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Gerardo SJ. Gonzales Jr.[1, 2], **Elmer G. De Jose**[1, 3]
[1]The Graduate School, Polytechnic University of the Philippines, Manila, Philippines
[2]gergonzalesjr@outlook.com
[3]egdejose@pup.edu.ph

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Gerardo SJ. Gonzales Jr.[1, 2], **Elmer G. De Jose**[1, 3]
[1]The Graduate School, Polytechnic University of the Philippines, Manila, Philippines
[2]gergonzalesjr@outlook.com
[3]egdejose@pup.edu.ph

ABSTRACT

This study explores the relationship between childhood trauma and mental health among Persons Deprived of Liberty (PDLs) in the Philippine jail system, focusing on Baliuag City Jail, Region III. It also examines whether significant differences in trauma and mental health exist across crime categories. While trauma-crime linkages are widely studied in Western contexts, research remains limited within Philippine jail/correctional settings. Grounded in General Strain Theory and supported by Social Learning Theory, Differential Association Theory, and Trauma-Informed Care Model, the study uses a descriptive correlational and comparative research design.

A stratified sample of 212 PDLs completed the Childhood Trauma Questionnaire–Short Form (CTQ-SF) and the Depression, Anxiety, and Stress Scale–21 (DASS-21). Results show that while reports of sexual, emotional, and physical abuse were limited, high rates of emotional neglect (41%) and physical neglect (62.3%) were observed. Despite generally normative mental health scores, 17% and 20.3% of respondents showed signs of depression and anxiety, respectively. Correlational analysis revealed significant positive relationships between trauma and mental health, particularly between physical neglect and depression ($r = .551$, $p < .001$) and emotional abuse and stress ($r = .539$, $p < .001$). MANOVA results indicated statistically significant differences in trauma and mental health scores across crime types.

The study recommends integrating trauma-informed care into rehabilitation programs. It proposes *Bagong Pilipinas: Pagbangon at Pag-asa sa pamamagitan ng* Trauma-Informed *na Programa*, a national initiative to train jail personnel, expand mental health services, and foster supportive, rehabilitative correctional environments throughout the Philippine jail and prison system.

Keywords: *childhood trauma, crime commission, mental health, Persons Deprived of Liberty, trauma-informed care.*

INTRODUCTION

In the Philippine criminal justice system, Persons Deprived of Liberty (PDLs) are individuals either awaiting case resolution or serving sentences of up to three years. The Bureau of Jail Management and Penology (BJMP), established under Republic Act No. 6975, is mandated to ensure the custody, safekeeping, and rehabilitation of PDLs in city, district, and municipal jails. Its programs encompass education, livelihood, spiritual formation, and recreational activities (BJMP Comprehensive Operations Manual, 2015, as cited in Patlunag, 2020). However, beyond physical security and reformation, the psychological and emotional needs of PDLs remain under-addressed within BJMP facilities.

A growing body of literature identifies childhood trauma as a critical factor influencing adult mental health and behavior. Childhood trauma—encompassing abuse, neglect, or exposure to violence—disrupts emotional regulation and cognitive development (Morin, 2023). Globally, the World Health Organization (2022) reports that one in two children aged 2–17 experiences some form of violence annually. In the Philippines, childhood trauma remains a significant issue. Reported child abuse cases increased from nearly 9,000 in 2022 to over 17,600 in 2023, with most incidents occurring at home (Flores & Mateo, 2023; Mangaluz, 2024).

Evidence shows that early depression is linked to adult anxiety, substance use, criminal behavior, and social dysfunction, especially when symptoms persist through adolescence (Copeland et al., 2020). The DSM-5-TR (APA, 2022) recognizes unresolved childhood trauma as a major risk factor for various psychiatric disorders, including paranoid personality disorder, dissociative amnesia, and acute stress disorder, particularly among women exposed to violence and abuse. Research also shows that childhood exposure to domestic violence is strongly associated with adverse outcomes, such as poor health, academic failure, unemployment, and criminality (Kimber et al., 2018; Strathearn et al., 2020; Whitten et al., 2022, as cited in Whitten et al., 2024). These experiences increase the risk of aggression, impulsivity, and interpersonal difficulties, which may lead to incarceration (Zhou et al., 2022; Kuzminskaite et al., 2022; Maia et al., 2025; Giarratano et al., 2017).

Several studies indicate that exposure to childhood trauma, including abuse, neglect, and family dysfunction, leads to maladaptive behaviors such as substance abuse, risky sexual behavior, and self-harm (Roche et al., 2018). Researchers found a strong correlation between childhood trauma and criminal behavior among incarcerated individuals, with female inmates exhibiting a particular susceptibility to psychiatric issues and violent crimes due to childhood sexual abuse (Altintas & Bilici, 2018). These findings align with Dalsklev et al. (2019), who emphasize that emotional dysregulation stemming from childhood trauma contributes to violent reoffending.

The literature also underscores the profound impact of childhood trauma on brain development and cognitive functioning, particularly during adolescence, a critical period of neurological growth. Williams (2020) highlights that early trauma impairs decision-making and self-regulation, leading to increased delinquency. This is further supported by Miley et al. (2020), who found a direct link between physical abuse in childhood and violent criminal offenses, reinforcing social learning theory.

Mental health is a critical intermediary between childhood trauma and criminal behavior. Numerous studies reveal that individuals with severe mental illnesses, such as schizophrenia, are more likely to engage in criminal activities, mainly when their conditions are left untreated or exacerbated by substance abuse (Albarbari et al., 2021; Freeland, 2023). Moreover, early depression and trauma contribute to long-term mental health issues, including anxiety, depression, and substance use disorders, all of which heighten the risk of criminal behavior in adulthood (Copeland et al., 2020). However, the relationship between mental health and criminal behavior is complex, with some studies, such as Halle et al. (2020), suggesting that not all mental health disorders are strongly associated with crime, highlighting the need for nuanced approaches to intervention.

Trauma-informed interventions are crucial to rehabilitation and reducing recidivism, as they address the psychological roots of criminal behavior. General Strain Theory explains how unresolved trauma can produce emotional strain, prompting deviance in the absence of healthy coping (Agnew, 1992). Similarly, the Trauma-Informed Care Model emphasizes the creation of supportive environments that promote safety, healing, and trust (Harris & Fallot, 2001).

This study focuses on PDLs in BJMP Region III – Baliuag City Jail, which houses individuals charged with or convicted of drug offenses (239), crimes against persons (76), property-related offenses (13), and other violations (34). Given their proximity to reintegration and relative accessibility compared to high-security facilities, these PDLs offer valuable insight for psychological research. Integrating Sustainable Development Goal 16 (SDG-16) into the management of this population highlights the importance of trauma-informed rehabilitation to promote peace, justice, and strong institutions (United Nations, n.d.).

Existing literature largely draws from Western contexts, with minimal research exploring the intersection of childhood trauma, mental health, and criminal behavior among PDLs in Philippine jails. This gap limits the development of culturally relevant, evidence-based interventions within the BJMP system. This study addresses that gap by generating localized data that reflect the unique experiences of Filipino PDLs, aiming to support trauma-informed practices that improve rehabilitation and reduce recidivism.

Given its focus, the study is expected to benefit a wide range of stakeholders. It provides critical insights for jail administrators, mental health professionals, policymakers, families, and NGOs by highlighting how childhood trauma influences criminal behavior and rehabilitation prospects. By informing the design of personalized and trauma-informed programs, the research promotes a shift from punitive practices to rehabilitative approaches. It also contributes to the development of evidence-based mental health interventions and more compassionate reintegration strategies—ultimately improving outcomes not only for PDLs but also for institutions and communities aiming to reduce recidivism and uphold restorative justice.

