abuse; more than half of the subjects had family histories of physical abuse, and almost 25% had family histories of sexual abuse. Other forms of criminal behavior were evident in the families of 46% of the subjects. Over half of the subjects had inconsistent and frequently changing caretakers.

Emerging from chaotic, violent, and abusive families, these men encountered a staggering array of developmental obstacles and difficulties (see Table 3). Virtually half of the sample had documented neurological impairments, and half also attempted suicide at some point. More than three-quarters of the sample were substance abusers with close to 60% of them beginning their substance use before they were 15 years old. Other forms of mental illness characterized all but two of the subjects, a fifth developed enuresis, and all but four subjects encountered either academic or behavioral problems in school. Homelessness, running away, and juvenile delinquency were evident in the life histories of roughly 35–40% of the subjects. Adaptation to adulthood was also impaired for this sample—more than a third evidenced relationship and employment instability; more than half engaged in criminal behavior (other than their capital offense), and nearly two thirds had a history of prior incarceration or institutionalization.

Code Combinations

The vast majority of these men suffered multiple forms of severe maltreatment and received multiple codes for different forms of abuse and trauma. It was rare for a subject to be a victim of only one form of childhood abuse or deprivation. For example, 75.7% of the men were sexually and/or physically abused, neglected, verbally abused, and witnessed abuse or violence toward others. This overlap in forms of abuse and neglect was also characteristic of the subjects’ family backgrounds. The families of 22 of the 37 subjects (59%) had a history of either sexual or physical abuse, and the same number (59%) had a family history of both substance abuse and either sexual or physical abuse.

The interrelationships among child abuse, the subject’s own substance abuse, and a family history of substance abuse were evident in the findings (see Table 4). Almost 90% of the subjects who abused substances had a family history in which at least one other individual also abused substances. In addition, more than 90% of the subjects who were victims of physical or sexual abuse or who witnessed violence came from families with histories of substance abuse.

Subjects who were themselves abused as children were also very likely to have come from families in which there was a multigenerational history of child abuse. Of the 20 subjects who came from families in which there was multigenerational physical abuse, 19 were themselves physically abused during childhood. Of the nine subjects who came from families in which there was a multigenerational history of

Table 4

Associations Between a Subject’s Child Abuse or Substance Abuse and Family History of Substance Abuse

Code	No. of subjects	Sample (%)
Physically and/or sexually abused subjects with family histories of substance abuse	33/36	91.67
Neglected subjects with family histories of substance abuse	34/37	91.89
Subjects who witnessed violence or abuse with family histories of substance abuse	29/31	93.55
Subjects who were verbally abused, neglected, and physically and/or sexually abused with family histories of substance abuse	30/33	90.9
Subjects with family histories of substance abuse who were physically abused	32/34	94.12
Subjects with family histories of substance abuse who were sexually abused	20/34	58.82
Subjects with lifetime occurrence of substance abuse with family histories of substance abuse	26/29	89.66
Subjects who abused substances before age 15 with family histories of substance abuse	15/17	88.24

sexual abuse, all nine were themselves sexually abused. Finally, there were 22 subjects whose families had a multigenerational history of either physical or sexual abuse—all 22 of those subjects were either physically or sexually abused themselves.

Relationship Between Child Abuse and Subsequent Functioning

Not surprisingly, child abuse and neglect were strongly associated with an array of subsequent developmental difficulties. Of the 22 sexually abused subjects, 20 (90.9%) had difficulties in school. The same was true for 30 of the 35 (85.7%) physically abused subjects, 30 of the 33 (90.9%) verbally abused subjects, 28 of the 31 (90.3%) terrorized subjects, and 28 of the 31 (90.3%) subjects who had witnessed violence. Of the 15 subjects who ran away from home or an institution, all were physically abused, and eight (53.3%) were sexually abused.

Neurological impairments, identified in 18 of the 37 subjects, are very likely to be both a result of abuse and neglect and also the cause of subsequent abuse. Of the 18 subjects with neurological impairments, 17 were physically abused, and 12 were sexually abused; all 18 had suffered one or the other form of abuse. Further, 13 of the 18 had been scapegoated, and 12 of the 18 suffered multiple developmental insults: physical or sexual abuse combined with verbal abuse, neglect, and scapegoating.