This study aims to examine the relationship between childhood trauma, mental health, and crime commission among Persons Deprived of Liberty (PDLs) at the Baliuag City Jail, serving as a basis for developing a trauma-informed intervention program. Specifically, it seeks to address the following research questions:

1. What is the level of childhood trauma of the respondents in terms of:
   1.1 Emotional Abuse
   1.2 Physical Abuse
   1.3 Sexual Abuse
   1.4 Emotional Neglect
   1.5 Physical Neglect

2. What is the level of mental health of the respondents in terms of:
   2.1 Depression
   2.2 Anxiety
   2.3 Stress

3. Is there a significant relationship between childhood trauma and the mental health of the respondents?

4. Are there significant multivariate differences in childhood trauma scores across different crime categories?

5. Are there significant multivariate differences in mental health scores across different crime categories?

6. Based on the findings, what trauma-informed intervention may be proposed?

Scope and Limitations of the Study

This study examined the relationship between childhood trauma, mental health, and criminal behavior among male Persons Deprived of Liberty (PDLs) at the Baliuag City Jail. It also explored variations in trauma exposure and mental health across crime categories, with the goal of developing a trauma-informed intervention framework for rehabilitation. Using a quantitative, descriptive-correlational design, data were gathered through standardized self-report instruments over three to four months. Despite measures to ensure confidentiality and clarity, the reliance on self-reports made the findings vulnerable to recall bias.

The study's scope was limited to a single facility, restricting generalizability, and it did not account for factors such as substance use history, family dynamics, prior diagnoses, coping strategies, or socio-demographics. Multicollinearity among predictors prevented the use of Structural Equation Modeling, limiting deeper exploration of mediational relationships. Another major limitation was the exclusion of sentencing status, as the study did not distinguish between pre-trial detainees, sentenced individuals, or repeat offenders. These gaps constrain understanding of how different legal and custodial circumstances may shape trauma and mental health outcomes.

Theoretical Framework

This study is grounded in four interrelated theoretical perspectives: **General Strain Theory (GST)**, **Social Learning Theory (SLT)**, **Differential Association Theory (DAT)**, and the **Trauma-Informed Care (TIC)** model. Together, these frameworks offer a comprehensive lens through which the relationship between childhood trauma, mental health, and crime commission among Persons Deprived of Liberty (PDLs) can be understood.

General Strain Theory (GST), developed by Agnew (1992, 2001, 2006), posits that exposure to negative stimuli, such as childhood abuse, creates emotional strain. This strain can produce negative emotions, including anger, frustration, and depression, which may lead individuals to adopt deviant coping mechanisms, including criminal behavior, particularly when the strain is severe, perceived as unjust, or persistent (Watts & McNulty, 2013; Yao et al., 2022). Agnew highlights that certain forms of strain, such as parental rejection, abuse, and erratic supervision, are more likely to result in criminal conduct, especially when social control is weak and reinforcement for deviant behavior is present.

Social Learning Theory (SLT), as expanded by Burgess and Akers (1966) from Sutherland's differential association and reinforcement model, explains that individuals acquire behaviors, including criminal behavior, through observation and reinforcement. Criminal behaviors are more likely to be adopted when they are modeled by significant others,

such as parents and peers, and are reinforced through perceived or actual rewards (Akers & Jennings, 2009; Trauffer, 2020). The likelihood of adopting such behavior increases during adolescence, a critical period when peer influence becomes more dominant.

Differential Association Theory (DAT), proposed by Sutherland (1939), further asserts that criminal behavior is learned through interaction within close social groups. According to Sutherland's nine propositions, individuals become criminal when they are exposed to more definitions favorable to law violation than unfavorable ones. This theory highlights the role of the social environment, especially in high-delinquency areas where deviant behaviors may be normalized or even rewarded (Maloku, 2020; Hysi, 2010).

Trauma-Informed Care (TIC), introduced by Harris and Fallot (2001), shifts the focus from punishment to healing. It emphasizes recognizing the signs and effects of trauma, minimizing re-traumatization, and promoting safety and empowerment. In correctional settings, implementing TIC has shown promise in reducing behavioral incidents, promoting stability, and aligning therapeutic goals with institutional safety needs (Miller & Najavits, 2012; Center for Mental Health Services, 2005; Owens et al., 2008).

These theories collectively illustrate how unresolved childhood trauma may influence emotional well-being and foster conditions conducive to criminal behavior through emotional strain, learned responses, and peer reinforcement. They also underscore the value of trauma-informed approaches in disrupting this cycle by addressing the underlying psychological and emotional roots of criminality.

Conceptual Framework

The conceptual framework presented in Figure 1 illustrates the interrelated dynamics between childhood trauma, mental health, and criminal behavior among Persons Deprived of Liberty (PDLs) at the Baliuag City Jail.

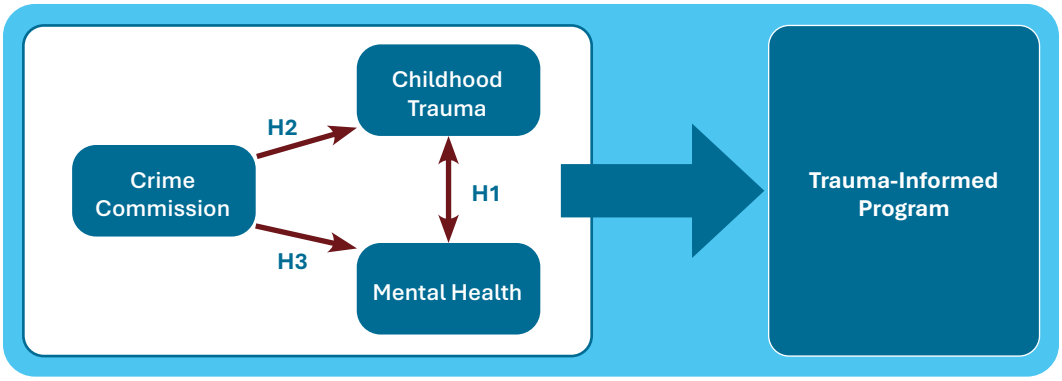
Central to this framework is the examination of the significant relationship between childhood trauma and the mental health status of PDLs, as proposed in Hypothesis 1 (H1). This acknowledges the growing empirical consensus that early traumatic experiences play a critical role in shaping an individual's psychological well-being and, consequently, their behavior (Altintas & Bilici, 2018; McKenna et al., 2019; Knight et al., 2020; Avani et al., 2024).

Furthermore, the framework explores multivariate differences in childhood trauma scores across various crime categories (H2), and investigates whether mental health outcomes differ significantly across these same crime categories (H3). These hypotheses aim to uncover patterns that link early adverse experiences and psychological distress to specific

criminal behaviors, thus providing a deeper understanding of the psychosocial drivers of offending.

Figure 1

Conceptual Framework



Based on these relationships and findings, the framework culminates in the development of a Trauma-Informed Intervention Program designed to address the root causes of criminal behavior among PDLs. This program targets three key areas: childhood trauma, mental health, and crime commission, to mitigate the risk of reoffending or recidivism. By integrating trauma-informed care principles within the jail systems, the intervention seeks to disrupt the cycle of trauma and crime, fostering rehabilitation and long-term behavioral change. This framework serves as a practical guide for implementing evidence-based trauma-informed interventions. As supported by several studies, introducing trauma-informed principles in prisons can significantly reduce triggers, stabilize offenders, and minimize critical incidents (Harris & Fallot, 2001; Hodes, 2006; Miller & Najavits, 2012).

METHODOLOGY

Method of Research

This study employed a descriptive, correlational, and comparative research design. The descriptive correlational component was used to summarize and present the levels of childhood trauma and mental health among the respondents. Meanwhile, the correlational aspect was appropriate for examining the relationship between childhood trauma and mental health among Persons Deprived of Liberty. A descriptive correlational design aims to identify the relationship between variables without trying to control or change them (Copeland, 2022). Additionally, the comparative component was utilized to determine whether significant

differences existed in childhood trauma and mental health scores across different crime categories. A descriptive comparative study approach is employed to examine differences between groups within a population without applying any form of manipulation (Cantrell, 2011, as cited in Capinding, 2023).

Population, Sample Size, and Sampling Technique

This study involved Persons Deprived of Liberty (PDLs) from BJMP Region III, specifically the Baliuag City Jail. As of February 28, 2025, the facility housed 362 PDLs. Using stratified random sampling based on crime classification (Index and Non-Index), an initial sample of 187 was selected to ensure proportional representation. This method, which divides the population into subgroups with shared characteristics (Hayes, 2022), minimized sampling bias and enhanced the reliability and generalizability of findings.

Inclusion criteria were as follows: (1) PDLs officially listed in the roster of Baliuag City Jail as of February 28, 2025, (2) aged 18 years and above, and (3) able to provide informed consent. Exclusion criteria included: (1) PDLs with cognitive impairments or severe psychiatric conditions that could hinder comprehension of the questionnaire, (2) those in solitary confinement or otherwise inaccessible during the data collection period, and (3) individuals unwilling to participate.

The sample size was calculated using Cochran's formula:

Population Size (N)	Confidence Interval	Confidence level	Sample Size (n)
362	0.05	95%	187

Although Cochran's formula confirmed 187 as the minimum required sample size, the researcher increased the sample to 230 to account for potential non-responses and incomplete data—common challenges when working with incarcerated populations. Of the 230 PDLs recruited, 212 completed the questionnaire, yielding a satisfactory response rate for analysis.

Description of the Respondents

This section outlines the demographic profile and criminal offense classifications of the 212 respondents who participated in the study. Tables 1 and 2 present the frequency and percentage distributions according to age, marital status, educational attainment, crime classification, and specific criminal offenses.

Table 1

Demographic Characteristics

Demographic Variable	*f*	*%*
Age		
19-24	14	*6.6*
25-29	30	*14.2*
30-34	35	*16.5*
35-39	34	*16.0*
40-44	47	*22.2*
45-49	31	*14.6*
50-54	12	*5.7*
55-59	6	*2.8*
60-63	3	*1.4*
Marital Status		
Single / Never Married	118	*55.7*
Married	44	*20.8*
Widower	5	*2.4*
Separated	45	*21.2*
Educational Attainment		
Did not finish elementary school	56	*26.4*
High school	124	*58.5*
College	31	*14.6*
Postgraduate	1	*0.5*

As shown in Table 1, in terms of age, the most significant proportion of respondents belonged to the 40–44 age group (22.2%, f = 47), followed by those aged 30–34 (16.5%, f = 35), and 35–39 (16.0%, f = 34). The 25–29 age bracket accounted for 14.2% (f = 30), while the 45–49 age bracket made up 14.6% (f = 31). Smaller proportions were observed among those aged 19–24 (6.6%, f = 14), 50–54 (5.7%, f = 12), 55–59 (2.8%, f = 6), and 60–63 (1.4%, f = 3). These data suggest that most of the respondents were in their early to middle adulthood.

In terms of marital status, the majority of respondents were single or never married (55.7%, n = 118). This was followed by those who were separated (21.2%, n = 45), married (20.8%, n = 44), and widowed (2.4%, n = 5). These figures indicate that most respondents were not in a marital relationship at the time of the study.

Regarding educational attainment, more than half of the respondents (58.5%, n = 124) reported having reached the high school level of education. Approximately 26.4% (f = 56) did not finish elementary school, while 14.6% (f = 31) attained a college-level education. Only one respondent (0.5%) had reached postgraduate education. This data highlights that the majority of the respondents had a low level of formal educational attainment.

It is worth noting that the current study did not categorize respondents based on their sentencing status. Specifically, no distinction was made between those serving sentences of three years or less, individuals still undergoing trial (pre-conviction detainees), or repeat offenders (recidivists). Additionally, the duration of each respondent's incarceration was not recorded.

Table 2 presents the distribution of respondents by crime classification, crime categories, and criminal offense. Out of the 212 respondents, a significant majority (73.6%, f = 156) were charged with non-index crimes, while the remaining 26.4% (f = 56) were involved in index crimes. In this study, criminal offenses were categorized into four main categories based on the legal provisions outlined in the Revised Penal Code (RPC) of the Philippines and related special laws: Crimes Against Persons, Crimes Against Property, Crimes Against Public Order, and Drug-related Crimes. This classification was designed to reflect legal standards, allowing for a more structured analysis of offense types in relation to psychological variables.

Table 2

Crime Classification, Crime Categories, and Criminal Offense

	f	*%*
Crime Classification		
Index Crime	56	*26.4*
Non-Index Crime	156	*73.6*
Crime Categories		
Crime Against Persons	41	*19.3*
Crime Against Property	15	*7.1*
Crime Against Public Order	7	*3.3*
Drug-related Crimes	149	*70.3*
Criminal Offense		
Drug-related (R.A.6425 / R.A.9165)	149	*70.3*
Illegal possession of firearms	7	*3.3*
Rape	15	*7.1*
Homicide	8	*3.8*
Murder	14	*6.6*
Physical injury	4	*1.9*
Robbery	8	*3.8*
Carnapping	4	*1.9*
Arson	1	*0.5*
Theft	2	*0.9*

N = 212

Caveat: The classifications of crime and population presented in this table are based on data from the Bureau of Jail Management and Penology as of February 28, 2025.

According to Respicio & Co. (2025), Crimes Against Persons, as defined in Title Eight of the RPC, include offenses that directly harm or threaten an individual's physical integrity, liberty, or life, such as murder, homicide, physical injury, and rape. In this study, f = 41 respondents, or 19.3% of the sample, were charged with crimes in this category.

Crimes Against Property, covered under Title Ten of the RPC, involve offenses that infringe upon an individual's property rights, including robbery, theft, and arson (Respicio & Co., 2025). Although carjacking is governed by Republic Act No. 6539 and not included under

Title Ten, it was classified as a property crime due to its nature as the unlawful taking of a motor vehicle with the intent to gain, often involving force or intimidation (People of the Philippines v. Cariño, 2018). Including carnapping, there were 15 respondents, or 7.1%, charged with property-related offenses.

Respicio & Co. (2025) explains that Crimes Against Public Order, detailed in Title Three, Book Two of the RPC, include offenses such as illegal possession of firearms that undermine public peace and state authority. This category comprised seven respondents, accounting for 3.3% of the total.

Drug-related crimes, although not covered by the RPC, fall under special laws such as Republic Act No. 9165 (2022) and its predecessor, Republic Act No. 6425 (1972). These offenses involve the possession, use, or trafficking of illegal substances and represent the largest category in the sample, with 149 respondents, or 70.3%. This finding emphasizes the significant role that drug-related offenses continue to play within the Philippine criminal justice system and reflects broader concerns about substance abuse and its societal implications.

Research Instruments

The researcher of this study used the Childhood Trauma Questionnaire-Short Form and the Depression, Anxiety and Stress Scale – 21 (DASS21).