Given the very high rates of abuse, and the predominance of family histories of substance

abuse, it is not surprising that the majority—29 of the 37 subjects—themselves had histories of substance abuse. Table 5 reflects the interrelationship among substance abuse, child abuse, and some of the characteristics of that abuse, including scapegoating and terrorization.

Consistent with the findings of Kilpatrick et al. (2000), abuse was also associated with the early onset of substance abuse, prior to age 15. Of the 17 men with early onset substance abuse, all were physically abused; 11 (64.7%) were sexually abused; 14 (82.4%) witnessed violence; 13 (76.5%) were scapegoated; 13 (76.5%) were verbally abused, and 15 (88.2%) were terrorized.

With many of these subjects suffering through abusive and chaotic childhoods and with many beginning to abuse substances at an early age, it is not surprising that many also engaged in delinquent behavior. Of the 16 subjects who were identified as delinquents during adolescence, 12 (75.0%) had been sexually abused; all 16 had been physically abused; 14 (87.5%) had witnessed violence; 13 (81.3%) had been verbally abused; 12 (75.0%) had been scapegoated, and 15 (93.8%) had been terrorized.

Given these multiple sources of vulnerability, many of these men had significant difficulties negotiating the transition to adulthood. Thirteen subjects were coded with “adult relationship instability,” and 10 of them (76.9%) were physically abused, sexually abused, neglected, and also witnessed violence. Similarly, of the 16 men coded with “adult employment instability,” all were physically abused, and 13 (81.3%) were sexually abused. Almost all of these men (14 of 16; 87.5%) had prior difficulties in school, and 15 of them (93.8%) developed substance abuse problems.

Risk Factors

A common strategy for quantifying the impact of negative life events is to identify “risk factors” and then to calculate the number of these factors present in an individual’s life. Many of the risk factors commonly assessed were coded in this study, including the following eight factors: sexual abuse, physical abuse, neglect, witnessing violence, substance abuse, family history of abuse, family history of substance abuse, and family history of mental ill-

Table 5
Forms of Child Abuse Experienced Among Substance Abusing Subjects^a

Forms of abuse	Proportion of substance abusers	Substance abusers (%)
Physical abuse	28/29	96.55
Sexual abuse	16/29	55.17
Witness to abuse or violence	25/29	86.21
Scapegoating	17/29	58.62
Verbal abuse	26/29	89.66
Terrorization	24/29	82.76

^a All subjects who abused substances at any point in their lives (early and adult onset).

ness. Eleven of the 37 subjects had all eight of these risk factors; another 11 had seven of the factors; nine had six of the factors; four had five of the factors, and two had four of them.

Discussion

The multiplicity and diversity of risk factors that characterized the lives of these death row inmates makes it clear that, at least in this sample, the cycle of violence is driven by more than a simple link between childhood abuse and the perpetration of violence. Although childhood physical and sexual abuse were pervasive, they occurred in a context of severe familial problems that in many cases stretched back across generations. This is perhaps most clearly exemplified by the finding that 31 of the 37 subjects had six or more of eight risk factors that are commonly used in quantifying childhood adversity.

The Impact of Masculine Socialization

This data set did not permit the assessment of gender attitudes or masculine identification. However, it is possible to infer how at least some aspects of traditional masculinity ideology might interact with the abject developmental conditions identified in this study. Abused and neglected in multiple ways, rendered helpless and powerless by these experiences, it would not be surprising to find many of these men grasping onto extreme versions of masculinity in an effort to restore a sense of personal power and to defend against the very real powerlessness instilled in them through the chronic abuses of their childhood. The abuse and neglect experienced by the men in this sample would logically be expected to yield intense levels of shame and vulnerability, emotional states that have long been identified as antithetical to traditional masculinity (Lisak, 1994) and that have recently been empirically linked to men's increased levels of expressed anger and overt hostility (Jakupcak et al., 2005).