The **Childhood Trauma Questionnaire–Short Form (CTQ-SF)** by Bernstein and Fink (1998) is a widely used retrospective tool for assessing childhood trauma (Wente et al., 2023). It contains 28 items: 25 assessing maltreatment across five subscales (Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and Physical Neglect), and three for Minimisation/Denial (M/D). Each item begins with "When I was growing up…" and responses are rated from 1 (never true) to 5 (very often true), with some items being reverse-scored. The M/D subscale only counts the highest scores (5), ranging from 0 to 3, and may yield misleading results due to idealized self-perceptions (Hagborg et al., 2022). In Peng et al.'s (2023) study, the CTQ-SF showed good internal consistency (Cronbach's $\alpha = 0.852$), with subscale alphas from 0.491 (Physical Neglect) to 0.857 (Emotional Neglect). The alternative version showed similar reliability ($\alpha = 0.851$) and a significant 6-month test-retest reliability ($r = 0.548$). It also correlated significantly with ACE scores ($r = 0.355$, $p < 0.01$), and its Neglect subscale showed a strong alignment with the original ($r = 0.829–0.910$, $p < 0.01$).

Table 3

Scoring and Childhood Trauma Questionnaire – Short Form (CTQ-SF)

Level of abuse	Emotional Abuse	Physical Abuse	Sexual Abuse	Emotional Neglect	Physical Neglect
None	8	7	5	9	7
Low	12	9	7	14	9
Moderate	15	12	12	17	12
Severe	16+	13+	13+	18+	13

Furthermore, the **Depression Anxiety Stress Scales (DASS-21),** developed by Lovibond and Lovibond (1995), is a validated tool for assessing depression, anxiety, and stress in both clinical and non-clinical *settings* (Marijanović et al., 2021). It includes 21 items rated on a 4-point Likert scale, divided into three subscales. Final subscale scores are obtained by doubling the sum of each subscale's items, categorized into severity levels ranging from "normal" to "extremely severe," "mild," "moderate," "severe," or "extremely severe" (Marijanović et al., 2021). Thiyagarajan et al. (2022) reported excellent reliability for DASS-21 (Cronbach's α = 0.959). Subscale reliabilities were 0.87 (anxiety), 0.92 (depression), and 0.89 (stress). Item discrimination ranged acceptably, with the lowest correlation being that of anxiety item 2 (r = 0.49) and the highest being that of stress item 11 (r = 0.82). According to NovoPsych (2024), reliable change scores were established using a large clinical sample to help monitor changes in subscale and overall distress. Severity cutoffs for total and subscale scores were defined, with "normal" ranges beginning at zero and upper limits varying by domain.

Table 4

Scoring and Interpretation of Depression, Anxiety, and Stress Scale (DASS-21)

Severity	Depression	Anxiety	Stress
Normal	0 – 9	0 – 7	0 – 14
Mild	10 – 13	8 -9	15 – 18
Moderate	14 – 20	10 – 14	19 – 25
Severe	21 – 27	15 – 19	26 – 33
Extremely Severe	28+	20+	34+

To ensure accessibility, both CTQ-SF and DASS-21 were translated into Filipino and validated by experts. These versions were pilot-tested on 25 PDLs similar to the target population, who were then excluded from the main study. The pilot testing aimed to assess the internal consistency of the instruments. For the CTQ-SF, the reliability analysis yielded

a Cronbach's alpha of 0.796, which is generally interpreted as acceptable reliability. For the DASS-21, after excluding incomplete responses (resulting in N = 21), the analysis produced a Cronbach's alpha of 0.912, indicating excellent internal consistency. The reliability analyses were conducted using SPSS, with incomplete responses automatically excluded from the computation.

To aid in the interpretation of the data, the researcher included the scoring systems and corresponding interpretations as provided in the manuals of the Childhood Trauma Questionnaire – Short Form (CTQ-SF) and the Depression, Anxiety, and Stress Scale-21 (DASS-21).

Data-Gathering Procedure

The researcher first secured approval from the Bureau of Jail Management and Penology (BJMP) Region 3 – Baliuag City Jail. Upon referral to the BJMP Regional Office, all required documents were completed, including NBI and Police Clearances and a BJMP Intelligence Background Investigation. Once clearance was obtained, coordination with BJMP Baliuag was made to finalize the data collection schedule and logistics.

Prior to data collection, informed consent was secured from all participants, with confidentiality and voluntary participation emphasized. A briefing session was held to explain trauma and its relevance to the study. Data collection was conducted in a private room within the facility to ensure comfort and confidentiality. Survey questionnaires, the primary data-gathering tool, collected information on demographics, crime commission, mental health status, and childhood trauma.

Before answering, participants were oriented on key aspects of the survey. The researcher and on-duty Jail Officers provided clarification when needed. Professionally validated translations of the instruments were also provided to ensure accuracy and reliability of the responses.

Statistical Treatment of Data

The study employed quantitative methods to address the research questions and hypotheses. Data were processed and analyzed using Microsoft Excel and the Statistical Package for the Social Sciences (SPSS). Frequency and percentage distributions described the respondents' demographic profile, including age, crime type, civil status, and educational attainment.

To examine the relationship between childhood trauma and mental health (Research Question 3), Pearson's correlation coefficient was used, as it is appropriate for continuous variables. For Research Questions 4 and 5, Multivariate Analysis of Variance (MANOVA) was applied to determine whether childhood trauma and mental health scores significantly differed across crime categories.

Ethical Considerations

This study followed strict ethical protocols to safeguard participants' rights and welfare, especially given the sensitivity of the prison population. Ethical clearance was secured from the PUP Research Ethics Review Committee, and formal approval was obtained from BJMP Region III and BJMP Baliuag City Jail.

Participation was voluntary, with clear communication of the right to withdraw at any time without consequences. Personal identifiers were excluded unless voluntarily disclosed, and confidentiality was strictly observed through secure handling and storage of all data.

Given the sensitive topics of trauma and mental health, participants showing signs of distress were referred to the BJMP Health Services Unit or designated mental health professionals. Psychoeducation on mental well-being and coping strategies was also provided.

These measures ensured that the study respected institutional protocols and protected participants while contributing to a deeper understanding of the links between childhood trauma, mental health, and crime commission.

RESULTS AND DISCUSSION

This chapter presents the statistical results, along with a comprehensive discussion of the analyses and interpretations of the findings. These discussions are directly related to the research problems raised in the first chapter.

1. Levels of Childhood Trauma

This section discusses the different levels of childhood trauma experienced by the participants, categorized into five key areas: emotional abuse, physical abuse, sexual abuse, physical neglect, and emotional neglect. The data, as shown in Tables 5-9, reveal the frequency and percentage distribution of trauma severity among the sample of 212 individuals.

Table 5

Level of Childhood Trauma in terms of Emotional Abuse

Level of Emotional Abuse	f	%
Severe	10	*4.7*
Moderate	24	*11.3*
Low	40	*18.9*
None	138	*65.1*
Total	***212***	***100.0***

The findings show that almost 35% of the respondents fall within the low to severe range of emotional abuse. Individuals in this range may have frequently experienced verbal assaults, such as being insulted, belittled, or made to feel unloved by family members. Specifically, 65.1% of the respondents reported no history of emotional abuse. Meanwhile, 18.9% reported low levels, 11.3% moderate levels, and 4.7% severe levels. While emotional abuse is not predominant in this sample, a considerable minority still report some degree of exposure.

Previous research has emphasized that certain forms of childhood trauma, such as emotional abuse, physical abuse, and neglect, are significantly associated with the development of major depressive symptoms and suicidal thoughts later in life (Zhou et al., 2022). The presence of low to moderate trauma levels in this group may suggest the development of effective coping mechanisms over time. However, it may also point to potential underreporting due to stigma or recall bias.

Table 6

Level of Childhood Trauma in terms of Physical Abuse

Level of Physical Abuse	f	%
Severe	27	*12.7*
Moderate	24	*11.3*
Low	24	*11.3*
None	137	*64.6*
Total	***212***	***100.0***

In terms of physical abuse, it was revealed in Table 6 that 64.6% of the respondents reported no history, but a combined 35.4% indicated varying degrees of exposure, 11.3% low, 11.3% moderate, and 12.7% severe. Individuals in this range may have repeated hitting,

slapping, or being physically harmed as a form of punishment. This may lead to a fear of caregivers or a tendency to flinch in response to aggression. Notably, the percentage of severe physical abuse (12.7%) is significantly higher compared to emotional abuse. This finding underscores the salience of physical maltreatment within the sample population and its potential implications for later psychological and behavioral outcomes. In line with the assumptions proposed by Miley et al. (2020), individuals who were subjected to physical abuse during their formative years demonstrated a significantly greater likelihood of committing violent acts during their adolescent years.

Table 7

Level of Childhood Trauma in terms of Sexual Abuse

Level of Sexual Abuse	f	%
Severe	13	*6.1*
Moderate	20	*9.4*
Low	47	*22.2*
None	132	*62.3*
Total	***212***	***100.0***

On the level of sexual abuse, Table 7 shows that a majority (62.3%) reported no experience of sexual abuse. However, 22.2% experienced it at a low level, 9.4% at a moderate level, and 6.1% at a severe level. Individuals in this range may have unwanted sexual contact, coercion into sexual activities, or be touched inappropriately by someone older or in a position of authority. These findings align with findings by Caravaca et al. (2018), who observed that physical and emotional abuse are the most frequently reported forms of childhood maltreatment, with sexual abuse occurring less often. The relatively high percentage of low-level exposure may reflect incidents of boundary violations that did not escalate to overt sexual violence but had a psychological impact.

Table 8

Level of Childhood Trauma in terms of Physical Neglect

Level of Physical Neglect	*f*	%
Severe	60	28.3
Moderate	32	15.1
Low	40	18.9
None	80	37.7
Total	***212***	***100.0***

Physical neglect emerged as the most prevalent form of childhood trauma among the respondents, as shown in Table 8, with 28.3% reporting severe levels, 15.1% moderate, and 18.9% low, while only 37.7% indicated no experience of neglect.

This highlights the widespread deprivation of basic physical needs, such as clean clothes, food, shelter, and medical care, during their formative years. Basto-Pereira et al. (2022) emphasized that experiences of physical neglect, along with physical and sexual abuse and exposure to domestic substance abuse, are significantly linked to variations in criminal behavior across genders and countries with differing Human Development Index (HDI) levels. These findings suggest that early-life neglect not only shapes individual development but may also contribute to broader patterns of criminal behavior, underscoring the critical need to address childhood trauma in efforts to understand and prevent crime.

Table 9

Level of Childhood Trauma in terms of Emotional Neglect

Level of Emotional Neglect	f	%
Severe	33	*15.6*
Moderate	12	*5.7*
Low	42	*19.8*
None	125	*59.0*
Total	***212***	***100.0***

The level of childhood trauma in terms of emotional neglect is presented in Table 9. Emotional neglect was reported by 41% of the respondents to varying degrees, with 19.8% classified as low, 5.7% as moderate, and 15.6% as severe. Individuals who fall within the low to severe range may have felt that no one in the family cared for or understood them emotionally, and may have lacked comfort, encouragement, or attention in times of need. The majority (59%) reported no experience of emotional neglect. According to Varghese et al. (2024), childhood emotional neglect is a form of abuse where caregivers fail to meet a child's emotional needs, which often goes unnoticed due to its subtle nature. Although caregivers may be physically present, their emotional unavailability or dismissal of the child's feelings can lead the child to internalize the belief that their emotions are unimportant. Over time, childhood emotional neglect can impair emotional development and social functioning, contributing to complex trauma, poor social skills, and difficulties forming and maintaining relationships. This indicates that while emotional neglect is less prevalent than physical neglect in this population, it still constitutes a significant concern.

2. Mental Health Level

This section presents the distribution of mental health status among participants, focusing on three dimensions: depression, anxiety, and stress. The data from Tables 10 to 12 illustrate the varying levels of severity among the 212 individuals in the sample.

Table 10

Mental Health in terms of the Level of Depression

Level of Depression	f	%
Moderate	18	*8.5*
Mild	18	*8.5*
Normal	176	*83.0*
Total	***212***	***100.0***

In Table 10, a vast majority of respondents (83.0%) scored within the normal range for depression, with 8.5% reporting mild and another 8.5% moderate levels; no severe or extremely severe cases were identified. Individuals in the mild to moderate range may experience feelings of sadness, low motivation, and a loss of interest. While this may indicate a generally resilient population, the potential for underreporting or desensitization to depressive symptoms, especially among those who have experienced incarceration, should be considered. Although depression is often linked to self-harm or substance abuse, it rarely contributes directly to criminal behavior unless accompanied by additional risk factors such as substance abuse or a history of violence (Siyuan, 2024).

Table 11

Mental Health in terms of Level of Anxiety

Level of Anxiety	f	%
Extremely Severe	2	*0.9*
Severe	12	*5.7*
Moderate	18	*8.5*
Mild	11	*5.2*
Normal	169	*79.7*
Total	***212***	***100.0***

As to the anxiety levels, Table 11 showed a slightly higher distribution toward clinical concern, with 20.3% of participants reporting symptoms ranging from mild to extremely

severe. Specifically, 5.2% had mild anxiety, 8.5% moderate, 5.7% severe, and 0.9% extremely severe. Individuals may experience restlessness, constant worry, and difficulty relaxing, which can escalate into intense fear, trembling, and physical symptoms such as a rapid heartbeat or shortness of breath. This result aligns with the study, indicating that childhood trauma significantly increases the risk of adverse mental health outcomes. Caravaca et al. (2018) found that individuals with a history of childhood abuse are over two times more likely to experience intense symptoms of depression, anxiety, and stress, primarily while serving time in prison.

Table 12 shows that most respondents in the current study (92.5%) reported normal stress levels, with only a small percentage experiencing mild (6.6%) or moderate stress (0.9%). Individuals within the mild to moderate range may experience tension, restlessness, irritability, and difficulty relaxing or coping with stress. Furthermore, this pattern may reflect the use of effective coping mechanisms among the participants or suggest that they were not facing significant acute stressors during the data collection period.

Table 12

Mental Health in terms of Level of Stress

Level of Stress	f	%
Moderate	2	*0.9*
Mild	14	*6.6*
Normal	196	*92.5*
Total	***212***	***100.0***

The overall pattern indicates that while many participants reported no or low levels of childhood trauma, substantial portions of the sample did experience moderate to severe trauma, especially in terms of physical neglect and abuse. Despite this, the majority currently report normal levels of depression, anxiety, and stress. This paradox may reflect a form of psychological resilience or adaptation, though further analysis is required to determine the potential buffering effects of social support, spiritual beliefs, or coping strategies.

Stress reduction among PDLs can be achieved through various interventions that positively influence mood, coping abilities, and behaviors such as substance use. Research has shown that activities like therapeutic writing, as well as participation in theatre and music programs, can directly reduce stress and have broader beneficial effects on offenders' psychological well-being (Pankey et al., 2016; Davey et al., 2015), as cited in the study of Bouw et al. (2019). In line with these findings

The data provide empirical support for trauma-informed interventions in clinical settings, particularly those targeting neglect and physical abuse. Mental health screenings should consider not only symptomatology but also trauma history, as subclinical levels of distress may hide more serious problems. Moreover, prevention efforts should prioritize early identification of neglect, which emerged as the most prevalent trauma subtype in this study.