Power and aggression are only part of the spectrum of qualities associated with masculinity; however, to a male child beaten down by his caretakers they would be terribly attractive alternatives. Such a developmental process would be consistent with the theory posited by Lonnie Athens (Athens, 1992), who studied the life

histories of violent men and described a process he termed "violentization," in which the vulnerable, abused boy discovers power in violence, and in the "turning of the tables" on those more vulnerable than him.

Severity of Abuse

The severity of the abuse suffered by the men in this sample was also noteworthy. Quantifying severity is a problem that has plagued researchers because it is as much a measure of the quality of the abuse as its quantity. In this sample, the severity of abuse was evident in both quantitative and qualitative measures. Quantitatively, the vast majority of the men suffered multiple forms of abuse and neglect and were exposed to violence in the home; 22 of 37 subjects suffered both physical and sexual abuse and were neglected. Qualitatively, strong majorities experienced extreme levels of terror and were scapegoated, and significant minorities were subjected to forms of sadism, public humiliation, and the unique degradation of being punished for manifesting the symptoms of an abused child. Clearly, it is often the case that hidden behind the bare quantification of abuse are experiences that may be qualitatively different, and that therefore may have differing effects on outcome.

Family Context

The familial context in which this severe abuse occurred was also salient. A majority of these families had multigenerational histories of either physical abuse or sexual abuse. Almost every family had a history of mental illness and substance abuse, and many were characterized by long term instability and histories of criminal behavior. Multigenerational substance abuse was both pervasive and seemingly highly significant. There was a near 1:1 relationship between a family history of substance abuse and the abuse and neglect of the child, and an equally strong relationship with the child then manifesting substance abuse himself.

Substance Abuse and Developmental Factors

Pervasive substance abuse, very often from a very early age, clearly served to derail the lives

of many of these men as they attempted to make the transition into adulthood. Linked both to childhood trauma and to conformity to masculine role norms, substance abuse has long been identified as a potentially major impediment to a successful transition into adulthood (Mahalik, Lagan, & Morrison, 2006). This transition was undermined by many factors however. Nearly half of the sample suffered some form of neurological impairment; nearly all manifested psychiatric symptoms of some kind (other than substance abuse), and nearly half were suicidal. Almost all of the men had serious problems in school, and strong minorities manifested the typical signs of severely troubled adolescence: delinquency, running away, and homelessness. The combined impact of these multiple problems and vulnerabilities was frequently to undermine the transition to adulthood. Instability in relationships and employment were common, as were adult criminal behavior and incarceration (prior to the capital offense). Incarceration itself becomes another likely source of intensification of the masculine socialization-abuse interaction. The hypermasculine and violent environment of the prison allows for few alternatives to the exaggerated display of toughness, and the denial of vulnerability that are the foundations of hypermasculinity (Phillips, 2001).

The Cumulative Impact of Multiple Risk Factors

The multiple risk factors identified in these life histories were not only co-occurring, they were also sequential. That is, despite some variability, it is possible to outline a nearly unwavering pattern and sequence of abuse and consequence. Multiple generations of a family are subjected to child abuse, almost invariably spawning pervasive forms of substance abuse. A child is born into this environment, and he becomes the newest generation to suffer abuse and to be emotionally and often physically neglected. Seeking to quell the many symptoms that result from this abuse, given few or no opportunities to learn other ways of coping, and modeling the behavior of the adults around him, the child learns to abuse substances himself, often by young adolescence or earlier. Substance abuse then conspires with the degradations and deprivations of his childhood to undermine his ability to adapt to the adult world.

Even without the negative impact of substance abuse, he has few of the inner resources needed to cope with the increasing challenges of adult life—the challenges of adult relationships, adult jobs, and adult responsibilities. Having had few if any models of successful adulthood to draw from, he is further handicapped by the fact that his adolescent development—the growth of adult-like coping resources—was undermined by his use of substances.

There are important caveats that bear repeating. Although these data provide insight into the mechanisms of the cycle of violence, there are unique aspects of the sample that limit the degree to which they can be generalized. First, these men were all convicted murderers, and as such represent a minority of the men who commit acts of violence. The extremity of their crimes may reflect the extremity of their backgrounds. Second, although there were no obvious sources of bias in the securing of this sample, there is no basis for determining to what extent this sample of men accurately represents men on death row.

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