3. Relationship between Childhood Trauma and Mental Health

The results presented in Table 13 reveal a robust and consistent pattern of significant positive correlations between childhood trauma subtypes and mental health outcomes, specifically depression, anxiety, and stress. Previous research has also demonstrated strong associations between experiences of childhood trauma and the development of mental health disorders such as anxiety and depression (Kuzminskaite et al., 2022). Among the trauma subtypes, emotional abuse demonstrated the strongest and most pervasive associations with mental health outcomes.

Emotional abuse was highly correlated with depression ($r = .522$, $p < .01$), anxiety ($r = .511$, $p < .01$), and stress ($r = .539$, $p < .01$), with moderate to strong effect sizes. This suggests that individuals who experienced high levels of emotional abuse during childhood are more likely to report elevated symptoms of psychological distress in adulthood. These results align with the growing body of evidence emphasizing the association of emotional abuse with suicidal ideation or major depressive disorder (Zhou et al., 2022). Emotional abuse also showed strong intercorrelations with other Trauma types, particularly physical abuse ($r = .743$, $p < .01$), highlighting the potential co-occurrence of these experiences and their cumulative psychological toll.

Similarly, physical abuse was moderately associated with depression ($r = .472$, $p < .01$), anxiety ($r = .473$, $p < .01$), and stress ($r = .477$, $p < .01$). These results align with the findings of Radell et al. (2021). They emphasized that various forms of childhood maltreatment, including physical, emotional, and sexual abuse, significantly increase the risk for adverse mental health outcomes such as depression and anxiety in adulthood.

Interestingly, sexual abuse exhibited weaker, though still statistically significant, correlations with mental health variables: depression ($r = .231$, $p < .01$), anxiety ($r = .240$, $p < .01$), and stress ($r = .250$, $p < .01$). The relatively lower effect sizes may reflect underreporting due to stigma, or differences in individual coping mechanisms. Caravaca et al. (2018) highlighted that instances of sexual abuse are commonly underreported. Nevertheless, its impact remains relevant and reinforces the need for trauma-informed care in mental health interventions.

Emotional neglect and physical neglect were both moderately correlated with depression, anxiety, and stress, with physical neglect showing slightly stronger associations (depression: r = .551, p < .01; anxiety: r = .502, p < .01; stress: r = .500, p < .01) compared to emotional neglect (depression: r = .444, p < .01; anxiety: r = .414, p < .01; stress: r = .421, p < .01). These findings align with existing research identifying emotional neglect as a significant risk factor for mental health problems during early adulthood. Combining emotional and physical neglect into a single exposure variable may overshadow the unique effects of each type on mental health outcomes. Therefore, effective mental health prevention and intervention strategies should specifically screen for and address emotional neglect to support psychological well-being better (Grummitt et al., 2021).

Table 13

Correlation between Childhood Trauma and Mental Health

Variables	Mean	SD	1	2	3	4	5	6	7	8
1. Emotional Abuse	8.0943	3.960								
2. Physical Abuse	7.7406	3.941	.743** [.676, .798]							
3. Sexual Abuse	6.6065	3.484	.487** [.377, .583]	.632** [.544, .707]						
4. Emotional Neglect	10.2311	5.957	.455* [.341, .556]	.431** [.314, .534]	.247* [.116, .369]					
5. Physical Neglect	9.4057	3.574	.483** [.373, .580]	.450* [.336, .551]	.272* [.143, .392]	.676** [.596, .743]				
6. Depression	4.8443	4.572	.522** [.417, .614]	.472* [.360, .570]	.231* [.099, .354]	.444** [.329, .546]	.551** [.450, .638]			
7. Anxiety	4.6415	4.663	.511** [.404, .604]	.473* [.362, .572]	.240* [.109, .363]	.414** [.296, .520]	.502** [.394, .597]	.866** [.828, .896]		
8. Stress	5.3632	4.759	.539** [.436, .628]	.477* [.366, .575]	.250* [.119, .372]	.421** [.304, .526]	.500** [.392, .595]	.889** [.857, .914]	.879** [.844, .906]	

Note: M and SD refer to the mean and standard deviation, respectively. Values shown in square brackets represent the 95% confidence interval for each correlation, which reflects the range of population correlation values likely to have produced the observed sample correlation (Cumming, 2014). An asterisk (*) denotes statistical significance at p < .05, while two asterisks (**) indicate significance at p < .01.

Notably, the mental health variables themselves, which include depression, anxiety, and stress, exhibited very high intercorrelations (ranging from r = .866 to .889, p < .01), indicating a shared underlying construct or considerable overlap in symptom presentation.

4. Significant Multivariate Differences in Childhood Trauma across Different Crime Categories

Table 14 presents the descriptive results and analysis of the relationship between different dimensions of childhood trauma and the categories of crime committed by the participants. The five trauma dimensions measured include emotional abuse, physical

abuse, sexual abuse, emotional neglect, and physical neglect. The independent variable is the crime category, categorized as crimes against persons, crimes against property, crimes against public order, and drug-related crimes.

On the emotional abuse, participants who committed crimes against property had the highest mean score for emotional abuse (M = 11.33, SD = 5.47), indicating greater exposure to emotional abuse during childhood. This was followed by those who committed crimes against persons (M = 9.42, SD = 4.52), drug-related crimes (M = 7.48, SD = 3.42), and crimes against public order (M = 6.57, SD = 2.64). According to General Strain Theory (Agnew, 1992), exposure to negative stimuli such as emotional abuse produces strain and negative affect, which may drive individuals toward deviant coping mechanisms, including theft and violence. From the perspective of Social Learning Theory (Burgess & Akers, 1966) and Differential Association Theory (Sutherland, 1939), consistent exposure to abuse within the family can normalize aggression, reinforcing deviant responses later manifested in property or interpersonal crimes.

As to physical abuse, the respondents involved in crimes against property reported the highest mean score in physical abuse (M = 10.73, SD = 4.77), followed by those involved in crimes against persons (M = 9.20, SD = 4.10). Lower scores were noted among those involved in drug-related crimes (M = 7.11, SD = 3.65) and crimes against public order (M = 6.14, SD = 1.68). The trend reflects a higher incidence of physical abuse among those who committed interpersonal and property crimes.

With regard to sexual abuse, the mean scores for sexual abuse showed a different pattern. The highest average was reported by individuals who committed crimes against property (M = 8.40, SD = 4.36), followed by drug-related crime offenders (M = 6.58, SD = 3.42), those who committed crimes against person (M = 6.24, SD = 3.54), and the lowest among those who committed crimes against public order (M = 5.43, SD = 0.53). While mean differences exist, the relatively moderate scores across categories may reflect underreporting or varying levels of trauma recall among participants.

Table 14

Multivariate Descriptive for Childhood Trauma

Childhood Trauma (Dependent Variables)	Crime Category (Independent Variable)	Mean	SD	Std. Error	95% Confidence Interval		N
					Lower Bound	Upper Bound	
Emotional Abuse	Crime against person	9.415	4.522	.594	8.244	10.585	41
	Crime against property	11.333	5.473	.982	9.398	13.268	15
	Crime against public order	6.571	2.637	1.437	3.739	9.404	7
	Drug-related crime	7.477	3.415	.311	6.863	8.091	149
	Total	8.094	3.960	.591	8.030	10.360	212
Physical Abuse	Crime against person	9.195	4.100	.977	8.807	12.660	41
	Crime against property	10.733	4.773	1.430	3.323	8.963	15
	Crime against public order	6.143	1.676	.310	6.503	7.725	7
	Drug-related crime	7.114	3.649	.541	5.177	7.311	149
	Total	7.741	3.941	.895	6.636	10.164	212
Sexual Abuse	Crime against person	6.244	3.541	1.310	2.847	8.010	41
	Crime against property	8.400	4.356	.284	6.024	7.143	15
	Crime against public order	5.429	0.535	.856	12.263	15.639	7
	Drug-related crime	6.584	3.417	1.416	12.142	17.724	149
	Total	6.609	3.484	2.072	6.200	14.371	212
Emotional Neglect Trauma	Crime against person	13.951	5.633	.449	7.846	9.617	41
	Crime against property	14.933	6.386	.525	10.599	12.669	15
	Crime against public order	10.286	6.921	.868	9.489	12.911	7
	Drug-related crime	8.732	5.281	1.271	5.495	10.505	149
	Total	10.231	5.957	.275	8.135	9.221	212
Physical Neglect Trauma	Crime against person	11.634	3.223	.594	8.244	10.585	41
	Crime against property	11.200	3.821	.982	9.398	13.268	15
	Crime against public order	8.000	1.732	1.437	3.739	9.404	7
	Drug-related crime	8.678	3.402	.311	6.863	8.091	149
	Total	9.406	3.574	.591	8.030	10.360	212

The dimension of emotional neglect displayed the most pronounced difference across crime types. Individuals charged with crimes against property (M = 14.93, SD = 6.39) and crimes against the person (M = 13.95, SD = 5.63) had significantly higher mean scores compared to those involved in public order offenses (M = 10.29, SD = 6.92) and drug-related crimes (M = 8.73, SD = 5.28). These findings highlight a potential link between early emotional deprivation and crimes involving interpersonal conflict or property violation.

Furthermore, the mean scores for physical neglect were also higher among individuals who committed crimes against persons (M = 11.63, SD = 3.22) and crimes against property (M = 11.20, SD = 3.82). Conversely, those involved in drug-related crimes (M = 8.68, SD = 3.40) and crimes against public order (M = 8.00, SD = 1.73) reported lower scores. These results suggest that childhood physical neglect may be more closely associated with crimes involving violence or theft than with regulatory or drug-related offenses.

To examine whether childhood trauma experiences significantly differed based on the type of crime committed, a multivariate analysis of variance (MANOVA) was conducted using the five trauma dimensions as dependent variables and the crime category as the independent variable. The results are summarized in Table 15 below.

Table 15

Multivariate Differences in Childhood Trauma across Different Crime Categories

Source	Pillai's Trace Value	F	p	Partial Eta Squared
Childhood Trauma	.264	3.980**	.001	.093
Between-Subjects Effects				
Emotional Trauma		6.964**	.000	.091
Physical Trauma		6.922**	.000	.091
Sexual Trauma		1.761	.156	.025
Emotional Neglect Trauma		13.683**	.000	.165
Physical Neglect Trauma		10.167**	.000	.128

** Significant at $p < .001$; *Box's M* = 46.762, F (18, 2112.87) = 2.327, p = .001

Box's Test of Equality of Covariance Matrices was significant, Box's M = 46.762, F(18, 2112.87) = 2.327, p = .001, indicating a violation of the assumption of homogeneity of covariance matrices. This assumption, which is the multivariate counterpart of homogeneity of variances, is crucial in MANOVA to ensure the validity of statistical conclusions. However, Box's M is known to be overly sensitive to large sample sizes, often resulting in significant findings even when the violation may not meaningfully affect results (Tabachnick & Fidell, 2013). Additionally, when the design is unbalanced, such as having unequal group sizes, violations of this assumption can lead to inflated Type I error rates, especially if the smallest group also shows the most significant variance (NCSS, n.d.). Given these considerations, Pillai's Trace was used as the test statistic, as it is considered the most robust and conservative option under such violations, allowing for a more reliable interpretation of the multivariate results.

The MANOVA results revealed a statistically significant multivariate effect of crime category on childhood trauma, with a Pillai's Trace of 0.264, F (15, 624) = 3.980, p < .001, and a partial η^2 of 0.093. This suggests that the type of crime committed is significantly associated with differences in at least one of the trauma domains.

Further examination of the individual trauma dimensions showed that four out of the five trauma variables significantly differed across crime types: Emotional Abuse: F (3, 208) = 6.964, p < .001, partial η^2 = .091; Physical Abuse: F (3, 208) = 6.922, p < .001, partial η^2 = .091; Emotional Neglect: F (3, 208) = 13.683, p < .001, partial η^2 = .165; Physical Neglect: F(3, 208) = 10.167, p < .001, partial η^2 = .128. These findings indicate medium effect sizes, suggesting meaningful differences in the trauma experiences across crime categories.

In contrast, sexual abuse did not significantly differ across crime types ($F (3, 208) = 1.761$, $p = .156$, partial $\eta^2 = .025$), suggesting that this form of trauma may not be as closely linked to the type of criminal offense as the other domains.

The multivariate results confirm that individuals charged with different categories of crimes exhibit significantly different profiles of childhood trauma. Notably, emotional neglect showed the strongest association with the crime category, having the highest effect size (partial $\eta^2 = .165$). This reinforces the earlier descriptive findings and supports existing literature that links neglect, particularly emotional neglect, with a range of antisocial and criminal behaviors due to impaired emotional regulation and attachment issues developed during early life.

Similarly, emotional abuse, physical abuse, and physical neglect were all found to vary significantly across crime categories, further suggesting that early adverse experiences may predispose individuals to particular criminal pathways. These results may imply that individuals who commit crimes against property or persons are more likely to have experienced cumulative or complex trauma histories.

The non-significant result for sexual abuse may be attributed to several factors, including underreporting, societal stigma, or variability in how sexual trauma impacts individuals' behavior. This finding warrants further investigation using qualitative methods or in-depth case analysis to better understand the nuanced role of sexual trauma in criminal behavior.

The findings on childhood trauma indicate that individuals charged with crimes against property and persons reported significantly higher levels of emotional abuse, physical abuse, emotional neglect, and physical neglect compared to those charged with drug-related or public order offenses. These results are consistent with General Strain Theory (Agnew, 1992, 2001, 2006; Watts & McNulty, 2013; Yao et al., 2022), which posits that persistent exposure to negative stimuli such as abuse and neglect generates emotional strain that may lead to deviant coping strategies like theft or violence. Emotional neglect, which emerged as the strongest trauma dimension linked to crime type, reflects how disrupted attachment and impaired emotional regulation can heighten vulnerability to antisocial behavior. In addition, Social Learning Theory (Burgess & Akers, 1966; Akers & Jennings, 2009) helps explain how repeated exposure to abusive family environments may normalize aggression and reinforce deviant responses, predisposing individuals toward interpersonal or property-related criminal pathways.

5. Significant Multivariate Differences in Mental Health across Different Crime Categories

Table 16 presents the descriptive statistics for the three mental health variables, namely depression, anxiety, and stress, based on the type of crime committed.

Among the four crime categories, individuals charged with crimes against property exhibited the highest mean levels of depression (M = 8.27, SD = 5.05), anxiety (M = 8.47, SD = 5.82), and stress (M = 9.00, SD = 5.42). This was closely followed by those charged with crimes against persons, with mean depression (M = 7.59, SD = 5.15), anxiety (M = 7.80, SD = 5.68), and stress (M = 8.34, SD = 5.66) scores also falling in the moderate to high range. These suggest that individuals involved in violent or interpersonal crimes tend to report higher psychological distress compared to others.

In contrast, individuals charged with drug-related crimes reported lower levels of mental health symptoms, particularly depression (M = 3.85, SD = 3.94), anxiety (M = 3.48, SD = 3.60), and stress (M = 4.30, SD = 3.92). However, these scores still reflect some degree of psychological symptoms. Interestingly, the lowest mean scores across all three mental health variables were observed among individuals charged with crimes against public order, with depression (M = 2.71, SD = 2.43), anxiety (M = 2.71, SD = 2.93), and stress (M = 2.71, SD = 2.29).

Table 16

Multivariate Descriptive for Mental Health

Mental Health (Dependent Variables)	Crime Category (Independent Variable)	Mean	SD	Std. Errror	95% Confidence Interval		N
					Lower Bound	Upper Bound	
Depression	Crime against a person	7.5854	5.148	.663	6.279	8.892	41
	Crime against property	8.2667	5.049	1.096	6.107	10.427	15
	Crime against public order	2.7143	2.430	1.604	-.448	5.876	7
	Drug-related crime	3.8456	3.937	.348	3.160	4.531	149
	Total	4.8443	4.572	.661	6.501	9.109	212

Mental Health (Dependent Variables)	Crime Category (Independent Variable)	Mean	SD	Std. Errror	95% Confidence Interval		N
					Lower Bound	Upper Bound	
Anxiety	Crime against a person	7.8049	5.675	1.094	6.311	10.622	41
	Crime against property	8.4667	5.817	1.601	-.441	5.870	15
	Crime against public order	2.7143	2.928	.347	2.793	4.161	7
	Drug-related crime	3.4765	3.599	.685	6.991	9.692	149
	Total	4.6415	4.663	1.132	6.768	11.232	212
Stress	Crime against a person	8.3415	5.660	1.657	-.553	5.982	41
	Crime against property	9.0000	5.425	.359	3.594	5.010	15
	Crime against public order	2.7143	2.289	.663	6.279	8.892	7
	Drug-related crime	4.3020	3.921	1.096	6.107	10.427	149
	Total	5.3632	4.759	1.604	-.448	5.876	212

These differences indicate that mental health symptoms are not evenly distributed across crime categories and that certain types of crimes, particularly interpersonal and property-related offenses, may be associated with higher levels of psychological distress.

To further investigate whether mental health symptoms significantly differ based on the type of crime committed, a Multivariate Analysis of Variance (MANOVA) was conducted using depression, anxiety, and stress as the dependent variables and crime category as the independent variable. Results are summarized in Table 17.

Table 17

Multivariate Differences in Mental Health across Different Crime Categories

Source	*Pillai's Trace Value*	*F*	*p*	*Partial Eta Squared*
Mental Health	.194	4.791	.001	.065
Between-Subjects Effects				
Depression		12.292**	.000	.151
Anxiety		15.945**	.000	.187
Stress		13.502**	.000	.163

** Significant at $p < .001$ *Box's M* = 91.533, F (45, 1710.04) = 1.661, $p = .004$

The multivariate test yielded a statistically significant effect of crime category on the combined dependent variables, Pillai's Trace = .194, F (9, 522) = 4.791, p = .001, with a partial eta squared of .065, indicating a small to moderate effect size. This suggests that the type of crime committed has a significant relationship with an individual's reported mental health symptoms. Further analysis revealed substantial between-subjects effects for all three mental health variables: Depression: F (3, 208) = 12.292, p < .001, partial η^2 = .151 Anxiety: F(3, 208) = 15.945, p < .001, partial η^2 = .187 Stress: F(3, 208) = 13.502, p < .001, partial η^2 = .163 These results indicate moderate effect sizes, showing that the levels of depression, anxiety, and stress significantly differ depending on the crime category.

The statistically significant differences observed across crime categories reinforce the earlier descriptive findings. Specifically, individuals charged with crimes against persons and property exhibited higher levels of depression, anxiety, and stress. In contrast, those charged with drug-related offenses and crimes against public order reported lower levels of psychological distress.

The moderate effect sizes (η^2 ranging from .151 to .187) indicate that these differences are not only statistically significant but also practically meaningful. This suggests that mental health conditions may serve as critical psychological correlates of specific criminal behaviors, particularly those involving violence or interpersonal conflict.

From a psychological standpoint, elevated levels of internal distress, such as depression, anxiety, and stress, can impair judgment, heighten impulsivity, and undermine coping mechanisms. These factors may contribute to an increased likelihood of engaging in interpersonal violence or property-related offenses. Such findings are consistent with criminological theories that highlight the interaction between psychological distress and deviant behavior.

In contrast, individuals involved in drug-related crimes or violations of public order may be influenced by distinct psychosocial or situational factors. These include peer influence, economic pressures, or addiction-related behaviors, which might not necessarily be associated with heightened internalizing symptoms.

The analysis of mental health outcomes further shows that depression, anxiety, and stress levels were significantly higher among individuals charged with crimes against persons and property, while those involved in drug-related and public order crimes reported lower levels of psychological distress. These patterns also align with General Strain Theory (Agnew, 1992), as heightened emotional distress reflects the psychological consequences of unresolved strain, which may impair judgment, increase impulsivity, and undermine coping mechanisms, thereby escalating the likelihood of violent or interpersonal offenses. Conversely, the relatively lower levels of internalizing symptoms among drug-related and public order offenders suggest that these crimes may be driven more by situational pressures or reinforcement mechanisms described in Social Learning Theory (Trauffer, 2020), such as peer influence or substance dependence, rather than by strain-induced emotional dysregulation. Taken together, these findings underscore the importance of incorporating a Trauma-Informed Care approach (Harris & Fallot, 2001; Miller & Najavits, 2012; Owens et al., 2008), which prioritizes recognition of trauma histories and psychological distress in correctional interventions, fostering rehabilitation while reducing the cycle of reoffending.

CONCLUSION AND RECOMMENDATIONS

This study established a significant relationship between childhood trauma and mental health outcomes among Persons Deprived of Liberty (PDLs), with statistical evidence underscoring the urgency of trauma-informed rehabilitation in correctional facilities. Findings revealed that 59% of PDLs experienced emotional neglect, 43% physical neglect, and 27% severe physical abuse, while 15.5% reported sexual abuse. Emotional trauma showed the strongest correlations with mental health outcomes ($r = .52–.54$), particularly depression, anxiety, and stress, while emotional neglect exhibited the highest effect size on crime ($\eta^2 = .165$), highlighting its role as a key driver of offending behavior. Furthermore, 17% of PDLs demonstrated mild to moderate depression and anxiety, with those charged with crimes against property and persons showing higher trauma and distress levels than drug-related offenders. These results indicate that both prevention and rehabilitation must address the deep psychological scars of trauma if correctional programs are to reduce recidivism effectively.

Based on these findings, it is recommended that the Bureau of Jail Management and Penology (BJMP) consider adopting the proposed Bagong Pilipinas Trauma-Informed

Rehabilitation Framework, which consists of two complementary components: (1) a Trauma-Informed Intervention Program for Persons Deprived of Liberty (PDLs) and (2) a Trauma-Informed Training Program for jail officers and personnel. The proposed intervention framework was developed in response to the study's findings and incorporates evidence-based strategies, including psychoeducation, emotional regulation, trauma processing, mental health screening, impulse control, resilience building, and social support to address the identified needs of PDLs. Likewise, the training program aims to strengthen the capacity of jail personnel by enhancing their understanding of trauma, promoting trauma-informed communication and de-escalation techniques, and integrating the principles of safety, trust, collaboration, and empowerment into correctional practice. To promote long-term implementation, the framework also recommends continuous professional development through refresher training, mentoring, and peer support. Future studies are encouraged to pilot and evaluate the effectiveness of this proposed framework in improving rehabilitation outcomes and psychological well-being among PDLs.

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ABOUT THE AUTHOR